

EVERYDAY EXPERIENCES OF MEDICINE AND ILLNESS IN THE NOVELS
OF WILKIE COLLINS

By

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Abstract

Focusing on the novels of Wilkie Collins, this thesis identifies the ways in which Collins's narratives outline the complex nature of layperson interactions with, and experiences of, medicine, healthcare and illness in the latter half of the nineteenth century. Drawing on a variety of contextual sources, ranging from letters, diaries and recipe books to newspaper articles, architectural plans and courtroom testimonies, the discussion uses Collins's work alongside these documents to demonstrate that many of his middle-class readers would have encountered aspects of medicine and illness in a surprising array of settings, spaces, discourses and domains. In bringing these points of intersection to light, the thesis argues that Collins's work stands as a substantial record of how the lay public energetically and intelligently engaged with medical matters – a point often overlooked – but also emphasises Collins's own vibrant interest in medicine, bodies and illness. In so doing, the discussion is able to draw out new dimensions to Collins's treatment of key themes, such as the relationships between bodies and gender, architecture and illness, and medicine and literature, and to provide new readings of a range of his major and lesser-known works.

For Granddad

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List of Abbreviations

A	<i>Armadale</i>
BAH	Birmingham Archives and Heritage
CRL	Cadbury Research Library
HS	<i>Heart and Science</i>
JD	<i>Jezebel's Daughter</i>
JRUL	John Rylands University Library's Special Collections
LATL	<i>The Law and the Lady</i>
NN	<i>No Name</i>
WA	Wakefield Archives
WIW	<i>The Woman in White</i>
WL	Wellcome Library
TM	Thackeray Museum Archives

Introduction

The weather has upset me as well – I am no exception to the family – cold in the head, cold in the throat, cold in the chest – internal upset as well – ha! ha! ha! I am getting used to it – and I laugh like a fiend over my own maladies. There is only one true friend to the afflicted in body – and his name is Brandy And Water – and he comes with particular healing in his wings when he is Hot.¹

In the closing months of 1862, as the serialisation of *No Name* in *All the Year Round* drew to an end, Wilkie Collins penned this letter to his mother, Harriet Collins, on a topic that consumed him – in many ways – for most of his adult life. Gout, neuralgia, nervous exhaustion, depression, venereal disease and angina were just some of the illnesses and afflictions that plagued him throughout his writing career, alongside which he developed an impressive laudanum addiction and dabbled in a cornucopia of drugs, diets and medical treatments. This letter is, in some respects, unremarkable; from the 1850s onwards Collins's health is a frequent feature in his correspondence. However, it also encapsulates how Collins, and many others like him, lived with episodes of illness as constant backdrops to their lives, as well as the ways in which they experienced, conceptualised, treated, wrote and read about it.

Collins not only regularly succumbed to illness but witnessed the same in his friends and family: like his mother, father and brother Charley, he is 'no exception', and indeed several of his ailments, particularly his rheumatic pains, are thought to have been hereditary.² Illness was at this time, for many, very much a family affair, with

¹ Wilkie Collins to Mrs Harriet Collins, 6 November 1862, in *The Letters of Wilkie Collins*, ed. by William Baker and William M. Clarke, 2 vols (Basingstoke: Macmillan, 1999), I, 212.

² Lyn Pykett, *Wilkie Collins* (Oxford: Oxford University Press, 2005), p. 22.

sufferers just as likely to receive treatments and advice from family or friends as from a doctor. Although Collins had a close and enduring friendship with his doctor Francis (Frank) Carr Beard, he also regularly self-medicated (drawing on an inventive variety of home-made treatments, as his letters describe) as he does here, with his ‘true friend’, hot ‘Brandy And Water’. As well as touching on this amateur side to medicine, which existed alongside and in addition to the services that the rapidly growing ranks of general practitioners could offer, the letter demonstrates Collins’s interest not only in his own physical frailties, but what it means to write about illness, and to describe and depict the body. His text is forcefully punctuated by his ‘laughter’ in the face of illness (‘ha! ha! ha!’), a somewhat unconvincing response to the string of maladies he opens with (‘cold in the head, cold in the throat, cold in the chest’ and ‘internal upset’), but this attempt to portray his illness in a certain light, and to stress his own light-hearted reaction to it, is telling. Collins’s attitude here illustrates the connections he draws between the body and writing, and his understanding of writing’s ability to create and control how bodies are interpreted and understood, as well as the connections it fosters with the bodies of others: in writing to his mother (another frequent sufferer) he aligns his body with hers as well as his other family members, also ‘upset’ by the weather.

Collins’s writing, and the writing of others – in the form of diaries, letters, recipe books, magazine articles and much more – provides the starting point for this thesis, yet the perspective it develops makes visible the full richness, vibrancy and variety of ways in which people interacted and engaged with matters of illness and healthcare at this time. It begins by examining, as Collins’s letter introduces, how families and friends responded to or treated one another’s ill health, and the manner in which such

practices existed alongside professional medicine, before moving to consider how matters of medicine and health infiltrated and permeated other domains and discourses; forming topics of discussion in courtrooms, shaping the design and construction of buildings, and the spaces of the city. In so doing, it is able to evoke not only a sense of the lived experiences of medicine and illness with which much of Collins's broadly middle-class audience would have been familiar, but also uses Collins's work to explore further the multitude of intersections and points of contact where Victorians met with aspects of sickness or healthcare.³ These topics permeated what they read and wrote; their interactions with families and friends; the spaces of the houses they inhabited; and the streets of the towns and cities in which they lived.

Collins's writing does not simply represent this landscape however, but rather goes through a process of its own in contemplating and engaging with the complex web of discourses, spaces and interactions of which this landscape is formed. In many ways, the novels bear witness to Collins's own attempts at understanding and analysing the shifting sands of medical practice during a particularly turbulent time, as well as a consideration of where his own writing was situated within this multiplicity of voices and dialogues. In particular, his narratives often consider the role played by writing in these interactions and the way in which medical and legal professions utilised forms of discourse in entrenching authority, but crucially his writing also provides his audiences with the tools and techniques needed to question, challenge and even write back. Indeed, this interaction between professional and lay medicine is one of the key areas of middle-class experiences of healthcare that the thesis identifies in Collins's writing, demonstrating the existence of a complex and nuanced relationship between

³ For a discussion of Collins's awareness of and relationship with his middle-class readership, see Sue Lonoff, *Wilkie Collins and his Victorian Readers: A Study in the Rhetoric of Authorship* (AMS Press: New York, 1982).

professionals and the lay public in the process.⁴ Rather than setting the two at odds, either in terms of empiricism versus sentiment as Tabitha Sparks has suggested, or as Gothic villains and helpless patients, according to Laurence Talairach-Vielmas, this thesis demonstrates that Collins much more frequently highlights the fluidity and ambivalence of this relationship, indicating how many different forms of medical practice and healthcare existed simultaneously, and even how lay knowledge could challenge that of the professional.⁵

In this sense, the work is a departure from other critical discussions of the relationship between medicine and Collins's writing, due to its focus both on how aspects of medicine and health permeated various texts, discourses, spaces and places, and the everyday encounters people had with these topics in all their forms. Existing writing on this topic generally considers Collins's use of branches of medicine (psychology; experimental medicine; pharmacology) much more narrowly, and also tends to concentrate on professional or clinical practice almost exclusively; as a result, the complex way in which most people experienced or were exposed to aspects of illness and medicine is generally neglected.⁶ It is worth remembering, for instance, that at this time medicine was still a largely unprofessionalised discipline, tenuously

⁴ This is not to say that the study of the history of medicine has neglected the lay element of this interaction. Roy Porter's landmark 1985 article 'The Patient's View: Doing Medical History from Below' focused attention on this aspect of medicine, arguing that it is 'the dynamic interplay between sufferers and practitioners that requires study', and his views have been highly influential in shaping ensuing studies of medical history. Rather, it is this aspect of medical practice which has been overlooked in literary studies aligning medicine and nineteenth-century literature, as few critics have seen literary works as a means of shedding further light on the nature of the interactions and encounters highlighted by Porter. See Roy Porter, 'The Patient's View: Doing Medical History from Below' *Theory and Society*, 14 (1985) 175-198 (185).

⁵ See Tabitha Sparks, *The Doctor in the Victorian Novel: Family Practices* (Farnham: Ashgate, 2009) and Laurence Talairach-Vielmas, *Wilkie Collins, Medicine and the Gothic* (Cardiff: University of Wales Press, 2009).

⁶ See, for example, Jenny Bourne Taylor, *In the Secret Theatre of Home: Wilkie Collins, sensation narrative, and nineteenth-century psychology* (Routledge: London, 1988), Shepard Siegel, 'Wilkie Collins: Victorian Novelist as Psychopharmacologist', *Journal of the History of Medicine and Allied Sciences*, 38 (1983) 161-175 and Jessica Straley, 'Love and Vivisection: Wilkie Collins's Experiment in *Heart and Science*', *Nineteenth-Century Literature*, 65 (2010) 348-373.

presided over by a dubiously qualified array of doctors, as well as being an open arena in which quack doctors, chemists, midwives, village healers, neighbours, friends and family members could engage in medical practice as much as anyone else. This thesis therefore aims to expand our understanding of how Collins as an author – and the subject matter of his texts – engages with and responds to the lived experiences of illness and healthcare familiar to his readership, in the process making visible the types of interactions and encounters that formed and shaped such experiences.

Cabbage leaves and oiled silk: Collins's experiences of medicine and illness

Collins's own substantial experience of invalidism and medical treatments makes him a particularly suitable author for this study, although it should be stressed that his own health issues only serve as a way in to considering the broader lived experience of illness and medicine at this time, and indeed in many ways help to situate him as a typical Victorian. As the letter above indicates, illness was a recurrent issue troubling Collins for most of his life, and unsurprisingly it finds frequent expression in his work. As Lyn Pykett comments, the subject matter of his novels have 'particularly close links with the circumstances of Collins's own life', and he also clearly drew on experiences of friends and family in gathering medical materials for his narratives.⁷ His ill health in many ways held an almost symbiotic relationship with his writing, becoming a source of ideas and content, as well as a product of the pressures of writing. In the early 1850s, when his writing career first began to gather pace, he suffered from nervous exhaustion and 'the first of the anxiety attacks that would blight him in years to come', setting in motion a cycle of overwork and ill health

⁷ Lyn Pykett, *Wilkie Collins*, p. 1.

which he would be unable to break.⁸ In William Baker and William Clarke's collection of Collins's letters, it is in 1853 and the year following *Basil's* publication (the earliest text this thesis considers) that serious concerns about his health first surface in his correspondence: Baker and Clarke note that a letter dated 25 June 1853 'begins a recurring pattern' of 'personal sickness and worry about his health; already he seems afflicted with a somewhat mysterious illness'.⁹ Indeed, it is worth noting the young age at which Collins began to suffer from health complaints. In the summer of 1853 Collins was confined to his house in Hanover Terrace, was not strong enough to walk outside for more than half an hour and was reliant on a walking stick, and he was not yet thirty.¹⁰

Collins's physical infirmity, as well as his psychological obsession with it, seems to have been passed down in several respects from his father, William Collins. Ten years previous to Collins airing his concerns in his correspondence, William Collins had a fainting fit at an Academy dinner and was diagnosed with a minor heart complaint, a disorder which proceeded to derail his health to the extent that, two years later in 1845 'he was so much worse that he consulted three other physicians, who attributed his condition to diseases of the heart, stomach, and lungs, respectively'.¹¹ William Collins's experience not only finds an echo in his son's poor health, hypochondria and flitting between doctors, diagnoses and medications, but also provides a sense of how unnerving falling ill must have been at a time when diagnoses and treatments provided little reassurance or relief. As Collins's letters detail, attempts to treat his own ailments ranged from amendments to his lifestyle

⁸ Andrew Lycett, *Wilkie Collins: A Life of Sensation* (London: Hutchinson, 2013), p. 94.

⁹ Baker and Clarke, I, 43.

¹⁰ Andrew Lycett, p. 109.

¹¹ Nuel Pharr Davis, *The Life of Wilkie Collins* (Urbana: University of Illinois Press, 1956), p. 46.

(‘Dine lightly at two – work from four to 7 or 8 o’clock – go out – come back for supper at ½ p. 9 or 10. [...] poultry-eggs, farinaceous puddings – no lean meat – claret and hock to drink’) to more unpleasant remedies (‘My friend Beard has hit on a fortifying compound of drugs, Quinine, Acid, and Dandelion, that has done me infinite good’).¹² Collins’s close relationship with Beard, his doctor, distances him somewhat from most of his middle-class audience, who would have consulted a physician far less regularly, but the manner in which the two men interacted is in itself significant and in many ways representative of the complexities of lay engagement with medicine that this thesis highlights. Collins often wrote to Beard offering his own medical advice – in an 1863 letter he enquires about the doctor’s erysipelas, advocating, ‘don’t exert yourself, don’t move (even to a chair) too soon’ – whilst in 1870 he took time off to care for the (then widowed) doctor and to accompany him on a restorative journey to Antwerp.¹³ Amongst other doctors, Collins also consulted John Elliotson, whose work he incorporated into *The Moonstone*, but Elliotson’s attempt to replace the laudanum, with which Beard supplied Collins, with mesmerism was unsuccessful.¹⁴ By the end of his life, his reliance on the drug was such that he could ‘down a tincture’ that would ‘kill a dozen people’, and reportedly carried a hip flask of laudanum wherever he went.¹⁵

Alongside professional medical treatments and drugs however, Collins also frequently details his home-made methods and reliance on friends and family. In a letter dating from the early 1850s, just as Collins’s health began to wane, he describes

¹² Wilkie Collins to Mrs Harriet Collins, 18 December 1864 and 6 February 1865, in *The Letters of Wilkie Collins*, I, 253-4.

¹³ Wilkie Collins to Francis Carr Beard, 30 January 1863, in *The Letters of Wilkie Collins*, I, 215; Andrew Lycett, p. 307.

¹⁴ Catherine Peters, *The King of Inventors: A Life of Wilkie Collins* (London: Minerva Press, 1991), p. 257.

¹⁵ Andrew Lycett, p. 390.

how his ‘excellent friends’ have shown him ‘even more than their usual kindness’ during an attack of ear-ache, and that ‘Mrs Dickens’s remedies’ and ‘a little care’ combined with ‘liniment’ from the doctor have ‘set me up again today’.¹⁶ Elsewhere, Collins dispenses with medical assistance altogether, turning to methods he trusts and occasionally seems to have invented. In attempting to cure a cold that has transformed into rheumatism, he relates to his friend how he achieved this ‘by sweating – the only way of getting rid of such maladies that I believe in’ and comes out ‘victorious in the struggle’.¹⁷ Less orthodox treatments of Collins’s devising included covering parts of his body affected by gout with cabbage leaves and oiled silk, and he also had his own interpretations of what caused his bouts of ill health: ‘it is not eating & drinking – but the horrible East wind stopping up my skin, and by so stopping it, collecting my bile’.¹⁸ Strange as these approaches may seem, what is significant is Collins’s energetic interest in, and appropriation of, aspects of diagnosis and treatment. Like many middle-class Victorians, he attempted to understand and even treat his illnesses with amateur concoctions and compounds just as readily as calling on the assistance of his doctor, and the confidence with which he shares knowledge and practices with friends and family suggests that, for him, these domestic approaches to medicine could be equally valid and effective.

As well as finding expression in his letters, Collins’s ill health materialised in other forms of writing: as Catherine Peters describes, a bout of sickness in Paris became the basis for ‘Laid Up in Lodgings’ (1856), written during a period when Collins ‘acutely analysed the self-absorption of the sick, whose world becomes narrowed down to an

¹⁶ Wilkie Collins to Mrs Harriet Collins, 16 September 1852, in *The Letters of Wilkie Collins*, I, 90.

¹⁷ Wilkie Collins to Charles Ward, 19 March 1856, in *The Letters of Wilkie Collins*, I, 153-4.

¹⁸ Andrew Lycett, p. 236; Wilkie Collins to Mrs Harriet Collins, 3 November 1864, in *The Letters of Wilkie Collins*, I, 252.

awareness of their symptoms and a self-pitying demand for sympathy’ and he ‘noticed, from his window, only those incidents and people bearing some relation to his own condition’.¹⁹ Sickness eventually became an almost constant accompaniment to Collins’s writing; Nuel Pharr Davis, for example, conjures an image of Collins writing ‘propped up in bed at Hanover Terrace, surrounded by medicine bottles’ and as Lycett notes, he also spent a period living and writing in the ‘heart of London’s medical district’ at his house in Harley Street.²⁰ Some of Collins’s earliest short stories, such as ‘A Terribly Strange Bed’ (1852) and *The Monktons of Wincot Abbey* (1855) show a clear interest in ordinary people finding themselves (and their bodies) in extraordinary situations, affected by mind-altering substances or hereditary conditions, a combination Collins would develop alongside the burgeoning genre of sensation fiction. His interest in disability is also evident early on; *Hide and Seek* (1854) was, according to Peters, the first of his novels to ‘explore the ways in which severe handicaps may be accepted, compensated for and overcome’, a long-standing interest of Collins’s which, as Peters posits, was ‘originally triggered by his own physique’.²¹ Small, short-sighted, with a misshapen forehead and particularly small hands and feet, it is perhaps understandable that he gravitated towards depicting figures with unusual bodily appearances or medical problems.²² The various treatments and drugs he dabbled in similarly infiltrate many of his novels. Most obviously, Collins’s laudanum addiction finds expression in the character of Ezra Jennings in *The Moonstone*, but he also drew more widely on his experiences both home and abroad, as well as his interest in physical structures and spaces designed to house or treat illness. His visit to the German spa town of Wildbad forms the opening

¹⁹ Catherine Peters, p. 161.

²⁰ Nuel Pharr Davis, p. 171; Andrew Lycett, p. 236.

²¹ Catherine Peters, p. 142.

²² Lyn Pykett, *Wilkie Collins*, p. 5.

of *Armadale*, whilst the mortuary in *Jezebel's Daughter* stems from his copies of Johann Michael Voit's architectural plans for the Frankfurt deadhouse.²³ The illnesses of others provided material too: in *Basil*, Margaret's drawn-out death from typhus is a direct account of the death of Collins's uncle from the disease, whilst Charles Dickens's use of silver nitrate in 1861 which turned patches of his skin blue resurfaces in *Poor Miss Finch*.²⁴

As well as utilising his own experiences and those around him to strike a chord with his readership, Collins frequently used wider contemporary medical concerns as backdrops to his novels. The forty-year period in which Collins produced the majority of his writing witnessed significant changes in the medical profession, including the passing of several important medical acts, developments in practice, treatments and experimentation, as well as recurrent public health scares. Cholera epidemics throughout the 1830s and 1840s feed into the fear of contagion and contamination in *Basil*, concerns over poisons and cosmetics find expression in a multitude of texts (most notably *The Law and the Lady* and *Armadale*), the "lunacy panics" of the late 1850s are an obvious influence on *The Woman in White*, whilst unrest over the practice of vivisection towards the end of the century is addressed in *Heart and Science*. As Pamela Gilbert summarises, the period also featured 'a dramatic increase in the production of medical knowledge' as the 'advent of morbid pathology' along with the development of anaesthetics 'revolutionised surgery', new 'approaches to medical evidence based on careful clinical examination' changed doctor-patient

²³ Laurence Talairach-Vielmas, *Wilkie Collins, Medicine and the Gothic*, p. 145.

²⁴ Nuel Pharr Davis, pp. 118 and 225.

relationships, and the patient as ‘unique subject’ was replaced with the patient as ‘a standardised bearer of constitutional and disease characteristics’.²⁵

Against this backdrop, it is unsurprising that Collins and his contemporaries were consumed by matters of health and illness. The topic of health was, according to Bruce Haley, one which occupied the Victorian mind more than any other and took many forms: ‘in the name of Health, Victorians flocked to the seaside, tramped about in the Alps or Cotswolds, dieted, took pills, sweated themselves in Turkish baths, adopted this “system” of medicine or that’.²⁶ The period also saw a culture of invalidism emerge as methods of diagnosis and treatment proliferated and went in and out of fashion, alongside the development of a vast industry of patent medicines and products intended to treat a disorientating array of ailments and complaints. Part of these developments, particularly in regard to the shift in medicine’s treatment of the patient, involved a ‘move to precision, universalism and standardisation’ – something that Collins clearly counteracts with his exploration of unpredictable and subversive bodies situated outside of the “norm”, as well as drawing into question these parameters of “normality” set by medical practice.²⁷ Collins regularly targets the classification and labelling of bodies that were part of this process of standardisation, making visible the means by which such ideas were enforced through various professional, ideological and even physical structures, and encouraging his audience to challenge them, as he does.

²⁵ 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 (pp. 182-3).

²⁶ Bruce Haley, *The Healthy Body and Victorian Culture* (London: Harvard University Press, 1978), p. 3.

²⁷ Christopher Lawrence, *Medicine in the Making of Modern Britain 1700-1920* (London: Routledge, 1994), p. 45.

Sensation fiction, medicine and the body

As a branch of fiction which was infamously seen as ‘preaching to the nerves’, sensation novels were inherently of the body and about the body, although the genre was, of course, by no means unique in this respect.²⁸ As Peter Logan has shown, for example, the late eighteenth-century notion of the nervous or hysterical body gave rise to a raft of texts around the turn of the century such as William Godwin’s *Caleb Williams* (1794) and Thomas De Quincey’s *Confessions of an English Opium-Eater* (1821) featuring “nervous” narrators, and the image of the consumptive Romantic writer perpetuated links between literature and the body.²⁹ The sickroom also proliferates in Victorian literature more generally, as Miriam Bailin has demonstrated, whilst concerns about bodily decline and decay reappear in a new guise in the nightmarish narratives of the fin-de-siècle.³⁰ For the purposes of this study, however, sensation fiction provides a unique means of accessing the lives of its audience through its concurrent grounding in the everyday and the fantastic. As a genre involving the ‘violent yoking of romance and realism’ and production of novels both ‘wild and yet domestic’ (as Dickens said of *The Moonstone*), the “wilder” side of this dyad has traditionally overwhelmed its roots in realism and the domestic.³¹ However, the value of these texts for providing glimpses of Victorian life has been argued for increasingly forcefully since Winifred Hughes’s *The Maniac in the Cellar* rejuvenated interest in the genre in the 1980s. More recently, Andrew Mangham has asserted that sensation fiction’s hybridised state grants it the ability to probe beneath

²⁸ H. L. Mansel, ‘Sensation Novels’, *Quarterly Review*, April 1863, 482-514 (p. 482).

²⁹ See Peter Melville Logan, *Nerves and Narratives: A Cultural History of Hysteria in Nineteenth-Century British Prose* (Berkeley: University of California Press, 1997).

³⁰ See Miriam Bailin, *The Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge: Cambridge University Press, 1994).

³¹ Winifred Hughes, *The Maniac in the Cellar: Sensation Novels of the 1860s* (Princeton: Princeton University Press, 1980), p. 16; *The Letters of Charles Dickens*, ed. by Walter Dexter, 3 vols (London: The Nonesuch Press, 1938), III, 534.

surfaces and tap into anxieties and concerns in a way many other literary forms could not: 'what sensation fiction has to say about a range of important topics is worth paying attention to' as, unfettered by 'rigid formative strictures, deliberately provocative and polemic, the sensation text says searching things about some rather tense issues'.³² Part of this was a result of the environment from which the genre emerged – that of a rapidly changing literary marketplace experiencing developments in print technology and growing newspaper circulation – and its ability to 'comment on contemporaneous developments by incorporating them into its novels'.³³ Accordingly, sensation fiction was able to absorb and rework its readers' immediate anxieties, uncertainties, interests and fascinations, becoming a 'locus for the discussion of a range of extra-literary concerns' and embodying and exploring 'the hopes and fears of the Victorian middle classes'.³⁴

Sensation fiction further strengthened its connections with audiences by situating itself very much in the present and proximate, taking elements of the 'Gothic tale, the crime novel and domestic fiction' and relocating them in recognisable and familiar areas of modern England.³⁵ As Henry James famously commented, 'To Mr Collins belongs the credit of having introduced into fiction those most mysterious of mysteries, the mysteries which are at our own doors', and it is these qualities of locality and familiarity which both drive the genre's sensational impetus and argue for its relevance here.³⁶ According to Margaret Oliphant's discussion of *The Woman*

³² Andrew Mangham, 'Introduction', in *The Cambridge Companion to Sensation Fiction*, ed. by Mangham, pp. 1-6 (pp. 3-4).

³³ *Ibid.*, p. 5.

³⁴ Janice M. Allan, 'The contemporary response to sensation fiction', in *The Cambridge Companion to Sensation Fiction*, ed. by Mangham, pp. 85-98 (p. 96); Lyn Pykett, *The Sensation Novel from 'The Woman in White' to 'The Moonstone'* (Plymouth: Northcote House Publishers, 1994), p. 10.

³⁵ Lyn Pykett, *The Sensation Novel*, p. 6.

³⁶ Henry James, 'Miss Braddon', *Nation*, November 1865, 593-95 (p. 594).

in *White*, Collins's ability to draw on the plausible and commonplace as a starting point ensured his success, as the 'more we perceive the perfectly legitimate nature of the means used to produce the sensation, the more striking does that sensation become'.³⁷ For many, this revelation of the sensational in every domestic corner was laughable – Alfred Austin scoffed that 'mystery sleeps in our cradles; fearful errors lurk in our nuptial couches; fiends sit down with us at our table; our innocent-looking garden-walks hold the secret of treacherous murders; and our servants take £20 a year from us for the sake of having us at their mercy' – yet other critics begrudgingly noted the genre's success.³⁸ Several years after her more positive review of *The Woman in White* Margaret Oliphant protested that 'most of our neighbours, we know, are very good sort of people' and that 'we do not believe, as some people do, that a stratum of secret vice underlies the outward seeming of society', yet acknowledges, bemusedly, sensation fiction's enduring appeal and popularity.³⁹ Critics like Mansel, who saw the genre as functioning merely to satisfy the depraved appetites of bored middle-class readers, failed to recognise that these narratives often tapped into the zeitgeist and dramatised, to use an example of Andrew Radford's, 'domestic upheaval and transgressions at a time when the laws governing marriage and divorce in England were subject to searching critique and drastic reform'.⁴⁰ Oliphant asserted that the rise of a 'Sensation School' is nowhere so 'dangerous' as in 'fiction' where the author 'must take the passions and emotions of life to make his effects withal', yet it is the unwavering connection to these emotions and passions, and appropriation of

³⁷ Margaret Oliphant, 'Sensation Novels', *Blackwood's Edinburgh Magazine*, May 1862, 564-80 (p. 566).

³⁸ Alfred Austin, 'Our novels: the sensation school', *Temple Bar*, June 1870, 410-24 (p. 422).

³⁹ Margaret Oliphant, 'Novels', *Blackwood's Edinburgh Magazine*, September 1867, 257- 280 (pp. 259-60).

⁴⁰ Andrew Radford, *Victorian Sensation Fiction* (Basingstoke: Palgrave Macmillan, 2009), pp. 13 and 17.

the familiar, which enables the genre to preserve and communicate the anxieties and experiences of the period.⁴¹

The qualities that Mansel and Austin deride raise issues of validity when drawing on texts such as Collins's as a means of making arguments about Victorian medicine, particularly when the genre is compared with accounts of medical practice offered by realist texts of the period, for example. As Anne-Marie Beller notes, the emergence of sensation fiction in the 1850s was greeted with criticism over its lack of verisimilitude and 'failure of realism', terms by which the "quality" of fiction was judged, whilst characters and plotlines were dismissed as unnatural and exaggerated.⁴² Sensation fiction has a more complex relationship with realism however, and any move to set the two genres as opposites overlooks their shared grounding in the quotidian and interest in depicting a certain type of "reality" – albeit with quite different results. As stressed above, sensation narratives are in fact deeply rooted in the everyday: characters' experiences 'have to do with ordinary Victorian challenges and the typical stuff of the novel – debt, bankruptcy, identity and the legitimacy of marriage, children and heirs'.⁴³ The key difference, according to Gilbert, is that while realist novels might explore one or two of these issues in a detailed, in-depth way, in sensation novels these challenges occur at an 'accelerated rate', and characters' 'lives or case histories seem to be intensified'.⁴⁴ Of more relevance here, however, is the way in which sensation fiction also attends to bodies and bodily states in a more focused, intensified way. As Susan Walsh notes, for example, Tertius Lydgate in George Eliot's *Middlemarch* 'infers, observes, and

⁴¹ Margaret Oliphant, 'Sensation Novels', p. 580.

⁴² Anne-Marie Beller, 'Sensation fiction in the 1850s', in *The Cambridge Companion to Sensation Fiction*, ed. by Mangham, pp. 7-20 (pp. 9-10).

⁴³ Pamela K. Gilbert, 'Sensation fiction and the medical context', p. 184.

⁴⁴ *Ibid.*, p. 184.

hypothesises’, penetrating the body only ‘with stethoscope and thermometer, and in a sort of synesthesia sees with the ears and touches with the eyes’, keeping a decorous distance.⁴⁵ By contrast, as Martha Stoddard Holmes and Mark Mossman note, ‘bodies in sensation narratives’ are the ‘vehicles through which the texts articulate, exploit, and indeed undermine the seemingly stable binaries of able and disabled, sane and mad, normal and abnormal, familiar and strange’, a closeness between the bodies of characters in the text and its audience epitomised by Oliphant’s comment of *The Woman in White*, that ‘the silent woman lays her hand upon our shoulder as well as upon that of Mr Walter Hartright’.⁴⁶

In many ways, the genre’s relationship with newspapers also speaks for its proximity to real-life events and experiences. As James wrote of *Lady Audley’s Secret*, ‘Modern England – the England of to-day’s newspaper – crops up at every step’, and for some authors this connection with the press cemented their argument that the genre portrayed occurrences which were not only probable and realistic, but happening every day.⁴⁷ In contrast to Oliphant’s assertion that ‘most of our neighbours, we know, are very good sort of people’, newspapers, according to Patrick Brantlinger, ‘suggested otherwise, and how could a sensation novelist who imitated the newspapers fail to be realistic?’⁴⁸ Sensation fiction’s use of contemporary events not only helped to bolster its own particular type of realism, but ‘punctuated’ the conventions of realist fiction with ‘question marks’.⁴⁹ Whilst Collins drew on

⁴⁵ Susan Walsh, ‘Speaking of Illness: Nerves, Narratives, and Nineteenth-Century Psychology’, *Victorian Literature and Culture*, 26 (1998) 185-196 (p. 189).

⁴⁶ Martha Stoddard Holmes and Mark Mossman, ‘Disability in Victorian Sensation Fiction’, in *A Companion to Sensation Fiction*, ed. by Pamela K. Gilbert (Chichester: Wiley-Blackwell, 2011), pp. 493-506 (p. 494).

⁴⁷ Henry James, pp. 593-4.

⁴⁸ Patrick Brantlinger, ‘What Is ‘Sensational’ About the ‘Sensation Novel’?’, *Nineteenth-Century Fiction*, 37 (1982), 1-28 (p.11).

⁴⁹ *Ibid*, p. 11.

newspapers less than his contemporaries, and made less use of them in defence of his work, he was, as Pykett argues, perfectly placed to draw on the mundane elements of life in exploring the experiences of his audience, due to his liminal position as ‘neither an insider nor an outsider’: ‘Collins did not so much hold up the glass of satire to his contemporaries, as refract or re-present contemporary society through his peculiarly angled lens’.⁵⁰ His unconventional family life, ‘taste for footloose bohemianism’ and, most importantly here, his position as an invalid for much of his adult life, situate him as a perfect commentator in drawing the extraordinary out of the ordinary and aligning the everyday with the exceptional, due to his position on the fringes of a society which often sought to enforce regulation and conformity.⁵¹

This combination of sensation fiction’s attention to everyday life, the strong connection it fosters with audiences and the constant references to health and illness in Collins’s novels, make a forceful case for his relevance in a study such as this. The number of Collins’s texts which draw on aspects of sickness, medication or altered bodily states is staggering; almost all of his novels, both the well-known and the more obscure, address these issues at some point in their narratives. This sustained interest in how and where people experience illness and interact with medicine far outweighs similar representation in the work of his contemporaries, a quality of his writing which has resulted in an outpouring of critical work on this topic in Collins scholarship. Collins’s own defence of his work’s relevance, its connection with ‘the Actual’ and keenness to ‘touch on something real and true’ extends to his use of medical themes, for which he carried out meticulous research.⁵² In his introduction to

⁵⁰ Lyn Pykett, *Wilkie Collins*, p. 2.

⁵¹ *Ibid*, p. 1.

⁵² Wilkie Collins, *Basil* (Oxford: Oxford University Press, [1852] 2008), p. 3. All further references to this edition are given in parentheses after quotations from the text.

Poor Miss Finch, he presents his attempt to depict blindness ‘as it really is’ and describes gathering ‘the information necessary to the execution of this purpose from competent authorities of all sorts’; it is likely that he consulted his own ophthalmic surgeon George Crichton as well as using a range of medical texts and materials, including William B. Carpenter’s *Principles of Human Physiology* (1855), which he also used whilst writing *The Moonstone*.⁵³ The background to the laudanum experiment in *The Moonstone* was also thoroughly investigated, and Collins is quick to argue that he has not, as some would suspect, veered into the far-fetched and improbable:

Having first ascertained, not only from books, but from living authorities as well, what the result of that experience would really have been, I have declined to avail myself of the novelist’s privilege of supposing something which might have happened, and have so shaped the story as to make it grow out of what actually happened – which, I beg to inform my readers, is also what actually does happen, in these pages.⁵⁴

This method of painstaking research, particularly with regard to medical matters, was one that Collins abided by throughout his writing career: *Heart and Science*, published in 1883 contained the same defence of his narrative construction and reliance on the factual that he set out in *Basil* nearly thirty years earlier, as well as anticipating and answering a raft of questions regarding his references to physiology and vivisection.

⁵³ Wilkie Collins, *Poor Miss Finch* (Oxford: Oxford University Press, [1872] 2008), p. xxxix. All further references to this edition are given in parentheses after quotations from the text. For further information about Collins’s source materials here, see Catherine Peters, ‘Explanatory Notes’, *Poor Miss Finch*, pp. 428-432 (p. 428).

⁵⁴ Wilkie Collins, *The Moonstone* (London: Penguin, [1868] 1998), p. 3. All further references to this edition are given in parentheses after quotations from the text.

Sensation fiction's grounding in the lived experience of its audience, hyper-awareness of its relevancy to contemporary concerns and close links to the familiar domestic surroundings of its readership make it a particularly fitting form through which to explore the nebulous nature of the middle-class's experiences of, and interactions with, illness and medicine. Beyond its interest in 'preaching to the nerves' and ability to 'produce a literal sensation upon the body', sensation fiction explored the concept of the body, and the processes engaging with and shaping it, in more subtle and complex ways.⁵⁵ As Gilbert notes, in addition to exploring clinical attitudes towards the body, the sensation novel is 'preoccupied with the actions of other agents on the organism', with many texts exploring how bodies react to drugs, poisons, sickness and – perhaps most interestingly – other bodies, in addition to the genre's wider interest in its interaction with the bodies of its readers.⁵⁶

Critical work on Collins and medicine

Despite this, the complexities of sensation fiction's treatment of the body and medicine has generally been overlooked until relatively recently, with the exception of the more specific interest in psychology and mental illness that Jenny Bourne Taylor's 1988 text *In the Secret Theatre of Home* initiated. Deborah Wynne, in her examination of interactions between serialised novels and their magazine contexts lists the various 'issues of the day' texts responded to and significantly, apart from a cursory reference to mental illness, concerns about health, sickness, medicine or bodies are entirely absent.⁵⁷ Wynne includes 'shifting class identities, financial insecurity, the precarious social position of single women, sexuality, failed and illegal

⁵⁵ H. L. Mansel, p. 482; Janice M. Allan, p. 87.

⁵⁶ Pamela K. Gilbert, 'Sensation fiction and the medical context', p. 184.

⁵⁷ Deborah Wynne, *The Sensation Novel and the Victorian Family Magazine* (Basingstoke: Palgrave, 2001), p. 3.

marriages, insanity and mental debilitation, fears of criminality and perceptions that modernity itself was undermining domestic life' in her overview, although she does go on to discuss the representation of illness in *The Woman in White* in a later chapter.⁵⁸ In this, she notes that 'the novel's preoccupation with illness and "nervousness" was supported by discussions of health in *All the Year Round*', which ran pieces alongside Collins's text including 'fictional and factual accounts of nervous disorders and poor health', a clear indication of the interests of Collins's audience, so it is strange that these broader links to health and illness are overlooked in favour of the aspects of psychology that some of Collins's texts consider.⁵⁹

Sensation fiction was, as Gilbert argues 'a genre particularly connected to current understandings of physiology and medicine', but even considerations of the different forms medicine takes in the genre have tended to result in attention being paid to representations of doctors, again limiting an appreciation of how these texts engaged with a variety of aspects of medicine, as well as our understanding of what the term "medicine" encompassed at this time.⁶⁰

As a middle-class professional whose position became more prominent and prestigious as the period progressed, the frequent appearance of doctors in Victorian fiction is unsurprising, yet it is on this aspect of medicine – the professional and the clinical – that studies of Collins's use of medical material have tended to focus. A recent glut of scholarly work on this topic – including Andrew Mangham's *Violent Women and Sensation Fiction: Crime, Medicine and Victorian Popular Culture* (2007) and edited collection *Wilkie Collins: Interdisciplinary Essays* (2007), Tabitha Sparks's *The Doctor in the Victorian Novel: Family Practices* (2009) and Laurence

⁵⁸ Deborah Wynne, p. 3.

⁵⁹ Ibid, p. 44.

⁶⁰ Pamela K. Gilbert, 'Sensation fiction and the medical context', p. 182.

Talairach-Vielmas's *Wilkie Collins, Medicine and the Gothic* (2009) – demonstrates the significance of medicine in Collins's work, and the rich interplay between medicine and literature during this period in general. However, few studies have gone beyond reading predominantly professional medical sources alongside Collins's novels. *Wilkie Collins, Medicine and the Gothic* is the most recent book-length study aligning these areas, and Talairach-Vielmas's introduction, which immediately turns to Victorian psychiatrist Henry Maudsley to demonstrate how aspects of medicine filtered into culture, sets out the type of medical and scientific discourse she draws on throughout. The main thrust of Talairach-Vielmas's argument is that the concerns and motifs of Gothic fiction are transposed by Collins into medicalised settings: 'aristocratic villains, dusty ghosts and derelict castles' become 'ambitious scientists, helpless patients and newly painted asylums', whilst Collins's characters are 'melancholic, hysterical or epileptic, revamping Gothic's sensitive subjects'.⁶¹ For Talairach-Vielmas, Collins's response to the professionalisation of medicine results in his pairing medical practitioners and settings with Gothic frameworks in order to highlight 'anxieties related to power and control'.⁶²

To this end, Talairach-Vielmas's text connects Collins's novels with contemporary medical theories and literature, for example, reading *The Moonstone* alongside the work of mental physiologists John Elliotson, William Carpenter and Henry Maudsley, analysing *The Haunted Hotel* in light of writing on the mind by George Henry Lewes, and considering two of Collins's later novels (*Jezebel's Daughter* and *Heart and Science*) against the backdrop of 'growing interest in brain functions' and the

⁶¹ Laurence Talairach-Vielmas, *Wilkie Collins, Medicine and the Gothic*, p. 7.

⁶² *Ibid*, p. 9.

experimental work of figures such as David Ferrier.⁶³ Although her chapter on *Armada* considers the lay practices of beautician Mother Oldershaw alongside the (dubious) professional position of Dr Downward, Talairach-Vielmas sees the novel as having ‘medical issues’ at its centre, and notes that the text ‘constantly refers back to official or scientific discourses’.⁶⁴ Whilst this is true, and Talairach-Vielmas’s argument as a whole is convincing and compelling, the connection she makes between the medical elements of Collins’s texts and his readers is minimal. How his audience would have received the complex medical references Talairach-Vielmas identifies is only loosely alluded to: we are told, for example, that ‘nervous derangement preyed on Collins’s readers’ and that ‘fears of degeneration permeated society’, but beyond this there is little sense of how far Collins’s audience would have engaged with (or even been aware of) the medical texts Talairach-Vielmas uses.⁶⁵

Tabitha Sparks’s *The Doctor in the Victorian Novel: Family Practices* (2009) similarly analyses *Armada* and *Heart and Science*, and follows on from earlier work such as her 2002 article ‘Surgical Injury and Narrative Cure in Wilkie Collins’s *Poor Miss Finch* and *Heart and Science*’.⁶⁶ Like Talairach-Vielmas, Sparks’s focus is on the ‘representation of the doctor in the Collins canon’ which ‘encapsulates medicine’s fraught rise to authority’, and medicine is again treated in a fairly reductive way, described as a frightening and powerful professional force increasingly ‘interpreted as suspicious and even sinister’.⁶⁷ Although Sparks goes on to argue that Collins’s doctor-figures are part of an interesting dichotomy, representing empiricism in

⁶³ Laurence Talairach-Vielmas, *Wilkie Collins, Medicine and the Gothic*, p. 14.

⁶⁴ *Ibid*, p. 58.

⁶⁵ *Ibid*, pp. 3 and 5.

⁶⁶ Tabitha Sparks, ‘Surgical Injury and Narrative Cure in Wilkie Collins’s *Poor Miss Finch* and *Heart and Science*’, *JNT: Journal of Narrative Theory*, 32 (2002), 1-31.

⁶⁷ Tabitha Sparks, *The Doctor in the Victorian Novel*, p. 87.

contrast to the 'romantic world-views' of Collins's 'sentimental' characters, her focus is (as the title suggests) wholly on professional practice.⁶⁸ The section on Collins and medicine in Andrew Mangham's edited collection, *Wilkie Collins: Interdisciplinary Essays*, published in 2007 similarly dwells on the professional and clinical. Alongside Mangham's own essay on Collins's first published text, *Antonina, or the Fall of Rome* (1850), the accompanying pieces cover Collins's more well-known texts from a variety of medical angles. Jessica Cox's exploration of Collins's use of physiognomy in describing female characters draws heavily on John Caspar Lavater's *Essays on Physiognomy*, but beyond the detail that Collins's audience would have been 'familiar with the theories of Lavater' there is scant discussion of the significance this would have held for his audience, or why physiognomy would have been meaningful or of interest.⁶⁹ Amanda Mordavsky Caleb's analysis of *The Legacy of Cain* covers similar ground in its use of popular and contemporary scientific theories, using degeneracy to explore moral inheritance in the novel.⁷⁰ Both William Hughes's and Greta Depledge's essays focus more narrowly on specific branches of medicine.⁷¹ Hughes situates *The Woman in White* alongside Bram Stoker's *Dracula* to discuss Victorian asylum practices and abuses, as well as using the theories of William Carpenter, whilst Depledge analyses links between vivisection and medicine's treatment of women, as explored by Collins in *Heart and Science*. Despite focusing in detail on professional aspects of gynaecology and vivisection in particular, Depledge also outlines the treatment some women would have received at the hands of medical

⁶⁸ Tabitha Sparks, *The Doctor in the Victorian Novel*, p. 88.

⁶⁹ Jessica Cox, 'Reading Faces: Physiognomy and the Depiction of the Heroine in the Fiction of Wilkie Collins', in *Wilkie Collins: Interdisciplinary Essays*, ed. by Andrew Mangham (Newcastle: Cambridge Scholars Publishing, 2007), pp. 107-121 (p. 108).

⁷⁰ Amanda Mordavsky Caleb, 'Questioning Moral Inheritance in *The Legacy of Cain*', in *Wilkie Collins: Interdisciplinary Essays*, ed. by Mangham, pp. 122-135.

⁷¹ William Hughes, 'Habituation and Incarceration: Mental Physiology and Asylum Abuse in *The Woman in White* and *Dracula*', in *Wilkie Collins: Interdisciplinary Essays*, ed. by Mangham, pp. 136-148; Greta Depledge, '*Heart and Science* and Vivisection's Threat to Women', in *Wilkie Collins: Interdisciplinary Essays*, ed. by Mangham, pp. 149-165.

professionals at this time, and explains the perceived links between vivisection and areas of medicine which disturbed Collins, along with many of his readers. In this way, Depledge's essay creates a clearer sense of the significance of the topics Collins is tackling here, and is richer for it.

Mangham's *Violent Women and Sensation Fiction: Crime, Medicine and Victorian Popular Culture* (2007) is perhaps most similar to this thesis in its interdisciplinary approach to Collins's work and wide-ranging use of literature and documents as companion pieces.⁷² Analysing the work of Collins alongside that of Mary Elizabeth Braddon and Mrs Henry Wood, Mangham utilises magazines, newspapers and domestic advice texts alongside medical literature to build a fuller picture of how aspects of medicine were discussed across a multitude of platforms, and for the benefit of audiences beyond that of medical professionals. He uses extracts from the *Cornhill*, for instance, in his discussion of Collins's references to physiognomy alongside Lavater, as well as opinion pieces from the same magazine which pathologised female criminality, as he explores ideas of tainted blood and infection in *Armada*.⁷³ This approach enables Mangham to evoke with clarity the means by which these medical issues filtered down to Collins's readership and circulated in other popular literature published alongside his own, rather than situating Collins's work in relation to a range of, occasionally arcane, medical texts. Too frequently, the question of whether Collins's readers (and perhaps even Collins himself) would have had the knowledge or understanding of the medical content aligned with his work is unexplored or undisclosed, an approach which also fails to address the many levels at which medicine as a topic is discussed and interpreted, beyond the professional.

⁷² Andrew Mangham, *Violent Women and Sensation Fiction: Crime, Medicine and Victorian Popular Culture* (Basingstoke: Palgrave Macmillan, 2007).

⁷³ *Ibid*, pp. 196-208.

Collins's novels and everyday experiences of medicine

To address this void, this research self-consciously aims to consider Collins's novels with reference to a wide variety of texts and documents – both those which engage with medicine from a lay or unprofessional angle, or in relation to other professional areas, such as in legal settings, advertising, architecture and city planning – as well as considering the various spaces and places in which Victorians encountered illness or forms of medical practice. As the discussion of current work in the field demonstrates, the complexities of layperson engagement with medicine in particular has heretofore been wholly overlooked, and this is largely true not only of Collins scholarship but of Victorian literature in general.⁷⁴ Furthermore, beyond discussions of asylums in Collins's novels, scant attention has been paid to his clear interest in the relationship between sickness and physical spaces, such as those of the house and the city. In order to achieve this perspective, the thesis draws on newspapers and periodicals, architectural plans, court cases, medical brochures and catalogues as well as debates surrounding city sanitation and hygiene. In addition to this, a range of unpublished letters and diaries belonging to (generally middle-class) men and women are analysed in order to gain a perspective broadly in line with that of Collins's audience, and to determine the areas of health, illness and medicine which were frequent and important topics of conversation in everyday life. In some respects, whilst this thesis is not overtly a study in reader reception, it does attempt to bring into view the horizons of expectation shared by Collins's readership, and what this in turn reveals about Collins's novels. Writing over twenty-five years ago, Elizabeth Freund noted that readers so often 'become invisible, mute, imperceptible, ghostly',

⁷⁴ At present the AHRC-funded project 'Constructing Scientific Communities: Citizen Science in the 19th and 21st Centuries' is beginning to explore patterns of layperson engagement in science and, to some extent, medicine. The work of Sally Frampton in particular focuses on the interaction of laypeople with medical professionals through the pages of medical periodicals and publications. See <http://conscicom.org/> for more information. [Accessed 18 October 2014].

and given the marked absence of Collins's audience in more recent scholarly work, it would seem that this is still the case.⁷⁵ As Kate Flint notes in her study of Victorian women readers, sensation fiction had an astute sense of its own audience and how to interact with them: Braddon's novels, she argues, often contained literary references offering 'a bond between narrator and reader which is composed of presumed shared literary knowledge and tastes', whilst also indicating that the genre's typical reader was 'an alert interpreter' who was challenged to unravel the 'complexities of the text'.⁷⁶ More importantly, Collins himself was clearly knowledgeable about, and interested in, his readership. Often content to leave his more divisive texts in the hands of 'King Public' for judgement, he was also intrigued by the different subsets of audiences and the types of reading in which they engaged, as 'The Unknown Public' demonstrates.⁷⁷ Whilst it is important to remember, as Collins did, that his audience would not have been comprised of one homogenous mass (to which the concept of a shared horizon of expectation can gesture), the ground covered in this thesis attempts to recreate, in part, a sense of their shared concerns, interests and experiences.

The research is also shaped by the work of Michel Foucault, perhaps unsurprisingly given Foucault's highly influential work on medicine, discourse and discipline in particular, as well as the wide-reaching impact of his ideas on analyses of sensation fiction. As Mark Knight notes, the 'apparent omnipresence' of Foucault in writing on this topic 'owes much to the publication of [D. A.] Miller's *The Novel and the Police* (1988), a deservedly influential book that insists on the way in which the disciplinary

⁷⁵ Elizabeth Freund, *The Return of the Reader: Reader-response Criticism* (London: Methuen, 1987), p. 4.

⁷⁶ Kate Flint, *The Woman Reader: 1837-1914* (Oxford: Clarendon Press, 1993), pp. 286-7.

⁷⁷ Lyn Pykett, *Wilkie Collins*, p. 13; Wilkie Collins, 'The Unknown Public', *Household Words*, August 1858, 217-222.

reaches of society extend to our reading of the sensation novel' and in many ways set a pattern of approaches to sensation fiction.⁷⁸ However, according to Anna Maria Jones its influence has proved to be reductive as well as productive as, since Miller, 'the project of much Victorian cultural studies scholarship likewise has been concerned with outing "invisible" power relationships, finding disciplinary stratagems where there seem to have been only popular novels, or ladies' magazines, or Indian shawls'.⁷⁹ In focusing on the disciplinary power of sensation fiction itself, such an approach writes the critic 'into the role of the detective' and results in the revelation of this 'secret' or buried disciplinary power to the reader, an approach which Jones (as part of her reference to Andrew Miller's discussion of the state of Victorian studies) sees as partaking in an 'invisible disciplining' of scholarship on this topic.⁸⁰

Whilst this thesis often engages with notions of power relationships, particularly with regard to lay interaction with, or resistance to, professional medical powers, its overall aim is to bring about a wider consideration of how Collins's work reveals an alternative side to medicine at this time, as well as exploring how his writing interacts specifically with broader experiences of health and illness. In this sense, whilst Foucault's work is implicit in much of the research, it is not intended to be used solely in revealing disciplinary practices or forms of resistance. Foucault's work on medicine, particularly *The Birth of the Clinic* (1963) can also be seen as impacting negatively on many readings of Victorian literature's engagement with medicine: it is

⁷⁸ Mark Knight, 'Figuring Out the Fascination: Recent Trends in Criticism on Victorian Sensation and Crime Fiction', *Victorian Literature and Culture*, 37 (2009), 323-333 (pp. 327-8).

⁷⁹ Anna Maria Jones, *Problem Novels: Victorian Fiction Theorizes the Sensational Self* (Columbus: Ohio State University Press, 2007), p. 7.

⁸⁰ *Ibid*, p. 8; Andrew H. Miller, 'Recent Studies in the Nineteenth Century', *SEL Studies in English Literature 1500-1900*, 43 (2003) 959-997.

noticeable how often in the texts reviewed above, for example, Collins's doctor-figures are reduced to powerful and controlling presences, in line with the power shift in doctor-patient relationships and changing treatment of the body Foucault identifies. As Lauren Goodlad outlines in her text on governance and the Victorian state, Foucault's influence has prompted 'critics interested in Victorian governance to think more about Bentham than about those who rejected him; more about panopticism than about why it was that nineteenth-century Britons declined to build any Panopticons', and it is worth considering whether Foucault's influence has similarly shaped discussions of Victorian medicine.⁸¹ Nevertheless, Foucault's analysis of power in Victorian medical and disciplinary practices – and interest in how this power is enacted at the level of bodies rather than institutions or organisations – is unquestionably relevant here. By drawing on Foucault's wider writing on this topic, and not distilling his ideas down to a reproduction of the dyadic doctor-patient power struggle as others have tended to do, a consideration of medicine which sees the flow of power between lay and professional practice becomes possible, and makes visible a process of resistance as much as of oppression.

Alongside the various contemporary documents referred to above, the thesis intentionally engages with a wide array of medical themes and issues, with each chapter focusing on a particular topic in relation to one or more of Collins's texts. Whilst this approach does place certain limitations on the detail with which each area can be explored, it also enables the discussion to show how aspects of medicine and illness were dispersed across various discourses, infiltrated unexpected areas and permeated much of everyday life, as well as – most importantly – demonstrating how

⁸¹ Lauren M.E. Goodlad, *Victorian Literature and the Victorian State: Character and Governance in a Liberal Society* (Baltimore: John Hopkins University Press, 2004), p. x.

Collins's work stands as a rich record of this. Chapter One uses *Poor Miss Finch* to readdress the relationship between women and male medical professionals, arguing that Collins's novel portrays the frequency and confidence with which women engaged in medical matters at this time, and considering how writing and authorship formed part of this process. As a counterpart, Chapter Two rethinks Victorian notions of the male body – and the sick male body in particular – alongside an analysis of *The Moonstone*, similarly drawing on archival material as well as newspaper articles to explore the challenges posed to medical conceptions of masculinity through writing about illness. Drawing together the work of the first two chapters in readdressing assumptions about gender and medicine, Chapter Three turns to *The Law and the Lady*, *Armadale* and *Jezebel's Daughter* to highlight how Collins not only challenges the division that the legal and medical professions constructed between male and female, but also youth and age, and life and death, through his exploration of the place of poisons and cosmetics in society, and their relationship with the body. Chapter Four recontextualises Collins's interest in the spaces or gaps created between bodies by considering the physical places and spaces of sickness in his novels. Starting with the much-discussed overlap between the home and the asylum, it offers a new approach to this theme with a wider examination of how illness and space interact in *The Woman in White*, *Armadale* and *The Law and the Lady*, bringing in aspects of Victorian architecture and landscape architecture to think about how sick bodies in particular were classified and categorised through the organisation of space. Moving outwards, Chapter Five's discussion of *Basil* demonstrates how the novel uses the spatial and technological networks of London to explore anxieties about disease transmission, contagion, hereditary illness and bloodlines. Engaging with contemporary concerns over sanitation and the spread of disease in the metropolis,

the chapter moves to consider how city-dwellers encountered illness in the urban and suburban spaces surrounding them. Finally, Chapter Six returns in several respects to the themes of Chapter One, considering the ways of reading bodies that vivisection and physiognomy posit, and the links between reading, writing, dissecting and analysing bodies in *No Name* and *Heart and Science*. As the last chapter, the discussion seeks to draw together several of the key ideas in evidence across the thesis and Collins's novels, demonstrating the consistency and persistency with which he addresses matters of medicine and illness and makes these themes relevant to his audience – concepts which were also, as this final chapter argues, still at the forefront of Collins's mind as both his career and life drew to a close.

This thesis therefore aims to not only broaden our perceptions of Collins's body of work and its interactions with often overlooked aspects of Victorian healthcare, but also to deepen our understanding of the lived experiences of medicine and illness at this time. Collins repeatedly shows us how matters of sickness and health filtered into diverse areas of everyday life, and in the process details his own responses to, and interpretations of, the changing nature of medical practice and treatment of the body across a span of several decades. In exploring these areas, the thesis is able to demonstrate the substantial and sustained nature of layperson engagement with medicine at this time, and to argue that Collins's novels form a rich and detailed account of this complex and fascinating interaction.

Chapter One

Much Fact and Little Imagination: (Re)writing Women's Interaction with Medicine in *Poor Miss Finch*

Poor Miss Finch (1872) depicts the experiences of a blind girl, Lucilla, as she undergoes surgery to restore her sight, and features a portrayal of blindness and an interpretation of disability that is remarkable for its time. It is these aspects of the text which have tended to attract critical attention, with Collins's novel providing a starting point for fruitful and inventive discussions of Victorian attitudes towards blindness.¹ As Stoddard Holmes argues, for example, Collins's combination of a marriage plot and a central female character with a disability provides a powerful rewriting of the female disabled body, particularly when considered in its nineteenth-century context.² However, beyond this, the novel is significant for its depiction of female interaction with male medical practice. The central argument of this chapter is that *Poor Miss Finch* not only provides an alternative account of the relationship between middle-class women and the Victorian medical profession – one quite different to the narrative of oppression and suffering which has tended to emanate from feminist readings of medical history – but highlights the importance of writing and authorship as part of this process. Furthermore, the discussion moves to consider issues of knowledge, control and the spectacle of the female body outside the trope of blindness which has frequently dominated previous readings of the text, limiting our

¹ See, for example, Mary Ann O'Farrell, 'Blindness Envy: Victorians in the Parlours of the Blind', *PMLA*, 127 (2012), 512-525, Samuel Lyndon Gladden, 'Spectacular Deceptions: Closets, Secrets and Identity in Wilkie Collins's *Poor Miss Finch*', *Victorian Literature and Culture*, 33 (2005) 467-486 and Kate Flint, 'Disability and Difference', *The Cambridge Companion to Wilkie Collins* ed. by Jenny Bourne Taylor (Cambridge: Cambridge University Press, 2006), pp. 153-167.

² Martha Stoddard Holmes, *Fictions of Affliction: Physical Disability in Victorian Culture* (Michigan: University of Michigan Press, 2009), pp. 74-93.

understanding of the broader issues surrounding medicine and healthcare to which Collins's novel responds.

The chapter will draw out these largely overlooked elements by considering Collins's novel alongside a variety of contemporary textual sources. The Fletcher-Tooth Collection of letters, held at John Ryland University Library's Special Collections, gives an insight into the support networks women provided one another in facilitating medical care, whilst examples of household recipes and medical receipt books in the Wellcome Library demonstrate another area of treatment over which women held both authority and authorship. Public and private examples of writing by Harriet Martineau and Elizabeth Gaskell elucidate further ways in which women engaged with aspects of medical treatment in their communications with other women and the wider public. By reading these texts alongside Collins's (which is, significantly, narrated by two female protagonists) the role that writing plays in validating female medical knowledge becomes clear, exposing a new dimension of the text and re-writing preconceptions about women's relationship with medicine at this time.³

It is important to note, however, that women's writing about, and engagement with, medicine should not be viewed as a polarised counterpoint to professional (and largely male) medical practice, or that these forms of discourse be seen simply as two "halves" of an argument, and this chapter aims to illustrate that these responses to medicine are part of a larger dialogue that was constantly changing and fluctuating.

³ Collins would return to the theme of female involvement in medical practice in particular later on in his career, with the short story 'Fie! Fie! the Fair Physician' (1882). Whilst Catherine Peters in *The King of Inventors*, for example, sees the story as being critical of female doctors (p. 397), it is worth noting that the doctor in question is largely presented as a skilled and dedicated practitioner and is certainly more likeable than many of the text's other female characters, who are either jealous elderly women or conniving young girls.

Women, as this chapter will show, actively appropriated medical roles rather than simply resisting the authority exerted by men in such positions, teaching themselves and other women aspects of medicine and healthcare in the process, and situating themselves alongside medical practitioners, rather than at odds with them. Foucault's discussion of discourse in *The History of Sexuality* is useful in illuminating the complexities of this interaction, as he argues that 'we must not imagine a world of discourse divided between accepted discourse and excluded discourse, or between the dominant discourse and the dominated one; but as a multiplicity of discursive elements that can come into play in various strategies'.⁴ It is the instability and discontinuity of discourse which must be highlighted, he suggests, rather than uniformity and dominance. Foucault's conception of power relations is also a productive lens through which to reconsider how women experienced and responded to medicine. His notion that power is 'everywhere' because it 'comes from everywhere' is useful in seeing women's engagement with medicine as 'points of resistance', enabling us to view these relationships as parts of a larger web in which power is continuously shifting rather than static, and more complex than the linear, one-way relationship between medical professionals and women which is more commonly depicted.⁵

Poor Miss Finch explores three particular aspects of this relationship between women and professional medicine. First, Collins's depiction of the supportive network of women to which Lucilla Finch belongs correlates with details in the Fletcher-Tooth letters which imply that often, women managed and controlled their own healthcare provision and that of others by forming supportive groups within the community,

⁴ Michel Foucault, *The Will to Knowledge: The History of Sexuality: Volume One*, trans. by Robert Hurley (London: Penguin [1976] 1998), p. 100.

⁵ *Ibid.*, pp. 93 and 96.

carrying out the same palliative medical care professionals could provide. Such networks revoked the need for medical intervention, empowering the women who were part of them and providing an alternative to accounts of women's oppression by medical men. As the existence of these letters indicates, correspondence between women formed the basis of such networks, with the letters even constituting a type of care-giving themselves.

Second, the narrative responds to tensions concerning knowledge (and, implicitly, ownership) of the female body, pitting women's intuitive understanding of their bodies against the inherently "male knowledge" constituting nineteenth-century medical practice. At the centre of this tension is a conflict over three important areas: who understands the workings of the female body best; who has ownership and control over this knowledge; and who is allowed to put it into practice as a method for healing. Such issues were played out more widely across society and culture at this time, and to demonstrate this, the chapter draws on publications surrounding the mesmeric treatments of well-known writer and public figure Harriet Martineau, debates about whom surfaced during the 1840s and again in the late 1870s.

Martineau's case is a useful backdrop as it forms a lucid demonstration of the friction between what was considered "male" and "female" knowledge of medicine. Her antagonistic relationship with the medical press spanned several decades, indicating that debate surrounding the topic was prolonged and substantial, but it also showcases the extraordinarily fierce conflict which arose as a result of her challenge to male medical authority. Important, too, is Martineau's unique position as a female commentator on the subject: the content of her personal letters aligns her with the examples of female layperson correspondence mentioned above, whilst her

engagement with the domain of the medical press simultaneously situates her in a very public, masculine sphere. Martineau can be seen as voicing the types of opinions many women may have felt, yet were unable to publicly express, and whilst it is important to acknowledge that as an individual she is by no means representative of the female middle-class population, the way in which she bridges the gap between these areas of discourse – and the response to this – illuminates attitudes towards writing, gender and medical knowledge at this time. The example serves as a demonstration of the more extreme male medical powers which could be brought to bear on vocal women such as Martineau, and forms an important part of the broad spectrum of relationships between women and medical professionals with which Collins's text engages.

Finally, Collins's representation of Lucilla as a strong, self-assured woman disrupting the balance of power between doctor and female patient will be considered alongside Mrs Clennam in Charles Dickens's *Little Dorrit* (1857), a similar example of rebellious female power. Both writers depict a forthright female invalid who makes a spectacle of her body on her own terms and moulds medical practice and terminology to her own ends, yet Mrs Clennam's behaviour is presented in a starkly negative light, in contrast to Lucilla. By examining Dickens's representation of Mrs Clennam in *Little Dorrit* – more exemplary of Victorian fiction than Collins's text – the surprisingly subversive nature of Collins's text becomes clear. The differences illustrate the conflicting and often severe attitudes to women's appropriation of medical knowledge throughout a significant portion of the period, as well as Dickens and Collins's respective places at either end of this scale. In contrasting the contradictory endings that the two authors write for such characters, the cultural

concepts of femininity that both Collins and Dickens engage with become clearer, as do the ideologies that Collins's text implicitly challenges. By examining this range of sources, the discussion intends to illustrate the manner in which issues of medical knowledge, authorship, power and gender resonated through divergent discourses and cultural stratum, and the important role that writing played in the relationship between women and the medical profession.

'Poor Miss Finch'

Collins's novel describes the experiences of Lucilla Finch, who has been blind from a young age, as she undergoes an operation to remove the cataracts that have ruined her vision. Engaged to her fiancé Oscar Dubourg, she is the victim of the schemes of his identical twin brother Nugent, who is also competing for her affections. As a quirk of her blind state Lucilla has a fear of dark colours yet, unknown to her, Oscar has received treatment for epilepsy involving silver nitrate that has stained his skin a dark blue. Concerned by how Lucilla might react, Oscar tells her that the man with the 'blue face' the neighbours speak of is Nugent (160). Nugent suggests that Lucilla's eyesight can be restored, bringing a renowned German doctor to the village and plotting to pose as Oscar when Lucilla regains her vision. The text features a disorientating mixture of genres and influences, complicated further by its distance from Collins's typical sensation fiction. Subtitled 'A Domestic Story' and attacked by reviewers for the 'milk-and-water nature of its sensationalism', the story is a curious blend of fairy-tale romance, quiet domesticity and medical realism, the latter stemming from Collins's keenness to show 'blindness as it really is'.⁶ As Catherine Peters notes in her Introduction, Collins has clearly consulted, amongst other cases,

⁶ Catherine Peters, 'Introduction', *Poor Miss Finch*, pp. vii-xxiii (p. xv).

the 1728 account of surgeon William Cheselden's removal of cataracts from a young boy, and details such as Lucilla's aversion to dark colours and disappointment at the contrast between colours in reality and in her mind can also be found here.⁷ More remarkably, Collins's portrayal of Lucilla's negative reaction to sight also anticipates comparable cases later in the twentieth century, which detail both the specific problems Lucilla experiences with her senses, as well as patients' similar unhappiness upon regaining their vision.⁸

However, this leaning towards medical realism sits uncomfortably alongside the narrative's far-fetched and frequently clunky plot. As Stoddard Holmes notes, Collins's 'vehicle for mimesis is embroiled in what one critic calls "the most implausible plot in English fiction"' and, if realism, as George Levine posits, can be characterised as having an 'antiliterary thrust' and resistance to 'the formal conventions of narrative', the very obvious plot and caricature-like figures undermine the text's concurrent gestures towards this type of writing.⁹ Peopled with one-dimensional characters and set in what almost appears a satirical parody of the Victorian domestic environment, on the surface the narrative offers little of worth to examine in correlation with the contemporary layperson accounts of healthcare outlined above. The key to unravelling Collins's narrative does not lie in its more realistic moments however, but in recognising that these conflicting strands are intentionally placed, replicating the ways in which bodies are created, shaped and debated via text. As the discussion will argue, the novel's amorphous nature and incongruous meshing of sensation and domestic fictions' qualities can be negotiated

⁷ Catherine Peters, 'Introduction', p. xi.

⁸ Ibid, p. x.

⁹ Martha Stoddard Holmes, p. 16; George Levine, *The Realistic Imagination: English Fiction from Frankenstein to Lady Chatterly* (Chicago: University of Chicago Press, 1981), pp. 12 and 15.

to reveal how Collins mixes genres, registers and discourses to replicate (and illuminate) how the female body is constructed textually within culture through competing discourses and ideologies.

Female communities and medical care

A reoccurring similarity between Collins's text and the letters in the Fletcher-Tooth collection is the representation of a coterie of women providing assistance to one another, officiating ably over their own and others' well-being without the intervention of medical men. The roles that women played in this respect – beyond the basic care of invalids within the family that we might expect – emerges repeatedly in correspondence between women, and similar relationships are depicted in Collins's text. The abilities of Lucilla and other women in the narrative to perform such duties contrast sharply and, presumably intentionally, with the 'hysterically irresponsible' Mrs Finch (206), who functions as a parody of the nineteenth-century medical conceptualisation of the female body: inherently weak, unstable and governed by her reproductive system. Collins signals his interest in competing versions of female interactions with medicine early on in the text with the introduction of Mrs Finch, ridiculing the image of the hysterical woman defined and dominated by medical superintendence. By contrast, the female network of palliative care to which Lucilla belongs is more realistically and naturally portrayed throughout, a noticeable and significant difference.

A 'large, light-haired, languid, lymphatic lady' (10), Mrs Finch's body spills over the boundaries intended to contain her, whilst her general appearance is suggestive of worryingly uncontrollable bodily fluids and material excesses:

If there can be such a thing as a *damp woman* – this was one. There was a humid shine on her colourless white face, and an overflow of water in her pale blue eyes. Her hair was not dressed; and her lace cap was all on one side. The upper part of her was clothed in a loose jacket of blue merino; the lower part was robed in a dimity dressing gown of doubtful white. [...] Her other hand supported a baby enveloped in flannel, sucking at her breast. Such was my first experience of Reverend Finch's Wife – destined to be also the experience of all aftertime. Never completely dressed; never completely dry. (10-11)

Here Collins satirises the medicalised unstable female body, permanently in need of control, yet simultaneously demonstrating its inherent inability to conform to any such limits. Overflowing with bodily fluids and babies (the child here is her fourteenth) her body barely contains the substances which compose it: fluid leaks out through her pores, her watery eyes and her breasts, defying the barriers of membrane and skin which seem incapable of constraining the body they encase so tenuously. Such excesses also overwhelm the bodies around her. The baby, for example, taking on 'more maternal nourishment than his infant stomach could comfortably contain' vomits back the surplus fluid (11). This lack of clearly defined borders also manifests itself in the clothes she wears, which, like her skin, only seem to envelop her body limply. Her lace cap has slipped and her upper body is encircled loosely by soft merino wool, whilst the gown of 'doubtful white' through its very colouring indicates the indeterminate blurring of boundaries that her figure threatens.

Dates or years are not measured in the Finch household by any normal means, but by Mrs Finch's pregnancies (the old side of the rectory where Lucilla resides was repaired 'just after Mrs Finch's last confinement but one' (67)) indicating the manner in which Mrs Finch's impressive fecundity spills out not just into the present for this

family, but across space and time. An impression of control is attempted by Mr Finch through the “medical” orders he gives in instances when Mrs Finch succumbs to bouts of hysteria:

I order you, medically, to get into a warm bath, and stay there till I come to you. [...] I wish you to understand the object of the bath. Hold your tongue. The object is to produce a gentle action on your skin. One of the women is to keep her eye on your forehead. The instant she perceives an appearance of moisture, she is to run for me [...] on leaving the bath, I shall have you only lightly clothed. I forbid, with a view to your head, all compression, whether of stays or strings, round the waist. I forbid garters – with the same object.
(206-7)

Here, Mr Finch enacts a stereotypical, exaggerated medical response to Mrs Finch, and Collins juxtaposes the forceful silencing of the female body (through the repeated command to ‘hold your tongue’) with Finch’s ridiculous list of orders. Although some of his instructions appear to be rooted in common practice – Mrs Beeton’s text on household management advises ‘cold baths’ and a loosening of ‘the patient’s stays’ in cases of hysteria – his enjoyment in lecturing Mrs Finch on the ‘object’ of such actions is more a performance of medical knowledge.¹⁰ It is also worth noting that Mrs Finch’s actions at this point in the text do not appear to exhibit any signs of what might have been considered “hysteria”: in what could arguably be seen as a wry comment on the medical profession itself, Mr Finch’s reaction to his wife creates her hysteria as much as it cures it.

What Collins magnifies particularly effectively here is the extent to which the roles played – the hysterical woman and the “knowledgeable” medical figure – are essentially empty constructs requiring performance to make them meaningful. As

¹⁰ Mrs Isabella Beeton, *The Book of Household Management* (London: S. O. Beeton, 1863), p. 1079.

Mary Poovey notes in her discussion of hysterical women, the lack of clearly diagnosable signs of hysteria in the organic matter of the body meant it was easily feigned, threatening the doctor's authority to 'define the disease, to establish the course of treatment, [and] to pronounce a "cure"'.¹¹ The uncertain entity of the condition and its potential to be revealed as a label standing for the performance of illness destabilises the role, knowledge and power of the doctor, who is doubly challenged both in potentially believing a faked illness to be a legitimate one (or vice versa) and in any subsequent attempt to cure a disease which has no tangible signs. Through Finch's reaction to his wife's hysteria, Collins satirises both the construct of female physiology that the medical profession propagated and their own questionable attempts to control it, contrasting this with his representation of Lucilla. In this respect, exaggerated characters such as the Finches are being put to clear use and can be understood as working with, instead of straining away from, the other qualities of the narrative.

Part of the Finch family, yet also not (Mrs Finch is her step-mother; her own mother has died), Lucilla belongs to a separate association of women, in which she plays a supportive role, as well as relying on others. The assistance Lucilla provides is introduced with her errand, delivering medicine to a 'poor rheumatic woman in the village' (17). Lucilla combines this with meeting Oscar on the outskirts of the village, but Collins adds enough detail to portray Lucilla as a trustworthy friend of the woman, with a genuine wish to help her. As Lucilla explains to her companion Madame Pratolungo, she must supervise the medicine's delivery personally: 'If I take it to her, she will believe in the remedy. If anybody else takes it, she will throw it

¹¹ Mary Poovey, "'Scenes of an Indelicate Character': The Medical 'Treatment' of Victorian Women", in *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century*, ed. by Catherine Gallagher and Thomas Laqueur (Berkeley: University of California Press, 1986) pp. 137-168 (p. 153).

away' (17). Mme Pratolungo provides a similarly supportive role for Lucilla, as does her childhood nurse Zillah. Lucilla relies on these women during her operation and lengthy recovery, poorly supported as she is by her father, and in light of the suspicious behaviour of Oscar and Nugent. Zillah is the 'only witness present' when the oculist examines Lucilla's eyes to determine the operation's success, and Zillah and Mme Pratolungo care for Lucilla during her recovery (233, 261). Small though such details seem, Collins repeatedly depicts this supportive network of women as functioning effectively and independently of the medical men in the text.

Unsurprisingly, experiences of illness often brought women closer together and relationships such as these depicted by Collins are reflected in letters and diaries spanning the period. The Fletcher-Tooth Collection illustrates the web of connections between women which functioned in times of illness and, whilst it should be noted that this particular set of acquaintances were part of the Methodist church and the letters date from the late 1830s to early 1840s, similar behaviour can be found in the letters of women from a range of backgrounds and throughout much of the period. Moreover, women's engagement with aspects of healthcare also stretches far beyond matters of childcare or midwifery with which we might expect them to be most involved, instead demonstrating a thorough and sustained interest in many medical areas. Correspondence between women in the Fletcher-Tooth Collection regularly describes the practical assistance members of this circle provided each other: a letter of Methodist preacher Martha Grigson (also referred to as Gregson) describes the 'almost constant scene of sickness' present in her home whilst caring for her neighbour, Miss Francis:

Miss Francis came to me, or rather returned to me for she had left me only a very few weeks and was to set off on the Monday for Bath

intending to make some visits by the way – but it pleased the Lord on the Sunday morn. to visit her with a very severe affliction – a discharge of blood upwards from the stomach to that degree that she was quite given up by the Medical Gentleman who attended her, in her extremely weak state she lived three weeks, without taking any food – wine and water was her chief support [...] Miss Francis left me last month, she was then only able to walk out of one room to another with help – her lodgings are a few doors from me, she remains in much the same state she left me.¹²

What the letter makes clear, with the references to Miss Francis's prolonged recovery, is the considerable duration for which Grigson cares for her, as well as Grigson's success in nursing the invalid back to an improved state of health, contrasting with the doctor who has 'given up' the case. In a further way, however, the letter displays Grigson's own medical knowledge and ability, through the language itself. Her appropriation of medical vocabulary, with her description of the 'discharge of blood upwards from the stomach', situates her as quasi-medical attendant, replacing the absent doctor and demonstrating her knowledge and ownership of such terminology. Surpassing the efforts of the doctor, here Grigson's support is the only medical assistance her friend has, and she seemingly takes on such duties without hesitation. Like Lucilla's straightforward attitude towards her responsibilities to the elderly neighbour and the other women's support of Lucilla, such roles were apparently accepted by women as a necessary alternative to the doctor, with the detail here that Miss Francis 'remains in the same state' also implying a continued attendance, long after the medical professional has left.

¹² Manchester, John Rylands University Library's Special Collections (JRUL), MS Fletcher-Tooth Collection. MAM/FL/3.7/18.

Grigson also appears as an invalid herself in the letters of her friend Sarah Boyce (c. 1764 – c. 1843), a preacher living near Grigson in Norwich, and the letters Boyce sends following Grigson's death illustrate the more abstract forms of assistance and support shared between women, in the form of the letters themselves. The letter that Boyce writes to convey news of Grigson's death to Mary Tooth (1777 – 1843), another member of the Methodist church living in Shropshire, clearly functions as a way of communicating news whilst providing a form of release, and to elicit support in return:

The reason I did not write sooner was my great affliction I have had – and the affliction of my Dear friend – Mrs Grigson – [...] I was an eye witness both of her sufferings [...] the Lord laid his afflicting hand on me all gave me up for death [...] for a fortnight I confined in this state – not expecting to live – I thought my Dear friend and I was going to enter the paradise of God together – what we had often desired – but the Lord thoughts are not as ours – she is taken – and I am left.¹³

The cathartic effect of imparting such emotion to a sympathetic correspondent, and the ensuing comforting reply provided women with another level of support with regard to health, illness and bereavement. Not only displaying the medical work carried out by women, but the supportive dialogues which existed between them, such letters attest to the various forms this type of assistance took.

As well as depicting a supportive community of women, Collins foregrounds female use of medical techniques and knowledge with the assistance Mme Pratolungo provides Oscar after his attack, contrasting her practical efficacy with more absurd behaviour by Mr Finch. Intertwined with the narrative's parallel interests in female

¹³ JRUL, MS Fletcher-Tooth Collection, MAM/FL/1.12/7.

medical knowledge, Mme Pratolungo's actions build on the text's representation of women displacing medical men, as well as introducing the positive representation of female use of medical skills. Mme Pratolungo has experience in 'how to deal with wounded men' from her earlier life with her revolutionary husband and she describes the scene, like Grigson, with an almost clinical use of language ('A blow on the left side of his head had, to all appearance, felled him on the spot. The wound had split the scalp') although, revealingly, she notes that 'whether it had also split the skull was more than I was surgeon enough to be able to say' (81). She calls for 'cold water, vinegar, and linen for bandages' and lays him in his bed, 'with his neck-tie off, and his throat free, and the air blowing over him from the open window' (81-2). Her rapid provision of effective first aid to Oscar contrasts sharply with Finch's efforts who is, according to Mme Pratolungo, 'not of the slightest help to anybody': his main contribution is taking Oscar's pulse, which he does as if 'nobody could feel a pulse but himself', before solemnly warning Mme Pratolungo, 'No hysterical activity, if you please' (81-2). Although she describes herself as not enough of a 'surgeon', both her actions and phrasing of this sentence imply that she situates herself somewhere on this spectrum of being able to administer medical care, and her response is consequently praised by the doctor who confirms that she did 'all that was necessary' in his absence (84). Whilst the entrance of the (male) doctor re-introduces the professionalised dimension of medical practice, the section as a whole undermines the notion that medical skills are gendered or closed off to certain members of the population, and also depicts this lay provision of care alongside, and as a complement to, the professional's. Finch's high regard for his own medical abilities and assumption that Mme Pratolungo will dissolve into hysterics forms a marked contrast

to this, with the pleasure of the scene coming from this role reversal and ridicule of both Finch and his misconceived medical ideas.

The fact that women could put basic medical knowledge to good use – and that they shared these skills with one another – is evident in the many household recipes and receipt books passed between women, with writing here providing the medium through which medical skills and knowledge circulated. Published recipe books stressed that a woman with good knowledge of health and first aid was often the only form of medical assistance that a family needed. *The New Household Receipt-Book*, written by Mrs Sarah Hale and published in 1854 advised that, in cases of ‘severe sickness’ the ‘most skilful physician’ should be sent for, but adds that ‘many times the mother is the best physician, and the only one needed for her children, if she has been trained to take proper care of her own health, as every woman should be’.¹⁴ As the doctor’s assessment of Mme Pratolungo’s response indicates (or indeed, as the factual example of Martha Grigson’s care of Miss Francis shows), with a wide range of ailments, the doctor’s treatments were broadly similar to those women could provide themselves. Hale’s text offers a compendium of recipes and directions to enable ‘young mothers’ to manage the health and wellbeing of their family without requiring a physician, imparting useful information to women and in so doing displacing the doctor.¹⁵ Similarly, *The Book of Household Management* by Mrs Beeton advises sending for the doctor in an emergency, yet provides comprehensive information on ‘How to Bleed’, how to palpitate the heart, treatment for bites, stings, broken bones, cholera and fits, as well as symptoms and treatments for childhood

¹⁴ Mrs Sarah Hale, *The New Household Receipt-Book: containing Maxims, Directions, and Specifics for Promoting Health, Comfort and Improvement in the Household* (London: T. Nelson and Sons, 1854), p. 146.

¹⁵ *Ibid*, p. 146.

diseases including measles, scarlet fever, hooping cough and croup.¹⁶ Homemade recipe books and letters indicate that medical remedies shared by female friends and family were also valued as much as (if not more than) directions from doctors. Mary Throckmorton of Buckland House in Oxfordshire included with one of her letters to the Galton family in Birmingham a recipe for ‘anti-nose-bleeding tea’ (adding, ‘I also hope you will not want it’), whilst Mary Susan Selby Lowndes’s ‘Medical Receipt Book’ features directions for a ‘Strengthening Medicine’ from Dr Morrison alongside ‘An excellent recipe for a cough’ from Mrs Hart.¹⁷ Such texts suggest that medical advice and assistance was actively exchanged between women as a supplement to, or substitute for, the attentions of a medical professional. The fact that women put their names to medicines and appended recommendations to recipes is of particular significance, mirroring the patent medicines peddled by doctors and signalling women’s own authority and authorship over the remedies they shared. This in itself sends a powerful message of women’s ownership of both medical knowledge and the means of passing it on to others, with women’s names here functioning as trusted stamps of approval in the same way as doctors’.

Frequently, women also contacted one another to gain knowledge regarding more alternative medical practices, as a letter from the novelist Elizabeth Gaskell (1810 – 1865) to Ann Scott, wife of Alexander Scott (1805 – 1866), principal of Manchester’s Owens’ College demonstrates. Seeking advice regarding mesmerism on behalf of an acquaintance suffering from a uterine tumour – and admitting to her own dearth of knowledge on the subject – Gaskell writes to ‘get all the wisdom I can to help me to

¹⁶ Mrs Isabella Beeton, p. 1061-79.

¹⁷ Birmingham, Birmingham Archives and Heritage (BAH), MS Galton Papers, MS 3101/C/D/10/75/13; London, Wellcome Library (WL), MS 3339.

give the best judgment I can'.¹⁸ Like Grigson, her letter incorporates detailed anatomical information, describing the 'surgical examination' and 'puncture' of the tumour, from which 'blood flowed instead of water, showing it had been neglected for too long', which Gaskell qualifies by stating, 'I must give you all the details to enable you to judge about employing mesmerism, if you have any experience on the subject'.¹⁹ Gaskell here exhibits her own understanding of the disease and treatments carried out whilst also implying that without a comprehensive report, Mrs Scott will be unable to consider the case effectively. Rather than female gossip or hearsay regarding mesmerism, the conversation here demonstrates a genuine engagement with the medical and even anatomical aspects of the matter, in language which implies confident knowledge and ownership of the terminology.

Such documents suggest a more active engagement with medicine by women than is often acknowledged, whilst indicating how families and communities regularly coped without intervention from medical professionals. As well as playing a role in areas where a doctor's attendance was available, many women in more isolated communities would have been primary providers of medical care, taking on the kind of work a professional might have been called to elsewhere. Like the women discussed above, Collins presents Lucilla as taking an active interest in the various medical procedures which occur throughout the novel, creating a figure more familiar to his female audience than Mrs Finch would have been. Following on from Oscar's injury, Lucilla states confidently that she means 'to cure him' (85); she responds proactively to the slow improvement of his condition with alternative suggestions such as 'a change of air', and she also asks to be present at his meeting with the

¹⁸ WL, MS.7141.

¹⁹ Ibid.

doctor to 'assist at the consultation' (92-3). After Oscar's first fit, it is also Lucilla who predicts correctly that Oscar's epilepsy will worsen, contrasting with the doctor's diagnosis that 'there is no danger', and 'nothing to fear' (96). Unlike the doctor, who proclaims immediately before Oscar's fit that 'he has not a trace of organic disease anywhere' and that he has 'never felt a quieter pulse', Lucilla's attention to Oscar is thorough but also highly sensitive, allowing her to determine a more accurate prognosis (93).

Like Gaskell, Lucilla is also eager to expand her knowledge. Regarding the medicine Oscar is required to take to dispel his epilepsy, for example, Lucilla questions Mme Pratolungo persistently as to the type of medicine and how it 'worked the cure', as well as asking the doctors whether any side effects could pose further risks to the brain (114). Obviously, the crucial side effect regarding the discoloration of Oscar's skin is withheld from her, as stipulated by him, but what is of note here is the fact that Lucilla continues with her questioning until she feels she understands the treatment: like Gaskell, she wants to gather as much information as she can. She also exhibits the same confident curiosity regarding her own operation; beforehand she is found 'deftly fingering' the oculist's 'horrid instruments to find out what it was like' (231). Eager to learn and understand aspects of the treatments affecting her and those around her, Lucilla demands information, playing an active role in the proceedings rather than remaining a passive patient or bystander, the role more typically associated with the Victorian woman in relation to medicine.

Knowledge, ownership and control of the female body

This central issue of medical knowledge is key in both Collins's fictional text and the documents discussed above, and the question of who can access this knowledge and what they are permitted to do with it is an important part of understanding women's engagement with medicine at this time. The conflict between medical (that is, male) and female knowledge of the female body that *Poor Miss Finch* explores can be read alongside the furore surrounding Harriet Martineau's illness, her written endorsements of mesmerism and the eventual publication of her post-mortem notes – part of an ongoing textual feud played out publicly between Martineau and various members of the medical profession. Suffering from a large ovarian cyst, Martineau tried mesmerism, and her public avowal of its cure (where more orthodox medical remedies had failed) published in the *Athenaeum* in 1844 incited the anger of many doctors, not least that of Thomas Greenhow, her brother-in-law and physician. Greenhow rapidly responded with a pamphlet entitled 'A Medical Report of the Case of Miss H----- M-----' (1845) giving a full account of Martineau's illness with graphic gynaecological details and later publishing Martineau's post-mortem reports in the *British Medical Journal*, mainly in order to confirm his initial diagnosis and ridicule Martineau's beliefs about her illness as '*little fact and much imagination*' (Greenhow's emphasis).²⁰ Not only does the inclusion of Martineau's semi-erased name enable Greenhow to identify Martineau as the topic of the case whilst obscuring it, it also re-works ideas of authorship over medical knowledge. Like the medicines and remedies with women's names attached, here Greenhow embarrasses Martineau and invalidates her claims through the publication itself, as well as re-writing himself as the author of her case and explicitly removing her. Talking about her case at the

²⁰ Thomas M. Greenhow, 'Termination of the Case of Miss Harriet Martineau', *British Medical Journal*, 1 (1877), 449-450 (p. 449).

same time as very pointedly erasing her name from it, Greenhow eliminates Martineau's authority and authorship not only of her own medical ideas, but of her body.

Martineau shares more commonplace parallels with the women discussed above however; many of her personal letters discuss illness and invalidism (such as her correspondence with Florence Nightingale) whilst others depict her assisting other women within her social circle. A letter to Mr Crosfield, for example, sees Martineau trying to raise money to pay off her friend Mrs Ewington's medical debts, as 'nothing [could] so conduce to her rallying from her exhaustion & anxiety as removing from her mind the dread of the Doctors' Bill'.²¹ She is also situated as part of a group of women providing one another with medical treatment: her initial mesmeric treatment, performed by self-taught mesmerist Spencer Timothy Hall, failed to produce any significant changes, yet a second attempt by her maid Jane Arrowsmith was successful, leading Martineau to embark on 'repeated mesmeric treatments both with Arrowsmith and other healers' who were 'mostly women'.²² As Roger Cooter observes, Martineau's *Letters on Mesmerism* indicate that she 'gathered around her a coterie of female mesmeric healers, who undertook the care and cure of each other, as well as conducting healing activities within the wider community'.²³ This detail bridges the two areas discussed so far in relation to *Poor Miss Finch*; Martineau's mesmeric treatments put the power of knowledge and healing into women's hands, whilst simultaneously excluding male practitioners from the circle. As well as talking

²¹ Birmingham, Cadbury Research Library (CRL), XHMLAdd Letters Additional of Harriet Martineau, HMLAdd/198.

²² Roger Cooter, 'Dichotomy and Denial: Mesmerism, Medicine and Harriet Martineau', in *Science and Sensibility: Gender and Scientific Enquiry, 1780-1945*, ed. by Marina Benjamin (Oxford: Basil Blackwell, 1991), pp. 144-173 (p. 147).

²³ *Ibid*, p. 155.

about medical matters in private letters however, Martineau also discussed her own illness and medical knowledge on a very public platform, and her visible struggle with the medical profession illustrates not only the profession's assumption that they understood female bodies better than women, but also the interconnected beliefs that women should be excluded from holding medical knowledge, performing medical treatments and, perhaps most importantly, writing about it.

Poor Miss Finch engages with this presumed hierarchy regarding male and female knowledge of the body – and the notion that this status quo should not be challenged – with the probing medical questions Nugent poses to Mme Pratulungo.

He enquires how long Lucilla has been blind for, whether it resulted from accident, illness or fever, her age and whether any previous attempts at curing her blindness have occurred (139-141). Mme Pratulungo is more than a little surprised by Nugent's interest in such 'medical details'; his questions are seemingly intended to help him construct Lucilla's case history, and his appropriation of the language of medical diagnosis subtly implies the control and heightened understanding of Lucilla's body that such medical knowledge gives him. His analysis of her aversion to dark colours also conveys his belief that medicine can supply him with a superior understanding. Unconvinced by Mme Pratulungo's assumption that it is some kind of instinctual response, Nugent presses for a more concrete answer, interpreting it as a somatic reaction to a past shock, written on the nerves: 'She may still be feeling, indirectly and unconsciously, the effect of some shock to her nervous system in the time when she could see' (153). After questioning Lucilla's nurse, Nugent concludes, 'with the air of a man profoundly versed in physiology' that it is not a fear 'rooted in a constitutional malady', but 'nothing more serious than a fanciful growth, a morbid

accident, of her blindness' (154). Nugent's use of such medical vocabulary symbolises the ownership and control of Lucilla's body that this knowledge gives him; he appears to understand Lucilla's body medically better than she does, or anyone around her. Nugent's analysis marks the start of the process whereby male medical intervention not only presumes to improve her (the oculist who operates on her, for example, comments 'how infinitely much prettier she will be, when she can see!' (205)), but assumes a greater degree of knowledge and authority over her body than she has herself.

It is noticeable that the language used by both Nugent and the medical press regarding the Martineau case stacks two forms of knowledge against one another; the clinical, medical form of knowledge, available only to those with sufficient training and intelligence, and "feminine" knowledge, which bases its assumptions on senses, feelings and – a word which frequently appears – the imagination. Whilst Mme Pratolungo interprets Lucilla's aversion to dark colours as an instinctive, emotional response, Nugent (acting the part of 'a man profoundly versed in physiology') overrides this, pressing for a more objective and therefore superior, "medical" interpretation. Like Greenhow's assessment of Martineau's defence of mesmerism (based, he argues, on imagination as opposed to medical fact) the language used by men discussing female medical knowledge distances it from professional medical knowledge belonging to trained physicians, setting what are presented as clinical facts at a variance against emotion and imagination. Alexis Easley discusses a similar example in the *Provincial Medical and Surgical Journal* (later the *British Medical Journal*), where the editor explains that, 'ignorant people, indeed, talk familiarly of the evidence of their senses; but the un-educated senses are the most delusive of

witnesses, as is known to every inquirer, and may be proved by a thousand familiar examples'.²⁴ In Martineau's case, the main "example" the profession used was Martineau's own dissected body, depicted vividly via the post-mortem notes Greenhow rapidly published. The 'vast tumour' discovered within Martineau's abdomen is graphically evoked, including information about its pear-like shape, 'greyish-brown contents' and amount of fluid it contained.²⁵ The cyst itself was later displayed even more publicly, becoming 'the main focal point' of a speech made by gynaecologist T. Spencer Wells at the Clinical Society of London, in April 1877.²⁶ In flagrantly exhibiting Martineau's body to the public, the medical profession silenced Martineau's claims in two ways: not only is she the only (obviously) silent participant in her own autopsy, but the visible proof of the cyst is used to dispute her writing on her illness and mesmerism. The fact that this point is made visually is also important, and a concept with which Collins interacts: here, viewing and gazing upon Martineau's body sets up a power relationship, whereby the body is re-disciplined into proving the authority of the medical profession and reinstating their influence, a process which Foucault alludes to in his discussions of the medical gaze.²⁷ Collins moves to counteract this however, not only through Lucilla's subversion of the role of female medical spectacle, but also through the novel's broader challenge to the value and power of sight.

²⁴ 'Editorial', *Provincial Medical and Surgical Journal*, 9 (1845), 70-72 (p. 71); Alexis Easley, *Literary Celebrity, Gender, and Victorian Authorship, 1850 – 1914* (Newark: University of Delaware Press, 2011), p. 161.

²⁵ Thomas M. Greenhow, p. 449.

²⁶ Alexis Easley, p. 163.

²⁷ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. by A.M. Sheridan (London: Routledge, [1963] 2003).

The female body as medical spectacle

For Martineau, medical authority reasserts itself most firmly by turning her body into an example to prove the clinical accuracy of its diagnosis; the dissected body is made to speak for the professionals. As Cooter points out, the fact that she had ‘been dominated all her life not merely by her *uterus*’ but also ‘by her diseased *ovaries*’ was of ‘great symbolic significance’, as this ‘pathological identification of her femininity’ neutralised both the threat she had posed to the profession by discrediting the mesmeric cure, whilst also re-situating her as the typical diseased female body, ‘reduced to her ovaries’.²⁸ In this case, the spectacle of her body and the manner in which it simultaneously quashes Martineau’s own claim to knowledge and ownership of her body illustrates the close relationship between these two areas.

The notion that Lucilla is in danger of becoming a pathologised spectacle, and that her body too will become a site where male medical knowledge overrides and “improves” the feminine senses of touch, instinct and intuition on which she relies is foreshadowed as Nugent reveals his plan to cure her blindness. The depiction of Lucilla here is extraordinary; her body and the play of emotions over her face are brought sharply into focus as the twins and Mme Pratolungo scrutinise her response:

Every faculty in her seemed to be suspended by the silent passage into her mind of the new idea that [Nugent] had called up [...] Not a sign appeared indicating a return of the nervous suffering which the sense of his presence had inflicted on her, earlier in the day [...]

I observed Oscar, next. His eyes were fixed on Lucilla – absorbed in watching her. He spoke to Nugent, without looking at him; animated, as it seemed, by a vague fear for Lucilla, which was slowly developing into a vague fear for himself.

²⁸ Roger Cooter, p. 161.

‘Mind what you are doing!’ he said. ‘Look at her, Nugent – look at her.’ [...]

She slowly lifted her hands to her head, and held it as if she was holding her reason in its place. Her colour changed from pale to red – from red to pale once more. She drew a long, deep, heavy breath – and dropped her hands again, recovering from the shock. (181-3)

The moment crystallizes Lucilla’s body as medical spectacle. Through the shock of the idea presented to her, she is rendered speechless (aligning her with the image of the silenced, medicalised female body) and those watching seek to interpret her reaction through somatic responses: the flush and pallor of her skin and altered breathing. Her reactions are reduced to signs by which the observers read her – as Mme Pratolungo notes, the previously visible ‘sign’ of her nervousness has disappeared, whilst the only words Oscar can utter to try to comprehend her reaction are ‘Look at her, Nugent – look at her’.

If Collins suggests that Lucilla’s confident understanding of her own body can be challenged and subverted here however, he goes on to undermine the image of the passive and subdued female figure under the surgeon’s knife as part of the novel’s wider aim to depict competing types of knowledge and representations of the female body. A clear example of how Collins destabilises stereotypical expectations regarding the relationship between the male doctor and female patient comes with the scene involving the two oculists consulted regarding Lucilla’s eyesight. The descriptions of both doctors feature an emphasis on the scrutinising qualities of the eyes and a general demeanour which conveys power, precision and control – an almost prescient caricature of the cold, clinical gaze that Foucault evokes in *The Birth*

of the Clinic as typifying the new medical professional in the nineteenth century.²⁹ The description anticipates the expected dyadic relationship between the imposing doctor and weak female patient, but this is thoroughly overturned by Lucilla's response to the men and attitude towards the operation itself. Whilst the (aptly named) British oculist, Sebright, believes that the operation would be unsuccessful, Grosse, the German doctor disagrees, resulting in Lucilla requesting that he perform the operation. Her question to the doctor – 'Did you say you must use a knife to make me see?' – is interpreted by Grosse as expressing fear and timidity, as his reply 'Don't be frightened of that. Not much pains to bear' implies (201). However, her real motive is to initiate the proceedings there and then, displaying the opposite of the attitude which Grosse has misread in her: 'If you have your knife about you, here I am – do it at once!' (201). As well as dispelling any expectations that she should feel intimidated, Lucilla proceeds to take control of the process, 'quietly and firmly' explaining to Sebright her determination to try the operation (202), stating that 'if Herr Grosse is not recalled to Dimchurch before the end of the week' she will go to him in London (210) and stressing again that 'If I could have had my own way, Herr Grosse should have operated on my eyes, before he went back' (208). It is worth noting that these descriptions of Lucilla's management of her own medical treatment come directly after Mr Finch's "treatment" of his hysterical wife, and whilst Lucilla's behaviour is undeniably melodramatic it cannot be said that she is lacking control, unlike the submissive Mrs Finch. Indeed, the last image we are left with as this half of the narrative closes is that already mentioned of Lucilla inspecting the surgical instruments next to the German oculist, situating her very clearly alongside the doctor in terms of power and control (231).

²⁹ See Michel Foucault, *The Birth of the Clinic*.

Lucilla demonstrates control over her treatment in a similar way elsewhere by reversing the earlier gaze levelled at her as a medical spectacle, and Collins again subverts the expectations he initiates. The doctor attempts to lead Lucilla away to inspect her eyes in private, but she resists, with the demand, 'I want everybody to see me' (250). Eager to test her eyesight in front of her family and friends and select Oscar from the crowd correctly, Lucilla intends to make her body a spectacle on her own terms, controlling who sees her and when. This is not the first time Collins complicates the relationship between sight and power: as Stoddard Holmes points out, Lucilla's response to a comment by Mme Pratolungo over her choice of Oscar as lover results in Lucilla forcing Pratolungo to watch her kiss Oscar, a 'meaningful reversal of a repeated scenario in the nineteenth century and our own time in which the blind woman is the unknowing object of aggressive looking'.³⁰ Collins engages this motif before destabilising it, reversing the flow of power from those who gaze to those who are gazed upon.

Comparing Lucilla with Mrs Clennam, of Dickens's *Little Dorrit* here provides an illuminating parallel, with the contrasting endings that Dickens and Collins write for these wilful women being particularly telling. Intimidating and inscrutable, the paralysed Mrs Clennam creates and constructs her illness as a state outside that of medical bounds, turning her body into a medical spectacle entirely of her own design. Asked by her son Arthur about her condition she replies: 'What with my rheumatic affection, and what with its attendant debility or nervous weakness – names are of no

³⁰ Martha Stoddard Holmes, p. 86.

matter now – I have lost the use of my limbs’.³¹ Moving beyond the earlier examples of authorship of terminology and language, Mrs Clennam here takes complete ownership of medical discourse by rendering it irrelevant, organising her illness on her own terms. She resists the diagnostic labelling of the body and instead manipulates a type of language which usually enables specificity to create an intentionally vague mixture of ailments: ‘rheumatic affection’, ‘debility’ and ‘nervous weakness’. Medical vocabulary here is appropriated for Mrs Clennam’s particular style of performance, a move which is echoed in a medicalised ritual of sorts performed before she retires to bed, involving the reading of ‘certain passages aloud from a book’, where she prays that ‘her enemies (she made them by her tone and manner expressly hers) might be put to the edge of the sword, consumed by fire, smitten by plagues’, and is followed by the consumption of rusks and a medicinal drink.³² Just as she re-writes the text of the book in reading it (making those enemies ‘expressly hers’), she re-writes the terminology that medicine would use to inscribe its power on her body by reducing it to symptoms and signs, instead utilising that language to her own purpose.

In so doing, Mrs Clennam also overrides the medical profession’s power to define and fix women’s bodies; like an exaggerated version of Martineau, Mrs Clennam both classifies her disposition herself and administers her own particular brand of treatment, thoroughly disrupting preconceived ideas about the female patient.

Lucilla’s medical performance similarly destabilises the relationship between medical spectacle and gender: deprived of being able to test her eyes in front of an audience due to the doctor’s orders she defies him forcefully, and the description of her

³¹ Charles Dickens, *Little Dorrit*, (London: Penguin [1857] 2008), p. 53.

³² *Ibid*, p. 56.

behaviour is significant. Speaking to the doctor in an adjoining room she cries out, 'I am a woman – I won't be treated like a child' and flings the door open, 'roughly, violently, as if a man, not a woman, had been on the other side' (255). Here the blurring between woman and child, and then man and woman, calls into question the parameters set between genders, an interest of Collins's which resurfaces repeatedly. Expecting Lucilla to respect his wishes demurely and obediently, the doctor is presumably counting on the qualities of patience and mildness that Lucilla, as a woman, should have, yet to her the repeated disappointments, deferrals and false promises patronise her and show her little respect: as she perceives, he is treating her like a 'child'. The force with which she opens the door – 'as if a man, not a woman, had been on the other side' – further complicates this. Lucilla's actions and vocal challenge to notions of "feminine" behaviour echo Mrs Clennam's appropriation and rewriting of medical vocabulary; alluding to the tenuous (medicalised) nature of labels such as "man" or "woman", Lucilla not only rewrites and imposes her own idea of what it means to behave as, and be treated like, a woman, but does so in the face of medical authority and as a means of making her body a spectacle on her own terms.

Rather than representing positive feminine empowerment, as Collins does with Lucilla, displays of pathologised femininity in Dickens's texts are punished for the conspicuous exhibition of their sick body and the power they gain from this. Like Martineau, Mrs Clennam is made to suffer for the control she assumes over her own body. Although Jane Wood sees Dickens as moving 'provocatively towards appearing to challenge the precepts underlying cultural representations of morbid femininity', he eventually 'retreats' into the 'conservative medical paradigms which equated social

transgression with sickness'.³³ For Dickens, transgressive femininity should be met with condemnation, and for flouting expectations regarding how the morbid female body should present itself Mrs Clennam is thoroughly punished. The positive ending Collins allows Lucilla, then, seems controversial against Dickens's more traditional conservatism, but also unsurprising, given the text's wider challenge to traditional ideas about female bodies. Despite the fact that Collins's narrative appears subversive, it is worth considering the parallels between the transgressive fictional females and the women discussed earlier. As noted, aspects of Mrs Clennam's behaviour find echoes in Martineau's actions, whilst in a broader sense, the manifold letters of the period detailing symptoms and sicknesses are another form of both medical authorship and performance. Just as letters like Martha Grigson's indicate a grasp of medical language and knowledge, they also display sick bodies – either their own or those that they care for – to an audience, producing medical spectacles constructed and controlled by women.

The ending Collins writes for Lucilla goes further in problematising the medical knowledge that has presumed to improve her, reinstating the validity of female intuition, as well as troubling the relationship that figures such as Greenhow (and subsequent commentators such as Foucault) draw upon between sight and power. Lucilla loses what she perceives to be her highly receptive sense of touch – the ability that helped her distinguish between Oscar and Nugent when blind through the “tingles” she felt when touching Oscar – although in reality this is because the person whom she believes to be Oscar is Nugent. Nevertheless, this loss distresses her, admitting, in her journal, ‘there was a moment when I actually wished myself blind

³³ Jane Wood, *Passion and Pathology in Victorian Fiction* (Oxford: Oxford University Press, 2001), p.10.

again' (329), directly correlating her unhappiness with the clinical intervention. Yet crucially, it is Lucilla's sense of touch – or sudden lack of it – which medical knowledge cannot overcome. Her despondency and unhappiness causes her and Nugent's relationship to collapse and she continually delays the marriage for which he is pushing. Speaking with Mme Pratolungo, she admits, 'I have so little feeling for him, that I sometimes find it hard to persuade myself that he really *is* Oscar' and Nugent's attempt to override and confuse the nerves and senses of Lucilla's body through medical technology clearly cannot overrule her innate intuition (415-6). Whilst it is perhaps unsurprising that a sensation fiction novel should privilege the senses, more seriously, the ending of course contradicts the arguments of the medical profession in reference to Martineau's body, whilst the emphasis the text lays on Lucilla's sense of touch similarly opposes the aforementioned statement of the *Provincial Medical and Surgical Journal's* editor that 'the un-educated senses are the most delusive of witnesses'.³⁴ Finally, medical knowledge fails most obviously with Lucilla's gradual recession back into blindness, a change in which she positively revels.

In their analyses of *Poor Miss Finch*, both Mary Ann O'Farrell and Samuel Lyndon Gladden articulate their interpretation of the novel's discussion of "knowledge" in relation to Lucilla's blindness. For O'Farrell, writing about a concept she terms 'blindness envy', the 'sense of blindness examined here is a fantasy of the sighted that the blind, undistracted by visuality, know things better and more closely than they', whilst Gladden argues that, for Lucilla, 'blindness *is* seeing and knowing, whereas sight is the condition that prevents one from seeing clearly – and, thus, true

³⁴ 'Editorial', p. 71.

“blindness” itself”.³⁵ As discussed in the introduction to this chapter, it is this focus on Lucilla’s blindness as a central and seemingly inescapable quality of the novel which has tended to override and overwhelm the majority of critical discussion of *Poor Miss Finch*, obscuring the wider aspects that this chapter has given prominence to. Whilst knowledge in the novel is undoubtedly linked in many ways to its use of blindness as a trope, what is at stake here is a much broader and far-reaching exploration of knowledge, and the ways in which knowledge is created and shared, which interact with – but go beyond – ‘seeing and knowing’.

Gladden goes on to note that, ‘because the novel focuses on a character who must know the world through means other than sight, *Poor Miss Finch* mediates knowledge primarily through language’ and, whilst I would argue that the importance of language here is not reliant on, or a product of, the blindness of the central character, the novel very clearly engages with the links between language, knowledge, power and authority, and women’s appropriation of these. It is worth bearing in mind, for example, that not only is the novel narrated by its two female protagonists, but that its (clearly ironic) title is refuted by Mme Pratolungo in the opening pages. Rejecting the villagers’ name for Lucilla of ‘Poor Miss Finch’, she writes her text with reference to ‘her pretty Christian name’ of Lucilla, resisting the name which forms a reaction to Lucilla’s blindness and wryly over-riding Collins himself in dismissing the name of his novel (13). In a text which so clearly hands authorial knowledge and control to women, the insular focus on Lucilla’s disability seems reductive, and instead, a movement outwards from the novel to consider the

³⁵ Mary Ann O’Farrell, p. 514; Samuel Lyndon Gladden, p. 472.

wider contemporary issues and texts alongside which it can be situated is both productive and illuminating.

By reading the novel in light of these companion sources, the way in which *Poor Miss Finch* comments on and complicates aspects of the relationship between women and medicine becomes clear; the narrative evidently interacts with ongoing debates surrounding male and female forms of knowledge of the body, the power relations encompassed within this and the role that writing and authorship plays. The correlations between Collins's novel and contemporary accounts of women managing their own bodies and healthcare adds credence to a reading which sees the text as providing alternative ways of viewing the female body, and illustrating how women's interaction with medicine was part of a much broader, richer dialogue and complex network of power relations. The discordant blend of genres and writing styles with which critics have often taken issue can also be seen as working with Collins's interest in how the female body as an entity was textually created and contested. The different modes of discourse and language in the novel – and contrasting representations of the female body they provide – illustrates how women's bodies were constructed in this way, as well as alluding to the multiplicity of responding forms of discourse.

By considering these forms of discourse in tension with one another, Collins is able to not only highlight and isolate the ideological work carried out by the medical profession in their treatment of women, but to give prominence to the many female responses, or what Foucault terms 'a "reverse" discourse'.³⁶ The narrative's examples

³⁶ Michel Foucault, *The Will to Knowledge*, p. 101.

of how certain actions or ideas could encode the female body as sick or requiring medical treatment (Mr Finch's representation of Mrs Finch as hysterical; Nugent's attempts to diagnose and "cure" Lucilla) accordingly gives rise to the points of resistance to this: the self-assured behaviour of Lucilla, or the women who care for each other independently of male medical intervention. In this way, *Poor Miss Finch* can be seen as mirroring and replicating the textual interaction and articulation of medicine between professional men and lay women, providing a window onto the various tensions and concerns present at this time and a version of female interaction with medicine which speaks of knowledge and control rather than oppression and suffering.

Chapter Two

Performance, Permeability and the Male Body in *The Moonstone*

Collins's interest in the relationship between authorship, writing, and ownership of the body is not limited to *Poor Miss Finch*, and in many ways his earlier text *The Moonstone* (1868) forms an interesting – and perhaps unexpected – companion piece. The text displays a similar standpoint in its attitude towards reductive medical views surrounding bodies and gender (here concerning the male body) but the act of writing in this instance is not just a straightforward declaration of layperson knowledge, power or control as it is in *Poor Miss Finch*. *The Moonstone* draws on processes of writing and authorship in defying and subverting medical discourse surrounding the male body by exposing points at which bodies are unable to live up to idealised models of masculinity, but also moves towards considering whether alternative models can be written or spoken about in the face of forces of surveillance and discipline exerted on them. Writing here is at times a form of empowerment – an outlet to acknowledge a failing, a frailty, or a loss of bodily control – yet the novel also explores the reverse of this; the vulnerability that writing engenders, and the threat of losing authorial or editorial control. Male figures in the text undergo (and self-consciously write about) a striking array of bodily experiences, ranging from Franklin Blake's drugged somnambulism and Gabriel Betteredge's detective-fever to Mr Candy's delirious ravings and Godfrey Ablewhite's violent death and physical unmasking – representations of vulnerable male bodies which seem at odds with the idealised body projected by medical discourse. Alongside this, the narrative considers how such experiences are written about (either by the individual or a spectator) and what it means to observe and write about male bodies in this way.

Male bodies and masculinity

Critical work on *The Moonstone* has tended to concentrate on its female bodies, a focus most likely shaped by the glut of articles from the 1960s onwards that read the novel from a psychoanalytical angle and examined its sexual subtext.¹ The impact of such analyses, which consider in particular the symbolism of Blake's theft of the diamond, the stained nightdress and Rachel Verinder's body, can be seen in later work. Tamar Heller's 1992 text *Dead Secrets: Wilkie Collins and the Female Gothic* covers similar ground in predominantly looking at female characters and representations of the female body – for example in her discussion of the Shivering Sands – an interest which leads Heller to read the novel as pitting male detectives against 'female secrets', as well as seeing medicine as providing 'the greatest help of all' in 'charting, and controlling, the Dark Continent of femininity'.² More recently, Lillian Nayder in *Unequal Partners: Charles Dickens, Wilkie Collins, and Victorian Authorship* (2002) returns to the stained nightgown, Rachel's 'sense of shame and rage after [the diamond] has been stolen' and the 'sexual violation' to which these details allude.³ By focusing so intently on these themes however, analyses of *The Moonstone* have tended to sideline the treatment male bodies in the text receive. As this chapter will demonstrate, rather than medicine working to control or map femininity as Heller contends, it appears much more frequently as part of Collins's exploration of masculinity and the bodies of male characters in the text – most

¹ See, for example, Lewis A. Lawson, 'Wilkie Collins and *The Moonstone*', *American Imago*, 20 (1963), 61-79; Charles Rycroft, *Imagination and Reality: Psychoanalytical Essays, 1951-1961* (London: Hogarth Press, 1968), pp. 114-28 and Albert D. Hutter, 'Dreams, Transformations, and Literature: The Implications of Detective Fiction', *Victorian Studies*, 19 (1975), 181-209.

² Tamar Heller, *Dead Secrets: Wilkie Collins and the Female Gothic* (New Haven: Yale University Press, 1992), pp. 149-151 and 153.

³ Lillian Nayder, *Unequal Partners: Charles Dickens, Wilkie Collins, and Victorian Authorship* (Ithaca: Cornell University Press, 2002), p. 173.

obviously with the experiment on Blake's body in the final chapters, but also more subtly at various points throughout the narrative.

By drawing attention to the complex way in which Collins uses medicine and methods of medical detection to investigate and examine the bodies and characters of men in the text, this chapter also seeks to expand on similar work which has touched on male figures in *The Moonstone* and Collins's writing more broadly, but still tends to categorise his male characters as effeminates, or those who strive for and achieve "manliness". As Dennis Denisoff notes in his discussion of male artists in Collins's narratives, the author was not only acutely aware of the 'volatility of the mid-Victorian manly identity, but also the importance of uncommon genders and sexualities to his own career and Victorian culture in general', and this awareness of the complexity of manly identities comes across particularly clearly, I would argue, in *The Moonstone*.⁴ Nevertheless, discussions of Collins generally see him as repeatedly classifying male figures into two types, placing 'his male characters on one side or the other of a pathological axis, in which melancholia and grandiosity defined opposing but equally problematic personality types'.⁵ Similarly, Tamara Wagner and Tara Macdonald interpret Collins's novels as commonly charting a shift from one polarised identity to another, where 'feminised men frequently strive for a reaffirmed manliness' and 'narrative[s] of masculine development' see 'young male figures [...] step up and become men'.⁶ Such an approach still fails to recognise the broader

⁴ Dennis Denisoff, 'Framed and Hung: Collins and the Economic Beauty of the Manly Artist', in *Reality's Dark Light: The Sensational Wilkie Collins*, ed. by Maria K. Bachman and Don Richard Cox (Knoxville: University of Tennessee Press, 2003), pp. 34-58 (p. 35).

⁵ John Kucich, 'Collins and Victorian Masculinity', in *The Cambridge Companion to Wilkie Collins*, ed. by Bourne Taylor, pp. 125-138 (pp. 127-8).

⁶ Tamara S. Wagner, "'Overpowering Vitality': Nostalgia and Men of Sensibility in the Fiction of Wilkie Collins', *MLQ: Modern Language Quarterly*, 63 (2002), 471-500 (p. 473); Tara Macdonald, 'Sensation fiction, gender and identity', in *The Cambridge Companion to Sensation Fiction*, ed. by Mangham, pp. 127-140 (p. 128).

spectrum between these poles however, or that Collins is often interested in more than these isolated extremes. Rather than unquestioningly assigning his male characters roles of either effeminacy or strident manliness, in *The Moonstone* Collins can be seen as going beyond this to think about how and why such categories are created as well as the role played by medicine, and whether writing by men and about men can form a response or resistance to such narrow identities.

This chapter will therefore focus on two specific areas – performance and permeability – which intersect with contemporary ideas and writing about masculinity, the medical construct of the male body, and key themes explored by *The Moonstone*. According to Judith Butler, ‘gendered bodies are so many “styles of the flesh”’, in that ‘words, acts and gestures, articulated and enacted desires create the illusion of an interior and organising gender core’.⁷ Whilst for Collins, performance means a particularly knowing enactment of gentlemanliness, for instance, in contrast to Butler’s more subtle conception of performance as an unconscious act, it is nonetheless one way in which he probes ideas about gender, and how “manliness” or “masculinity” is shaped and created as a concept. The notion here that masculinity involves a type of performance – and that, as a result, there are hidden depths to the body – is of course, a central aspect of *The Moonstone*. The fact that, on one level, ‘gentlemanly attributes’ could be performed (whether consciously or not) inevitably betrayed that they were untrustworthy as markers of status, and the self-consciousness of performance was seen to be the quality that spoke most clearly of its falseness.⁸ As the century progressed, and particularly as the notion of celebrity and the concept of

⁷ Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (London: Routledge, [1990] 1999), pp. 173 and 177.

⁸ James Eli Adams, *Dandies and Desert Saints: Styles of Victorian Masculinity* (Ithaca: Cornell University Press, 1995), p. 152.

the interview developed, the body came to be regarded as a means of bypassing these layers of performativity: its instinctive, involuntary responses betrayed reactions that more intentional surface performances could not disguise.⁹ With this came concerns about how the body was depicted or described in print as well as the lack of control that figures with celebrity status had over this process – an aspect of writing about the body with which *The Moonstone* clearly engages.

In contrast to the more calculated performative aspects of masculinity and gentility, it was also argued that the “true” gentleman had no need to engage in performance, as his attributes were inherited as a form of inalienable property.¹⁰ As John Ruskin asserts, for example, ‘a gentleman’s first characteristic is that fineness of structure in the body’.¹¹ This “fine” bodily structure became medicalised into the impermeable, muscular and robust polar opposite to the frail female, yet it is permeability and bodily weakness of which male narrators in *The Moonstone* write most often.

Victorian ideas about the body – particularly middle- and upper-class bodies – involved constructing the body as impermeable and separate to other bodies, a concept which, as Helena Michie illustrates, ‘expressed itself in a variety of contexts, from the increasingly privatised structure of middle-class housing to medical discourses about the need for each person, each body, to be surrounded by a certain number of cubits of fresh air at all times’.¹² For the middle- and upper-class male body in particular, this impermeability was implicitly linked back to the outward

⁹ For a detailed discussion of the development of the interview during the nineteenth century, see Richard Salmon, ‘Signs of Intimacy: the Literary Celebrity in the “Age of Interviewing”’, *Victorian Literature and Culture*, 25 (1997), 159-177.

¹⁰ Charles Dickens’s *Great Expectations* (1861), for example, considers similar issues to those Collins explores here through the character of Pip.

¹¹ John Ruskin, ‘Of Vulgarities’, in *Modern Painters, The Complete Works of John Ruskin*, ed. by E. T. Cook and Alexander Wedderburn, 39 vols (London: George Allen, 1905), V, p. 345.

¹² Helena Michie, ‘Under Victorian Skins: The Bodies Beneath’, in *A Companion to Victorian Literature and Culture* ed. by Herbert F. Tucker (Oxford: Blackwell Publishing, 1999), pp. 407-423 (p. 409).

projection of gentlemanly status: descended from the image of the aristocratic male, with a body unmarked by physical labour unlike his working-class neighbours, impermeable and unscathed male bodies spoke of their 'own self-sufficiency in terms of ownership and property'.¹³ By considering these two areas alongside the wider theme of writing about the body that the narrative explores, this chapter will argue that *The Moonstone* provides a response to prevailing notions about masculinity and the male body which not only takes the examination of male characters in Collins's writing in a new direction, but highlights his challenge to medical approaches to the topic, in the process illuminating broader attitudes towards male illness, vulnerability and invalidism.

Again here, as with *Poor Miss Finch*, writing by men about men's bodies can be seen as 'points of resistance' amidst a multitude of discourses which sought to construct and perpetuate certain ideas about masculinity.¹⁴ In thinking about how writing by men forms part of this process, the novel engages with the idea of surveillance and the pressures which disciplined male bodies to act and appear in certain ways, as well as alluding to the difficulty of conceptualising masculinity outside these boundaries.

Drawing on Foucault, D.A. Miller argues that a 'policing power is inscribed in the ordinary practices and institutions of the world [of the novel] from the start', yet it is also worth noting the types of social surveillance which observe and curb the actions of the male characters.¹⁵ The community's hostile treatment and suspicion of Ezra Jennings, the expectations placed on Godfrey Ablewhite by his female followers, and even the family lawyer Bruff's careful supervision of Ablewhite's interest in Rachel's inheritance convey how male appearances and behaviours are monitored more

¹³ Helena Michie, p. 414.

¹⁴ Michel Foucault, *The Will to Knowledge*, p. 96.

¹⁵ D.A. Miller, *The Novel and the Police* (Berkeley: University of California Press, 1988), pp. 46-7.

broadly in the text, and the expectations about how men, particularly gentlemen, should look, act, speak and conduct themselves becomes clear. As part of the novel's exploration of how writing can both challenge and reinforce these ideas, this interplay between the conscious performance of a certain type of gentlemanly masculinity, and the ensuing surveillance of these figures becomes important, as the narrative moves to consider whether masculinity and writing about the body can ever cease to have a performative element, or escape the surveilling gaze that it courts.

The genre of detective fiction provides a fitting narrative structure through which to consider the acts of surveillance and performance to which men were subjected, centred as it is on the notion of cutting through external performances or guises. Writing about Sherlock Holmes, for example, Lawrence Rothfield notes that the process of detection involves pinpointing the individual and even the body at the heart of the crime ('a tall man, left-handed, limps with the right leg') and functions to, as Holmes himself puts it, 'reconstruct the man'.¹⁶ Similarly to the treatment of celebrities, it invades privacy and exposes hidden layers: 'Not merely indifferent but actively hostile to persons, detection exposes and unnerves them, destroying the sovereignty, autonomy, dignity, and respectability that they believe makes them more than mere bodies'.¹⁷ As Ronald Thomas explains, detective work in particular aligns processes of writing and reading bodies, making the body into a type of narrative or text to be read through the use of devices such as 'fingerprint technology, forensic profiling, [and] crime photography' and transforming it into an 'automatic writing

¹⁶ Lawrence Rothfield, *Vital Signs: Medical Realism in Nineteenth-Century Fiction* (Princeton: Princeton University Press, 1992), p. 133; Arthur Conan Doyle, 'The Boscombe Valley Mystery' *The Complete Sherlock Holmes* (Garden City, N.Y.: Doubleday, 1930), p. 213 quoted in Rothfield, p. 133; Arthur Conan Doyle, *Hound of the Baskervilles, The Complete Sherlock Holmes*, p. 669 quoted in Rothfield, p. 133.

¹⁷ Lawrence Rothfield, p. 140.

machine’, a link which Peter Brooks similarly highlights in his discussion of detective fiction.¹⁸ For Brooks, the ‘invention of the detective story in the nineteenth century’ testifies to a key contemporary concern to ‘detect, track down, and identify’ bodies that have ‘purposely sought to avoid social scrutiny’, with these desires to ‘know the body by way of a narrative that leads to its specific identity, to give the body specific markings that make it recognisable’ becoming ‘large preoccupations of modern narrative’.¹⁹ Through the narrative of *The Moonstone*, then, Collins is not only able to interrogate the idea of masculinity as performance, but also to consider more broadly the manifold ways in which bodies are read and written, even as his own example of detective fiction engages in this process.

This idea of reconstructing (and deconstructing) ‘the man’ and reducing persons to ‘mere bodies’ is not unique to detective fiction: Bailin notes that the frequency with which men are depicted in a ‘condition of debility and dependence’ suggests that the ‘Victorian male was often ambivalent or uneasy’ about ‘restrictive definitions of the masculine’, and that there was an interest in reconsidering what masculinity meant.²⁰ It is a theme to which Collins returns in his next novel *Man and Wife*, which attacks the cult of “muscular” manliness and athleticism through the character of Geoffrey Delamayn, and Victorian culture’s “manly” praise of the male body as an object of aesthetic delight’.²¹ This apparent keenness to explore and write about what happens when male bodies are weakened or exposed and models of masculinity are challenged, in both Collins’s texts and others, can be read as an interaction with and

¹⁸ Ronald. R Thomas, *Detective Fiction and Rise of Forensic Science* (Cambridge: Cambridge University Press, 1999), pp. 4 and 17.

¹⁹ Peter Brooks, *Body Work: Objects of Desire in Modern Narrative* (Massachusetts: Harvard University Press, 1993), p. 26.

²⁰ Miriam Bailin, p. 40.

²¹ James Eli Adams, p. 153.

contestation of pervasive contemporary medical views that stressed the strength and vigour of the male body in contrast to the frail female. As John Tosh notes, a crucial development in how the anatomy of male and female bodies were considered came with the change from understanding 'sexual difference' in 'incremental terms, to a two-sex model which exaggerated the anatomical differences between the two sexes'.²² Rather than female bodies being similar (but "lesser") version of the male, they became its 'incommensurable opposite'.²³ The transformation evidently came with hidden agendas, mainly the 'need to redefine women as fundamentally different' and to 'explain why women belonged in the home', as well as providing physicians with a lucrative new line of female maladies to treat; yet every move to situate women as anatomical opposites simultaneously forced new characteristics to be ascribed even more vigorously to male bodies.²⁴ As Mark Micale stresses, 'medical science and practice were aggressively pressed into the service of discovering and maintaining a regime of difference between the sexes', and if Victorian femininity was constructed 'around a perpetually diseased and weak body' as Marjorie Levine-Clark states, by default, the male body was required to be the opposite.²⁵

Whilst, as this chapter illustrates, sickness and ill health obviously preoccupied men just as frequently as women, the extent to which medical science tried to influence ideas about bodies, illness and gender should not be underestimated. Much of what Collins seems to be working against here can be summed up through reference to an

²² John Tosh, *Manliness and Masculinities in Nineteenth-Century Britain: Essays on Gender, Family and Empire* (Harlow: Pearson, 2005), p. 91.

²³ Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (London: Harvard University Press, 1990), p. viii.

²⁴ John Tosh, pp. 68-9; Janet Oppenheim, 'Shattered Nerves': *Doctors, Patients and Depression in Victorian England* (Oxford: Oxford University Press, 1991), p. 186.

²⁵ Mark S. Micale, *Hysterical Men: the Hidden History of Male Nervous Illness* (Massachusetts: Harvard University Press, 2008), p. 49; Marjorie Levine-Clark, *Beyond the Reproductive Body: the Politics of Women's Health and Work in Early Victorian England* (Ohio: Ohio State University Press, 2004), p. 181.

example such as the Contagious Diseases Acts, introduced in the 1860s. Intended to limit the spread of venereal diseases through the armed forces, the Acts focused on targeting, examining and imprisoning the bodies of prostitutes, blamed for carrying and spreading the diseases, whilst men were neither inspected nor judged.²⁶ This medical and political regulation of women's bodies performed powerful ideological work in making male bodies appear separate from and superior to their female counterparts. Similarly, according to Wood, 'the medical profession assumed an unprecedented authority' with regard to defining 'appropriate masculine or feminine characteristics and behaviour', as well as 'predicting the dire consequences of falling outside it'; reactions which are unsurprising considering the treatment Harriet Martineau received, for example.²⁷ However, the fact that Collins and his contemporaries routinely depict masculine behaviour contradicting and complicating these ideas – as do copious newspaper articles, private letters and diaries – suggests that the case for medical control over gender constructs has been overstated. As Adams summarises, 'masculine identities are multiple, complex, and unstable constructions' and such a one-dimensional, idealised notion of masculinity was evidently far removed from reality.²⁸ In working against medical definitions of the male body by displaying the various weaknesses and flaws of the men in his text, Collins is able to explore alternate possibilities of masculinity, and how the gap between what was expected of the male body and what was actually possible, was negotiated.

²⁶ See Tabitha Sparks, *The Doctor in the Victorian Novel*, pp. 114-118.

²⁷ Jane Wood, p. 64.

²⁸ James Eli Adams, p. 3.

Vulnerable and permeable male bodies

In her discussion of gender performance and the surface of the body, Butler draws on Mary Douglas's work on margins and the body's boundaries.²⁹ This theme of margins, and particularly the types of bodies and spaces which become marginalised, is particularly relevant to Collins and indeed runs through many of the following chapters, but Douglas is particularly useful here for considering issues surrounding the contours of the body and its permeability. If, as Butler summarises, the surface of the body is 'systematically signified by taboos and anticipated transgressions', which in turn delineates 'appropriate limits, postures, and modes of exchanges' between bodies, then 'any kind of unregulated permeability' becomes problematic.³⁰ *The Moonstone* draws on and plays out many of these concerns regarding male bodies in particular, whether in a straightforward sense, as with the permeability that orifices or pores of the skin allow, or more subtly, with its exploration of interactions between male bodies, and the vulnerability this creates.

From the start, the narrative is rooted in the fallibility of the male body (and written descriptions of this) with the account of John Herncastle's mental state following the bloodshed at Seringapatam. Extracted from a family paper written by Herncastle's cousin, Herncastle's bloodthirsty actions and theft of the diamond are interpreted by the writer as betraying a kind of mental (as well as moral) imbalance: his temper has been 'exasperated to a kind of frenzy by the terrible slaughter' and he rushes towards his enemies 'like a madman' (*The Moonstone*, 14). The implication is that Herncastle's behaviour is a bodily reaction to the prolonged period of violence and terror he has experienced, with the physical and mental stress of the situation finding

²⁹ See Mary Douglas, *Purity and Danger: an Analysis of Concepts of Pollution and Taboo* (London: Routledge & Kegan Paul, [1966] 2002), pp. 4-5.

³⁰ Judith Butler, pp. 166-8.

expression in nervous breakdown and violent pillaging. Whilst it was anticipated that men would be somewhat weakened in colonial climates, with discussions of the health of soldiers and tropical diseases regularly occurring in newspapers and magazines, there was also a certain amount of male strength and courage required in such scenarios, if only as part of the hyper-masculine image of the soldier.³¹ As Wood notes, ‘a more muscular manliness’ was expected during this period in order to ‘meet the demands of the family, the nation, and beyond that, the empire’, yet it is noticeable that the *Herncastle* family paper intentionally debunks this concept, and indeed that the novel foreshadows its interest in writing about male bodies by opening with a scathing written report of another man’s physical and psychological weakness.³² The repercussions of *Herncastle*’s bodily failing echo through time to the diamond’s next reappearance, where his nervous breakdown translates into Betteredge’s troubled somatic response to the matter of the diamond, with the ‘sudden alarm’ he feels manifesting itself as a physical reaction, leaving him with a ‘perturbed stomach’ and mind (46-7).

Almost immediately after Betteredge’s uneasy physical response to the diamond comes the illness of the family doctor, Mr Candy: forced to travel home in the rain, Betteredge worries that the doctor will become ‘wet through’, to which Candy jokingly replies that ‘a doctor’s skin [is] waterproof’ and continues on his way (87). The fact that impermeability (a ‘waterproof’ skin) is raised here is significant; not only does Candy (as a doctor) jokingly allude to the supposedly solid and robust male body (in contrast, perhaps, to the “damp” Mrs Finch) but his ideas are proved incorrect.

³¹ See for example regular reports such as ‘The Health of the Army Abroad’, *The Aberdeen Journal*, (1864), ‘The Hygiene of the Army in India’, *The Morning Post*, (1864) and ‘Vital Statistics of the Army’, *Pall Mall Gazette*, (1867). British Newspapers 1600 – 1900 database, <<http://www.bl.uk/eresources/newspapers/colindale2.html>> [Accessed 7 September 2012].

³² Jane Wood, pp. 71-2.

Despite the doctor's optimistic protestations he catches a chill and a fever, with the postman describing him to Betteredge as being 'light-headed' and 'talking nonsense as glibly, poor man, in his delirium as he often talked in his sober senses' (105). More importantly, it is Candy's illness and resulting memory loss which prevents him from revealing his drugging of Blake, surely the most significant example of bodily permeability that the novel explores. It is, therefore, three instances of male physical and mental weakness which set in motion the events of the narrative: Herncastle's breakdown; Blake's susceptibility to the opium; and Candy's illness – and in each case, the vulnerability and permeability of the male body renders them prone to external influences. What becomes particularly interesting, however, is the way in which the men write about these bodily failings. Herncastle's actions are, as mentioned, reported by another family member, but Blake and Betteredge discuss and analyse the behaviour of their own bodies at length. Betteredge's narrative initiates this, with his discussion of the '*detective-fever*', that 'disease' which has 'got fast hold of your humble servant' (131), yet he is also genuinely physically affected by events. He describes how 'my hand took a sudden fit of trembling as I lifted it to knock at my mistress's door' (141), remarks that the 'the horrid mystery' hanging over the house 'gets into my head like liquor, and makes me wild' (152) and admits that his heart 'couldn't have thumped much harder than it did now, if I had been five-and-twenty again!' (142). Betteredge's somatic response to the theft not only develops the text's exploration of the distance between the idealised masculine body and the more pragmatic reality, but develops the narrative's interest in men's writing on illness.

It would appear that the behaviour of these male narrators in *The Moonstone* who examine and discuss their own infirmity was not unusual, and that men often sought

to rewrite expectations by giving voice to their own weaknesses. Donna Loftus, in her analysis of the life writing of middle-class men during the period suggests that spells of sickness, such as a nervous breakdown, were often recontextualised as part of a confirmation of masculinity ‘in which duty is pursued relentlessly and with little regard for one’s health’, yet the articles, letters and diaries below suggest the reverse.³³ An article by Andrew Halliday from *All the Year Round*, published two years before *The Moonstone*’s serialisation in the same periodical, revels unashamedly in the advent of sickness, as well as the avoidance of (male) roles and responsibilities that it enables. ‘The Pleasures of Illness’ asserts, ‘I have just now been suffering from severe illness, and I deliberately say, that I enjoyed it’.³⁴ The potentially effeminising effect of invalidism is also thoroughly ignored: although Halliday describes himself as being as ‘weak and helpless as any child’ and with his ‘man’s strength’ gone, he classes this alongside ‘some of the purest pleasures in existence’, and the piece instead implies that embracing and even luxuriating in illness is not to be criticised.³⁵ Collins’s own letters also demonstrate how men provided support for one another in times of illness as much as women, as well as alluding to how openness about periods of invalidism and weakness paved the way for closer homosocial relationships. As mentioned in the Introduction, Collins had a particularly good relationship with his doctor, Francis Carr Beard, but such connections were evidently also forged by the sharing of ailments, as a letter to his mother regarding the death of the illustrator John Leech (1817-1864) indicates: ‘I

³³ Donna Loftus, ‘The Self in Society: Middle-Class Men and Autobiography’, in *Life Writing and Victorian Culture*, ed. by David Amigoni (Aldershot: Ashgate, 2006), pp. 67-86 (p. 70).

³⁴ Andrew Halliday, ‘The Pleasures of Illness’, *All the Year Round*, January 1866, 560-2 (p. 560). Proquest British Periodicals, <<http://search.proquest.com/britishperiodicals>> [Accessed 14 March 2014].

³⁵ *Ibid*, p. 562.

have been dreadfully shocked and distressed by poor Leech's death. I heartily liked him and we had many nervous troubles in common'.³⁶

Other published articles tell a similar story. A piece in *Once a Week*, (a publication with 'embarrassingly obvious' similarities to *All the Year Round*, according to Deborah Wynne) entitled 'Bachelor Invalids and Male Nurses' argues for the 'peculiar advantages of male nursing', outlining the pleasure that can come with sitting up through the night 'enjoying the deep stillness of the small hours' and the ability of the 'masculine system of therapeutics' to provide a 'much more lively' atmosphere in the sickroom in comparison to women, who 'try to invest a slight illness with the melancholy interest appropriate to serious maladies'.³⁷ A *Manchester Times* article similarly indicates that men frequently took on such roles: titled 'The Invalid and his Friends', it depicts caricatures of different categories of male friends proffering advice and remedies whilst doing more harm than good, ranging from the 'muscular friend' who suggests a day of hunting, to the 'sympathising friend', who is 'absolutely certain he can cure him, if his friend will only adopt his treatment'.³⁸ The reference to different "types" of male carers and friends who respond to illness in particular ways, coupled with the fact that these are presumably well-known enough to be caricatured, makes a strong case for the frequency with which men acted as care-givers for other male friends and acquaintances.³⁹ Such examples are reinforced by archival evidence, as in the diary of William Aldous, a fundholder living in

³⁶ Wilkie Collins to Mrs Harriet Collins, 3 November 1864, in *The Letters of Wilkie Collins*, I, 252.

³⁷ Deborah Wynne, p. 29; 'Bachelor Invalids and Male Nurses', *Once a Week*, October 1871, 317-321, (pp. 318-321). Proquest British Periodicals, <<http://search.proquest.com/britishperiodicals>> [Accessed 14 March 2014].

³⁸ 'The Invalid and his Friends', *Manchester Times*, August 1862, p. 363. British Newspapers 1600 – 1900 database, <<http://www.bl.uk/eresources/newspapers/colindale2.html>> [Accessed 6 March 2012].

³⁹ Interestingly, although many of the examples are male, a female example is also present in the form of the lady who 'assures her visitor that the only cure for it is a mixture prepared from a recipe of her mother's'; an aside which appears to be a wry allusion to the role played by women as discussed in the previous chapter. 'The Invalid and his Friends', p. 363.

London in the 1860s, who mentions the visits he makes to both his brother and his male friends during periods of illness, and also details the manner in which men corresponded regarding the wellbeing of those in their social circle.⁴⁰ The diary of Henry Davis Pochin shows in even greater detail the dedicated support some men provided one another, recording his presence during the illness and death of his business partner and friend James Woolley, owner of the large Manchester-based pharmaceutical company James Woolley, Sons & Co. The diary describes what is considered the first use of chloroform in Manchester, but it is Pochin's part in proceedings which is of interest here. In his diary he describes how he slept at Woolley's house as his illness worsened, administered the chloroform to him and even watched over the operations performed on Woolley, which he describes as 'terrible butchery'.⁴¹

These examples chart how men could be open and honest with one another about their illnesses and bodily failings (to which Betteredge and Blake's narratives allude), yet Collins's representation of the relationship between Candy and his assistant Ezra Jennings complicates this by exploring the vulnerability that such relationships could also engender. Caring for Candy during the prolonged period of delirium following his illness, Jennings effectively saves the doctor from death, but also takes advantage of the situation to perform further medical experimentation of his own. It is also noteworthy that Jennings, in his description of this period, appears to adopt the somewhat medicalised interpretation that his 'hysterical' breakdown upon the doctor's recovery indicates his 'female' constitution (373), a surprisingly restrictive view which perhaps highlights Jennings's medical background as a counterpoint to

⁴⁰ CRL, Diary of William Aldous, XMS133.

⁴¹ JRUL, James Woolley and Sons Ltd. Archive, WOL 5/1/36.

the more balanced views about male and female bodies to which Collins seems to gesture elsewhere. Aside from this, not only is Jennings's treatment of Candy risky, opposing the opinions of more qualified practitioners and being based solely on his own interpretation, his later record of Candy's delirious ramblings to satisfy his own experimental curiosity further explores the image of the weakened and defenceless ill male. As Jennings explains to Blake, 'Poor Mr Candy's illness gave me an opportunity' of testing whether 'the loss of the faculty of speaking connectedly, implies of necessity the loss of the faculty of thinking connectedly as well' (374), yet his reluctance to share the information with Blake raises the questionable nature of his use of Candy's body for research. Asking, 'would *you* disclose to another person what had dropped unconsciously from the lips of your suffering patient and your helpless friend' and even exclaiming 'he was so miserably ill, Mr Blake! And he was so helplessly dependent on Me!' (375-6), Jennings's argument for withholding the information also underlines the liberty he has taken with Candy's body. Using the plight of his 'suffering patient' and 'helpless friend' for scientific endeavour, Jennings presumably does not gain any permission to record Candy's speech in this way, neither is there any indication that he shares his findings with the doctor upon his recovery, as Candy is unable to recall his drugging of Blake after regaining health (366-8). Ironically, once again, the supposedly "waterproof" and impermeable doctor's body is made defenceless and vulnerable.

Blake's own unease at Jennings's ability to render male bodies vulnerable – and his ensuing vulnerability at the hands of Jennings as a result of this – is similarly hinted at with his response to Jennings's treatment room; the location where Jennings, fittingly, reveals to Blake the manner in which his body was unknowingly penetrated and

permeated by the doctor's furtive drugging. Blake is narrating at this point in the text, and his description of the room conveys a clear sense of his discomfort:

[Jennings] was sitting alone in a bare little room, which communicated by a glazed door with a surgery. Hideous coloured diagrams of the ravages of hideous diseases, decorated the barren buff-coloured walls. A book-case filled with dingy medical works, and ornamented at the top with a skull, in place of the customary bust; a large deal table copiously splashed with ink; wooden chairs of the sort that are seen in kitchens and cottages; a threadbare drugget in the middle of the floor; a sink of water, with a basin and waste-pipe roughly let into the wall, horribly suggestive of its connection with surgical operation – comprised the entire furniture of the room. [...] [Everyday sounds] came as intruders on a silence which nothing but human suffering had the privilege to disturb. I looked at the mahogany instrument case, and at the huge roll of lint, occupying places of their own on the book-shelves, and shuddered inwardly as I thought of the sounds, familiar and appropriate to the everyday use of Ezra Jennings's room. (383)

The specific items Blake views and the way in which he reads them is indicative of the type of medical detection the novel turns to with the introduction of Jennings: the exposure and exploration of the body beneath its surface appearances. Blake makes a point of noting the 'glazed door' which separates the room from the surgery beyond, automatically inviting the reader to imagine, as he appears to do, what goes on behind glass intended to prevent outsiders from looking in. He similarly reads the waste-pipe, 'roughly let into the wall' and 'horribly suggestive of its connection with surgical operation' in terms of the procedures occurring here behind closed doors. The detail that the waste-pipe is 'roughly let into the wall' and connected in Blake's mind with surgical procedure suggests that this enlarged pipe has been added with the conversion of the property to doctor's surgery, with the pipe serving to wash away by-

products of the operations occurring here. Even the manner in which Blake describes the pipe – ‘roughly’ let into the wall – reminds us that this is a space in which human bodies are similarly cut into, connecting the damaged fabric of the property with the image of the body which is exposed and opened up. The fact that Jennings uncovers the root of the mystery – telling Blake that ‘you entered Miss Verinder’s sitting-room and took the Diamond, in a state of trance, produced by opium’, and that ‘the opium was given to you by Mr Candy – without your own knowledge’ (395) – seated within his treatment room, firmly turns the investigation away from its previous concentration on external clues, as represented by Cuff’s form of detection, to a type of medical detection involving investigating the depths of the body and the unconscious – a shift that the surroundings of Candy’s property have already foreshadowed.

In this respect, the narrative not only considers the differing ways in which male bodies can be rendered vulnerable and permeable, but also sets up a chain of events whereby one after another, the defences surrounding the male body are lowered and the physiological and psychology processes at work are exposed and explored. Candy’s initial drugging of Blake finds its mirror in Jennings’s experimentation on his body during his delirium, whilst the information Jennings gleans from this paves the way for his later experimentation on Blake at the novel’s climax. As part of Collins’s process of exploring how writing about the body can both empower and endanger an author – through the sense of control that it promises and the lack of control in which it can result – here he considers how similar openness between men can lead to solidarity and companionship as well as vulnerability and defencelessness. In trying to outline alternative ways for men to write about or respond to illness,

Collins is also drawn to considering the risks inherent in such honesty, a preoccupation that reoccurs throughout the novel.

Reading, writing and performing masculinity

Running through the text's consideration of relationships between male bodies, performance and masculinity is an interest in the role writing can play in – quite literally – rewriting and resisting medical ideology regarding the male body. As discussed, however, Collins's awareness of the double-edged nature of such a process rises to the surface in *The Moonstone*, becoming particularly clear in the latter part of the narrative. Jennings's treatment of Candy is again useful here, as, alongside the novel's indication of the productive outcomes of voicing bodily frailty or illness, it alludes to the darker side of such a process, where one loses control over how the body is presented in writing. In this respect, Jennings's medical papers containing the transcript of Candy's delirious speech situate him in a particularly uncomfortable position: an unwitting subject of medical analysis, with his inner-most thoughts exposed to be read. It is worth considering how far the dissemination of this text is out of Candy's hands, as of course Jennings's medical papers form part of Blake's narrative, which in turn forms the novel. Whilst Blake and Betteredge's honest avowal of their fears or infirmities are bold and empowering challenges to masculine ideals, Candy's experience at the hands of Jennings introduces the narrative's consideration of what happens when writing of this kind is not autobiographical, and when the subject of the writing does not consent to, or control, what is written.

Surprisingly, archival evidence indicates that Jennings's note-taking of Candy's ravings is not as far-fetched as it may appear; the experiences John Ruskin had of

delirium suggest that the experiment carried out here by Jennings was, for some, not too far removed from reality. An undated “delirium note” records the phrases and words repeated by Ruskin during an episode of delirium, as well as describing his sleeping patterns in detail. An attached letter also alludes to the existence of other notes, as it asks whether the ‘delirium notes’ which are ‘now with Ruskin’s letters’ would be better ‘with letters from Joan Severn to the Simms’ in which ‘his sayings in delirium are also recorded?’.⁴² As with Jennings, the observer copying down Ruskin’s speech fills in the blanks, with the presumed missing word in brackets: “‘How long would animals live in this (present) atmosphere?’ I improve his points’.⁴³ Reading the record of Ruskin’s delirious speech, his position as a particularly vulnerable kind of spectacle is clear: many of the phrases are ‘gabble’, as the notes describe, interspersed with occasional bouts of swearing, but Ruskin’s complete lack of control (and, indeed, obliviousness) of what he is saying in the presence of a passive onlooker creates an interesting scenario. Indeed, even the act of reading such a private and personal description of illness recreates some of the uneasy fascination Ruskin’s observer must have felt.

Ruskin was, of course, aware of the fact that such episodes were recorded and seemed to take a lively interest in the connection between his mind and body, as well as being acutely aware of what it might be like for those looking on. He writes in a letter to Dr Attwell in 1878, ‘[My illness] is without bodily pain, but consists in forms of delirium, luckily more grotesque than sad, for my watchers – and to me, fruitful in strange knowledge of the relation of mind and body’.⁴⁴ Ruskin’s evident interest in the relationship between the mind and body provides another variation of the manner

⁴² JRUL, John Ruskin Papers, MS 1254, Number 138.

⁴³ Ibid.

⁴⁴ JRUL, John Ruskin Papers, MS 1254, Number 58.

in which men sought to understand and describe their bodies. His willingness to turn himself into a spectacle to satisfy his curiosities indicates how some men both embraced and examined such periods of illness, letting their guard down and quite plainly accepting (and even displaying) their weakened positions. Similarly to the camaraderie between Collins and his fellow male invalids, as the letters above indicate, male bodily weakness here is shared rather than hidden. Just as Lucilla inverts the power relations inherent in acts of looking, Ruskin draws positively on his position as a medical spectacle, utilising the information for further discussions with his doctor, as well as to satisfy his own curiosity. The collapse of the idealised masculine body here appears as a source of interest rather than an embarrassing indicator of effeminacy.

This issue of who reads and writes the body is of crucial importance in *The Moonstone*, with its variety of observers and narrators, but it was also an increasingly important factor for men such as Ruskin who were subjected to growing scrutiny as the concept of the celebrity took hold. *The Moonstone* is a text which is particularly aware of the idea of celebrity status – Collins even uses the term to refer to Cuff (439) – yet the notion of celebrity predates the Victorian period by some time, with texts on the subject arguing for the emergence of celebrity culture as far back as the early eighteenth century, and a particular interest in the bodies and illnesses of noted figures already being a part of this.⁴⁵ As Fred Inglis notes, for example, the ill health and treatment of King George III was ‘common knowledge to the nation, everywhere reported in the press, openly discussed in Parliament, the small change of political

⁴⁵ Tom Mole, *Byron's Romantic Celebrity: Industrial Culture and the Hermeneutic of Intimacy* (Basingstoke: Palgrave Macmillan, 2007), p. 7.

chatter in the coffeehouses'.⁴⁶ Later on, the fame and scandal surrounding Byron in the early 1800s, and his astute understanding of how to shape his own self image, led to him embodying the figure of the celebrity 'first and most completely'.⁴⁷ The connections drawn between Byron's writing and his own life and experiences meant that, for an audience, 'annotating and discussing Byron's poetry' was one means of 'investigating Byron the man in order to know more about him or relate more intimately to him', with his poems accordingly suggesting that 'bodies could be read like texts and that texts could metonymically substitute for bodies'.⁴⁸ As Easley notes, scrutiny of the bodies of notable figures continued to build throughout the century, and not only in the popular press and mass-market newspapers.⁴⁹ As a result of the 1858 Medical Act and increasing specialisation within the medical profession, the number of medical periodicals increased rapidly and, looking to balance medical discussion with content appealing to general readers they often fixed on the bodies of celebrity figures such as authors as suitable subject matter.⁵⁰ According to Easley, this 'cultural obsession with the psychological and physiological health of the Victorian author' is significant enough to be regarded as a 'subset of a broader interest in celebrity culture during the latter years of the nineteenth century'.⁵¹ Whilst Collins himself was intensely private, managing to keep his unusual family arrangements undisclosed to all but his closest friends, he was evidently aware of the way in which celebrity functioned, as well as its habit of fixating on the body and appearance. As caricatures of Collins demonstrate (see Figures 2.1 and 2.2), his own

⁴⁶ Fred Inglis, *A Short History of Celebrity* (Princeton: Princeton University Press, 2010), p. 58.

⁴⁷ *Ibid.*, p. 67.

⁴⁸ Tom Mole, p. 24.

⁴⁹ Alexis Easley, p.18.

⁵⁰ *Ibid.*, p. 157.

⁵¹ *Ibid.*, p. 157.

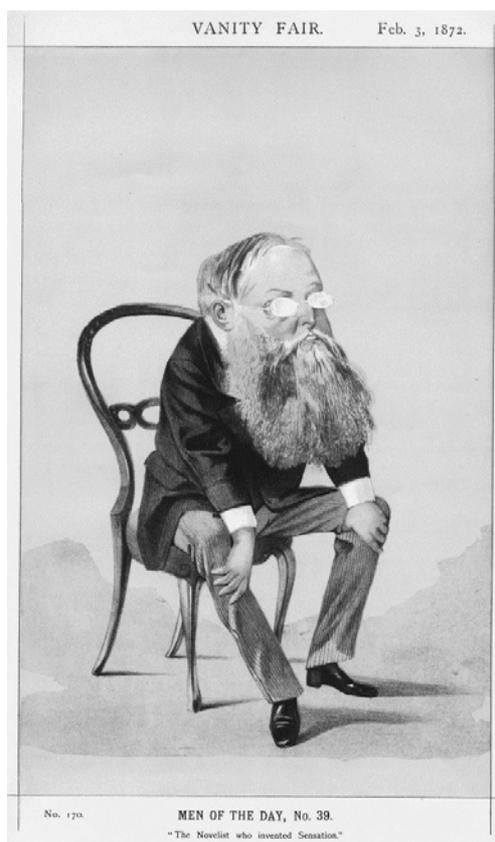


Figure 2.1. From 'Men of the Day No. 39', drawn by Adriano Cecioni.
Vanity Fair, 3 Feb 1872.



Figure 2.2. From 'Caricature Portraits of Eminent Public Men', drawn by Frederick Waddy.
Once a Week, 24 Feb 1872.

misshapen frame occasionally came under the spotlight and was reproduced in rather unflattering ways.

The anxieties about authorship of the body that *The Moonstone* articulates, as well as the interconnected issues of performance, are replicated in a particularly interesting way by Ruskin's response to this fascination with celebrity bodies. Ironically, Ruskin sought to protect his privacy by making matters of his own private life public, but in a way which was, crucially, under his control.⁵² Like Blake (and Martineau) Ruskin's impulse is to write about himself as a form of empowerment and control over how he is represented yet, conversely – like Ablewhite – this only works by selling an image of himself to the cult of celebrity. However, Ruskin's experience similarly serves as a prime example of what can happen when control over writing of and about the body is surrendered. W.G. Collingwood's piece 'Ruskin's Hand' is taken from Collingwood's 1903 collection of essays *Ruskin's Relics*, following Ruskin's death in 1900, and the manner in which Collingwood elucidates his own reading of Ruskin's character with reference to his body is telling. Playing on the double meaning of the word "hand", Collingwood analyses both Ruskin's handwriting and his physical hand itself as part of his discussion:

Ruskin's was all finger-grip; long, strong talons, curiously delicate-skinned and refined in form, though not academically beautiful. Those whose personal acquaintance with him dated only from the later years never knew his hand, for then it had lost its nervous strength; and in cold weather – the greatest half of the year in the North – the hand suffered more than the head. But his palm, and especially the back of the hand, was tiny. [...] In writing he held the

⁵² *Lives of Victorian Literary Figures III, Elizabeth Gaskell, The Carlyles and John Ruskin by their Contemporaries. Volume 3 John Ruskin*, ed. by Simon Grimble, 7 vols (London: Pickering and Chatto, 2005), III, p. xi.

pen as we are taught to hold a drawing-pencil, and the long fingers gave much more play to the point than is usual in formed penmanship. Knowing that, it is not surprising to find that his writing varies, not only from one period to another, but with passing moods. Everybody shows some of this variety, but Ruskin's hand was as flexible and impressionable as his whole being.⁵³

Linking the body and writing as both betraying and revealing information about Ruskin's character, the extract clearly displays how bodies and writing about bodies could be read, literally and figuratively, as a means of providing personal information about the individual. As Tamara Plakins Thornton has shown, handwriting during this period 'was perceived as a transparent medium of the self', as 'handwritten matter necessarily referred back to the hand, the body, and the individual'.⁵⁴ Like Ruskin, the hand in later years loses its 'nervous strength', even suffering more 'than the head' during cold northern winters, and its physiological structure, with its 'long, strong talons' is used in turn to explain his varied handwriting. This also, unsurprisingly, tells us more of Ruskin's personal qualities, changing as it did with his 'passing moods' and even being as 'flexible and impressionable as his whole being'. The hand is made to stand for the whole in a synecdochal way, encapsulating many of Ruskin's qualities and representing his 'whole being'. What the discussion conveys, however, is not only the sense in which writing by the individual (so here, Ruskin's own handwriting) is used as a way to analyse character and personality, but the manner in which Collingwood's own writing allows him to attribute a variety of characteristics to the individual under discussion. The double-edged nature of writing here becomes very clear; whilst well-known public figures such as Ruskin tried, in one respect, to write about themselves as a means of self-protection and control, this

⁵³ W.G. Collingwood, 'Ruskin's Hand', in *Lives of Victorian Literary Figures III*, pp. 272-280 (pp. 273-4).

⁵⁴ Tamara Plakins Thornton, *Handwriting in America: A Cultural History* (New Haven: Yale University Press, 1996), pp. 29 and 33.

same act – as Collingwood’s analysis demonstrates – only further exposes him, his (hand)writing and his body for examination.

Interestingly, Plakins Thornton also refers to handwriting as an ‘act’, and it is worth remembering that, even as Blake seemingly relinquishes control of the narrative to Jennings in order for the experiment to be narrated, he ultimately retains overall control in his role as editor, as his insertions in Miss Clack’s narrative reminds us.⁵⁵ Blake surrenders his body to Jennings’s medical experiment, whilst also temporarily giving up the control and authority over how his body is depicted, but his reluctance to yield all editorial control reminds us of the anxieties and pitfalls surrounding writing on the body that Ruskin’s example demonstrates, as well as alluding more widely to the way in which this apparently honest and open narrative could be seen as further layers of performance. For reasons such as this, it seems that the narrative is doing much more complicated work here than critics such as Thomas have identified, who argues that the novel serves the purpose of convincing ‘Blake (and us) to approve of [Jennings’s] bold experiment as an acceptable practice and to submit to the sanctions of science for determining our guilt or innocence’.⁵⁶ Whilst Blake may overtly yield to Jennings’s wishes in partaking in the experiment, there is clearly a level here at which Blake retains control.

Nevertheless, the process of the experiment puts Blake in a similarly vulnerable position to Candy, as his body is reduced to a set of physiological processes. Like the “watchers” who recorded Ruskin’s delirium, the actions of Blake’s body are observed and recorded in Jennings’s narrative. The role of the men as analytical observers and

⁵⁵ Tamara Plakins Thornton, p. 33.

⁵⁶ Ronald R. Thomas, ‘*The Moonstone*, detective fiction and forensic science’ in *The Cambridge Companion to Wilkie Collins*, ed. by Bourne Taylor, pp. 65-78 (p. 74).

the ensuing spectacle that Blake is implicitly turned into, as well as the uncomfortable scenario that this creates, is apparent in Jennings's inability to find a suitable term to describe himself, Betteredge and Bruff: 'The witnesses, or the company (which shall I call them?) reached the house an hour since' (413). 'Witnesses' places Blake much more firmly in the category of an object or spectacle, elevating the impression of power afforded to those watching, whilst 'company' signifies Jennings's attempt to neutralise the implications of Blake's position. Nevertheless, Jennings's ensuing narration of the experiment clearly medicalises Blake, with his body being read for signs and symptoms betraying the internal workings of his unconscious mind:

It wanted five minutes to twelve, when the premonitory symptoms of the working of the laudanum first showed themselves to me. At this time, no unpractised eyes would have detected any change in him. But, as the minutes of the new morning wore away, the swiftly-subtle progress of the influence began to show itself more plainly. The sublime intoxication of opium gleamed in his eyes; the dew of a stealthy perspiration began to glisten on his face. [...] The pupils of his eyes were now contracted; his eyeballs gleamed in the light of the candle as he moved his head slowly to and fro. (423-4)

The involuntary responses of Blake's body become a transparent surface through which the skilled eye of Jennings perceives the effect of the drug on his nervous system. Specific somatic signs are recognised and analysed for what they signify: 'the dew of a stealthy perspiration' becomes visible on his skin and the 'pupils of his eyes' are 'contracted', telling Jennings that the laudanum is at work. Collins here seems interested in exploring the dynamics of the relationship between spectacle and onlooker, as well as how the medical interpretation of signs and symptoms changes the image of the body, rejecting the kind of sentimental language often associated with descriptions of bodies in Victorian sickroom scenes, for example, and instead offering a much more clinical description of proceedings via Jennings's narration.

Although the medical language used here may seem unusual in the context of a novel, it is noticeable that reports of the last illnesses and deaths of male public figures in the press offered similarly clinical descriptions. A report entitled ‘Mr Thackeray’s Last Illness’ published in *The London Review* four years before *The Moonstone’s* serialisation is one such example. It not only gives a surprisingly comprehensive account of Thackeray’s last moments as supplied by ‘his most intimate personal friends’ but also details the various medical ailments effecting his demise, noting, for example, that ‘he was at intervals subject to severe spasms of the stomach, which caused violent retching and nausea, and left him in a state of utter prostration’.⁵⁷ Readers are even presented with the morbid image of Thackeray’s corpse lying ‘quite still, with his arms spread over the coverlet’.⁵⁸ Like Ruskin, Thackeray was well aware, as Nicholas Dames amongst others has stated, of the double-edged sword that celebrity status consisted of, simultaneously reviling the all-seeing eye of the press as he invited it. As Dames argues, the ‘inflation and deflation’ of the individual that celebrity encouraged was ‘monstrous’, often involving the ‘enlargement and distortion of the image (usually the body-image) of the public figure that creates something disturbing and uncategorisable’, and that the body was at the heart of this was certainly recognised by Thackeray.⁵⁹ In a letter to Willard L. Felt regarding a string of arranged performances in America, for example, he imparts his concern that continuing illness will cause him to let down his audiences, acknowledging the connection between body, performance and celebrity that Ablewhite encapsulates,

⁵⁷ ‘Mr Thackeray’s Last Illness’, *The London Review of Politics, Society, Literature, Art and Science*, January 1864, p. 26. Proquest British Periodicals, <<http://search.proquest.com/britishperiodicals>> [Accessed 14 March 2014].

⁵⁸ *Ibid*, p. 26.

⁵⁹ Nicholas Dames, ‘Brushes with Fame: Thackeray and the Work of Celebrity’, *Nineteenth-Century Literature*, 56 (2001), 23-51 (pp. 41-2).

with the sad recognition, 'no play no pay of course'.⁶⁰ Selling his public persona to draw audiences, an act predicated on the ability of his own body to perform, Thackeray's experience reinforces the process by which the celebrity body was unnaturally inflated and separated from the physical body, yet was still obviously dependent on it to function. The same preservation of this link, as Ruskin's experience demonstrates, enabled the celebrity persona to be analysed, undercut and deflated through examination of the body itself.

Equally detailed depictions of illness and death exist for leading political figures; the account of the death of Conservative politician Sir Robert Peel describes proceedings behind the closed doors of his rooms which, apparently, even his family were excluded from entering. Information is provided regarding Peel's increasing pulse rate and also weakening of the pulse itself, the number of leeches applied to his left shoulder, the glass of champagne and yolk of one egg he was encouraged to drink and descriptions of his 'stertorous breathing' which became 'more and more painful'.⁶¹ Ironically, when coming to describing Peel's final moments the writer admits that 'it is not the province of the journalist to violate the sanctity of private feeling; and, therefore, this portion of our narrative necessarily omits all matters of detail', before launching into a particularly thorough account of Peel's gradual lapse into insensibility and depicting the 'painfully affected' friends and 'beloved ones surrounding his couch'.⁶² Such detailed descriptions are, in part, a product of this particular genre as newspapers often provided comprehensive, minute-by-minute accounts of the illnesses of notable figures. However, it is also worth noting that these

⁶⁰ WL, MS 7996.

⁶¹ 'Full Particulars of the Illness and Death of Sir Robert Peel', *Manchester Times*, July 1850, p. 2. British Newspapers 1600 – 1900 database, <<http://www.bl.uk/eresources/newspapers/colindale2.html>> [Accessed 6 March 2012].

⁶² *Ibid*, p. 2.

graphic descriptions mainly appear to have been reserved for men of celebrity status: detailed depictions of well-known women's illnesses are rare in popular press reports, although they were evidently considered a viable subject for the medical press, as Harriet Martineau's case indicates.⁶³ Peel's demise was published nearly two decades before the serialisation of *The Moonstone*, yet two accounts of actors' illnesses in *The Era* in 1867, the year before the text appeared in *All the Year Round*, suggest that this manner of writing about male bodies was still prevalent. Regarding the illness of Kate Saville, *The Era* loosely describes an 'illness' which rendered her 'unconscious' and with a 'feeble constitution', in comparison to the account of Charles Kean, which not only describes his 'disease of the heart', but goes as far as publishing the doctor's certificate regarding his illness and 'serious prostration'.⁶⁴ Frequently, the details of female celebrities' illnesses are politely glossed over, whilst well-known men are thoroughly described and investigated.

The difference between these attitudes may be explained by a return to masculinity as a performance or mask, with scenes of death and illness providing the press with the ultimate opportunity to get underneath the mask of the celebrity or notable figure.⁶⁵ As John Kucich notes in his discussion of death in Victorian literature, 'all human personality is ultimately arbitrary and repressive – a mask – and that, therefore, the

⁶³ This is not to say that all women's bodies were considered unsuitable for public analysis and examination; women who were perceived as behaving inappropriately, or had committed crimes, for example, were seen as targets for discussion of this kind.

⁶⁴ 'Sudden and Serious Illness of Miss Kate Saville', *The Era*, March 1867 and 'Sudden and Alarming Illness of Mr Charles Kean', *The Era*, June 1867. British Newspapers 1600 – 1900 database, <<http://www.bl.uk/eresources/newspapers/colindale2.html>> [Accessed 6 March 2012].

⁶⁵ For an interesting variation to this pattern, see Laurel Brake's discussion of obituaries of gay male writers in the 1890s, which explores the ways in which newspapers and journals attempted to either suppress or covertly discuss homosexuality. Laurel Brake, 'The Deaths of Heroes: Biography, Obits and the Discourse of the Press, 1890-1900', in *Life Writing and Victorian Culture*, ed. by Amigoni, pp. 165-193.

annihilation of personality is the only way to achieve a metaphysical authenticity'.⁶⁶

In a culture where medical notions promoted the male body as infallible and powerful, a morbid interest appeared to lie in uncovering the opposite. More so than any interview or expose, clinical descriptions of illness and death seemingly enabled journalists to finally strip back the masks of masculinity from the bodies of celebrities, revealing purportedly more “authentic” information about their lives and personhood. As Brooks and Frank Kermode have noted, narrative can be seen as similarly functioning to enact a process of death, satisfying this need to understand, witness or vicariously experience it. For Kermode, men ‘need fictive concords with origins and ends’ to ‘make sense of their span’ and sees ‘all ends in fiction’ as representative of death, whilst Brooks, drawing on Walter Benjamin, suggests that ‘what we seek in narrative fictions is that knowledge of death which is denied to us in our own lives’.⁶⁷ This need to write about death, or to ‘close the sentence as a signifying totality’ seems, like the methods of detection discussed above, a process of making the body readable, and bringing secrets to light.⁶⁸ Kucich goes on to quote Georges Bataille, who similarly argues that such accounts of the body carry out important functions with regard to identity. ‘For man to be finally revealed to himself’, Bataille argues, ‘he would have to die, but he would have to do so while living – while watching himself cease to be’.⁶⁹ In this way, the act of sacrifice, according to Bataille, enables man to come close to this, an interpretation which also accounts for the ‘necessity of *spectacle*, or generally of *representation*’ of death as,

⁶⁶ John Kucich, ‘Death Worship among the Victorians: *The Old Curiosity Shop*’, *PMLA*, 95 (1980), 58-72 (p. 61).

⁶⁷ Frank Kermode, *Sense of an Ending: Studies in the Theory of Fiction* (New York: Oxford University Press, 1967), p. 7; Peter Brooks, *Reading for the Plot: Design and Intention in Narrative* (Massachusetts: Harvard University Press, 1984), p. 22.

⁶⁸ *Ibid*, p. 22.

⁶⁹ Georges Bataille, *Hegel. la mort et le sacrifice*, quoted in Jacques Derrida, ‘A Hegelianism Without Reserves’, trans. by Allan Bass, *Seiotext(e)*, 2 (1979) 22-55, in John Kucich ‘Death Worship among the Victorians’, p. 68.

‘without the repetition of which we could remain foreign to and ignorant of death, as animals apparently remain’.⁷⁰ This desire for a ‘representation’ and ‘repetition’ of death can perhaps be seen as fuelling these depictions of male deaths in the press, helping to reveal man ‘to himself’ (removing both the medical ideology surrounding the male body, and the acts of masculinity enacted by men themselves) and functioning as a rehearsal of death itself, in an attempt to re-situate the male body as essentially human.

Repetition, as Brooks notes, is also key to detective fiction, as the detective must ‘repeat, go over again, the ground that has been covered by his predecessor, the criminal’ – except as both quasi-detective and criminal, Blake must repeat his own drugging and somnambulistic theft, stressing again the vulnerability of the male body and alluding to the repetitive dissection and examination of male bodies as seen in the articles discussed above.⁷¹ Like the audiences keen to analyse graphic accounts of celebrity illness and death, Bruff and Betteredge find themselves captivated by the display offered to them: ‘Mr Bruff himself was looking eagerly through a crevice left in the imperfectly-drawn curtains of the bed. And Betteredge, oblivious of all respect for social distinctions, was peeping over Mr Bruff’s shoulder’ (423). Of all the text’s narrators, it is Jennings who is most aware of the extent to which bodies can be read in this way, and it is worth considering that he is also the only character to withhold, rather than provide, information about his own body and life. Jennings offers Blake the tantalising information that ‘the cloud of a horrible accusation’ has rested on him ‘for years’, but will not acknowledge ‘what the accusation is’ (379) and suffers from a similarly mysterious ‘incurable internal complaint’, shattering his nervous system

⁷⁰ Georges Bataille, qtd. in John Kucich ‘Death Worship among the Victorians’, p. 68.

⁷¹ Peter Brooks, *Reading for the Plot*, p. 24.

and reducing him to a 'dying man' (380). Even in his own narrative, the painful periodic attacks are referred to only vaguely, as 'the agony of the disease' (400) or 'that horrible pain' (401). The nightmares he suffers as a result of the opium to which he resorts are depicted in more detail – clear autobiographical accounts drawn from Collins's own experiences – yet any further information about either his strange past or unexplained disease is not offered. Unlike Blake, who offers an account of his own body despite his qualms about doing so, Jennings refuses to provide information about himself which may resurface in any of the other narrator's accounts (for example, Blake's) and is equally cautious about what he reveals through his own writing.

Significantly, Jennings is also certain to erase any kind of record of his life: except for the specific extract from his diary which is bequeathed to Blake and included in the narrative, he asks Candy to bury his letters, writings and diary with him in his coffin and to be buried under a 'nameless grave' (461). For a novel which is organised around the concept of providing information and uncovering truths about individuals, Jennings's resistance of this again illustrates the ambivalent position of writing in the narrative. As a figure who witnesses first hand the vulnerability of those who are written about (Candy and Blake) it seems fitting that Jennings's awareness of this informs his relationship with his own writing, and those writing about him. He seems to recognise most clearly the fact that, as Sundeep Bisla notes, 'having one's story go over to dissemination is akin to having one's body subjected to violation'.⁷² Coming at the close of the novel, which opened by exposing the flaws of the deceased John Herncastle, Jennings's guarded response to the act of writing brings the narrative

⁷² Sundeep Bisla, 'The Return of the Author: Privacy, Publication, the Mystery Novel, and *The Moonstone*', *boundary 2*, 29 (2002), 177-222 (p. 198).

back to its starting point. His actions, in effect, betray a withdrawal from textual representation altogether, as he takes his letters and diaries with him to an anonymous and unmarked grave.

The Moonstone's denouement encapsulates the various tensions relating to masculinity that the narrative has charted, drawing together the strands of performance and permeability that the text explores. In a scene which is strikingly similar to the newspaper articles discussed above, Godfrey Ablewhite's dead body is discovered (at this point disguised as a sailor) lying on the bed: his eyes stare 'wide-open, glassy and vacant, at the ceiling' with a 'filmy look' which horrifies Blake – although (perhaps unsurprisingly) some 'strange fascination' draws Cuff and the accompanying onlookers to the bed (446). Realising that the sailor is a man in disguise, Cuff literally and metaphorically removes the mask that Ablewhite wears, exposing the corpse of the man beneath and the sordid reality of Ablewhite's character; a death which enables 'man to be finally revealed to himself', and for Ablewhite to be revealed as the true thief.⁷³ Even at this point, Blake is unable to watch; like his earlier discomfort in Jennings's treatment room, he finds such an act of exposure intensely disturbing. Not only is Ablewhite exposed as being at the heart of the crime, his guise as a gentleman is destroyed, revealing the masculine role he has been performing; a process which draws together both the seemingly insatiable need to reveal the reality of male bodies beneath their masks, and the selfsame pressures which force the construction of such performances.

⁷³ Georges Bataille, qtd. in John Kucich, 'Death Worship among the Victorians', p. 68.

The story of Collins's ill health which often accompanies discussions of *The Moonstone*'s composition is well known, but worth returning to in the closing pages of this chapter for what it reveals of Collins's own ideas about how sick male bodies could be written about, and the relationships he held with his male amanuenses during this time. Written whilst Collins was suffering from gout, in great pain and consuming large amounts of opium, he apparently 'could not help groaning and crying out even when he was dictating', a sight which so distressed his first male secretary he would cease writing and try to help Collins.⁷⁴ He eventually left, to be replaced by a second man who found the work similarly upsetting, with Collins finally taking on a female secretary who was able to bear the spectacle of Collins's suffering. Whilst too much should not be read into this tale (particularly as large sections of the ending that Collins claimed to have forgotten after narrating is in his handwriting), it is tempting to note the similarities that the anecdote shares with key themes of the text outlined above. The behaviour of his two male amanuenses seems strangely reminiscent of the sensitive, squeamish character of Blake, whilst Collins's own contemplation of how to represent the fallibility of the male body running throughout *The Moonstone* surely finds its final and clearest expression here, in the story he chose to disseminate about his own ill health and suffering whilst writing it.

The fact that this was presumably a calculated move on Collins's part, however, reintroduces one of the central questions to which the narrative eventually turns: when an "honest" display of weakness becomes a type of performance in itself. The fact that Blake retains overarching narratorial control suggests a certain amount of ambivalence regarding the answer to this question, although it seems that the novel

⁷⁴ Aletha Hayter, *Opium and the Romantic Imagination* (London: Faber and Faber, 1968), p. 259.

certainly pushes for a move towards a more open way of talking about and responding to male illness regardless. For these reasons, the text carries out a more complex consideration of masculine identities than it is often given credit for, as it not only gestures towards a broader view of the male body which is able to encompass weakness, frailty and failings under its heading without leaning towards the effeminate, it explores the very way in which masculine identities are constructed, and whether they can ever cease to be so. It is also important to note how Collins inverts much of the work carried out by medicine in this respect, effectively using forms of medical practice (in the shape of Jennings) to expose and examine the vulnerability and permeability of the male body (represented by Blake). Here, the knowledge, techniques and language of medicine are used to rewrite medicine's own construction of the masculine body, and it is not, as Thomas argues, simply 'a novel in which the mystery is generated by the medical intervention of one doctor and solved by the diagnostic brilliance of another'.⁷⁵ Through responding to medical views about the male body – and using both his own writing and that of male narrators within his text to do so – Collins is able to chart both the pitfalls and opportunities associated with writing about male bodies and masculinity, and to push against prevailing medical ideas about the qualities male bodies should encompass. Despite the anxieties and concerns that *The Moonstone* delineates, the narrative clearly forms a response to medicine's involvement in shaping masculine identities, arguing for more honest and expressive ways of talking and writing about men's bodies and male illness.

⁷⁵ Ronald. R Thomas, *Detective Fiction and Rise of Forensic Science*, p. 74.

Chapter Three

Substances and insubstantiality in *Armadale*, *The Law and the Lady* and *Jezebel's Daughter*

If, as the previous chapter argued, *The Moonstone* challenged medical constructs of masculinity by alluding to the ways in which male bodies displayed physical or psychological weakness, then in several respects it differs from many of Collins's other major texts, which tend to portray the reading of bodies as being much more problematic. A large part of this, as the first chapter's discussion of *Poor Miss Finch* introduced, relates to Collins's representation of layperson and professional medicine as being in tension or dialogue with one another. The three texts discussed here – *Armadale* (1866), *The Law and the Lady* (1875) and *Jezebel's Daughter* (1880) – reprise this theme, complicating assumptions both about medicine's ability to decode, analyse or classify bodies, and promoting the validity of lay knowledge of the body as a counterpart to this. Each novel challenges a paired binary used to divide bodies from one another and situate them in certain groups; *Armadale* complicates ideas about youth and aging, as well as to a lesser extent divisions between male and female bodies, whilst *The Law and the Lady* and *Jezebel's Daughter* problematise that most essential of divisions between bodies by questioning medical definitions of life and death.

Medicine's move towards classifying or categorising bodies (and parts of bodies) formed part of its process of professionalisation and separation from lay knowledge, as well as initiating the division of discrete medical specialties, yet such shoring up of professional and clinical boundaries was often complicated by the slippery and

insubstantial nature of bodies themselves. To illustrate the conceptual work carried out by medical and often legal professionals in this respect, and where they encountered resistance or difficulties, it is useful to turn to two key substances which featured heavily in contemporary texts and literature concerning the body and Collins's own writing: cosmetics and poisons. Both substances posed specific challenges to processes of professionalisation and legislation, particularly for newly emergent fields such as pharmaceuticals, toxicology and forensic science, trying to gain a foothold as recognised specialisms.¹ As much of this progression relied on publicly demonstrating knowledge, often before a dubious lay audience in a courtroom, the chapter's illustration of how poisons and cosmetics problematised medical and legal definitions of the body will also draw on two well-known contemporary trials: that of Sarah Rachel Levenson, tried for fraud in 1868, and the trial of William Palmer, accused of poisoning John Parsons Cook, in 1856. Collins was familiar with both of these trials, and they form a useful backdrop in considering how his texts engage with the same debates the trials raised, as well as his awareness of how medicine filtered into a variety of other professional disciplines.² It is also worth remembering however that the interplay between legal and medical professions in the courtroom was still reliant on lay authority – a jury made up of members of the public – a point in keeping with Collins's argument that layperson knowledge could still match that of professionals, which is clearly present in all three of the texts discussed here.

¹ The fact that many substances used for cosmetic purposes were also poisonous, such as the arsenic which features in *The Law and the Lady*, brings them into the same problematic category here.

² See John Sutherland, 'Introduction', *Armada* (London: Penguin, [1866] 2004) for a discussion of the links between the novel and Levenson's various criminal trials during the 1860s, as well as other influential court cases, and Andrew Lycett, p. 162 for details of Collins and the Palmer case.

By alluding to the indeterminacy of the professionally enforced boundaries the three texts explore, Collins implicitly draws our attention to the shadowy regions situated between life and death, or youth and age – areas which, as George K. Behlmer and Kay Heath have shown, would have spoken to the interests and concerns of a contemporary audience.³ As Heath has explored in detail, the notion of middle age or “midlife”, a precursor to the descent into old age, came to the fore during the latter half of the nineteenth century, initiating concerns about the signs of aging and the need to retain a youthful appearance. The indeterminacy created by such processes of disguise was, in itself, problematic however, and Heath notes that nineteenth-century novels in particular voice a ‘tension between desire for clearly read signs of age and a perhaps greater need to avoid such signs’.⁴ Behlmer notes a similar fascination with physiological liminal states, outlining how ‘Victorians employed an opulent if unstable vocabulary to designate bodily conditions that hovered between the fully animate and the irrecoverably dead’, with a long list of categories defining liminal conditions.⁵ As he explains, ‘trance, coma, syncope, catalepsy, insensibility, suspended animation, human hibernation, and anaesthesia were only the most common labels for what appeared to be corporal frontiers’.⁶ This interest in the liminality of the body – and the gaps in medical knowledge insufficient in explaining

³ The crossing of borders or boundaries is a recurring theme in Collins’s writing; for other analyses of this in the texts discussed here, see Piya Pal-Lapinski, ‘Chemical Seductions: Exoticism, Toxicology, and the Female Poisoner in *Armadale*, and *The Legacy of Cain*’, in *Reality’s Dark Light: The Sensational Wilkie Collins*, ed. by Bachman and Cox, pp. 95-130, Karin Jacobson, ‘Plain Faces, Weird Cases: Domesticating the Law in Collins’s *The Law and the Lady* and the Trial of Madeleine Smith’, in *Reality’s Dark Light*, pp. 283-312 and Anne Longmuir, ‘The Scotch Verdict and Irregular Marriages: How Scottish Law Disrupts the Normative in *The Law and the Lady* and *Man and Wife*’, in *Wilkie Collins: Interdisciplinary Essays*, ed. by Mangham (Newcastle: Cambridge Scholars Publishing, 2007), pp. 166-177. Jessica Maynard similarly points to the way in which Lydia Gwilt in *Armadale* raises problems of classification, in ‘Black Silk and Red Paisley: the Toxic Woman in Wilkie Collins’s *Armadale*’, in *Varieties of Victorianism: The Uses of a Past*, ed. by Gary Day (Basingstoke: Macmillan, 1998), pp. 63-79.

⁴ Kay Heath, *Aging by the Book: The Emergence of Midlife in Victorian Britain* (Albany: SUNY Press, 2009), p. 19.

⁵ George K. Behlmer, ‘Grave Doubts: Victorian Medicine, Moral Panic, and the Signs of Death’, *Journal of British Studies*, 42 (2003), 206-235 (p. 208).

⁶ *Ibid.*, p. 208.

states between life and death – not only highlighted the limits of medicine at this time, but the inability of medical and legal bodies to define different bodily states (young/old; dead/alive) with any accuracy. In James Bower Harrison’s 1852 text *The Medical Aspects of Death, and the Medical Aspects of the Human Mind*, (owned by Dickens and read by Collins, as Talairach-Vielmas surmises) the author notes that he has written the book ‘with a view to fill up the intervals left by more arduous professional studies’ in the study of death – yet it is medicine’s inability to ‘fill up’ these gaps, and the persistency with which they remain, which most interests Collins.⁷

Beautiful for ever: aging and indeterminacy

As the professional standing of medicine developed, various branches of practice began to be more firmly established and whilst, as Heath notes, ‘gerontology and geriatrics did not emerge as medical specialties until the twentieth century’, aging increasingly became a medicalised issue, as ‘what formerly had been seen as normal effects of age, conditions such as thrombosis caused by thickening of the arteries, were listed as disease’.⁸ The attention to women’s bodies that the development of gynaecological practices had initiated, coupled with increasing interest in senescence, resulted in a particular focus on the aging female: what was, according to Heath, the ‘first British book on menopause, Edward John Tilt’s *The Change of Life in Woman, in Health and Disease*’, for instance, was first published in 1857, before being republished a further four times.⁹ Along with aging bodies becoming increasingly differentiated from the young, with their own set of medical issues and requiring specialised care, pre- and post-menopausal women were also suddenly divided, with

⁷ Laurence Talairach-Vielmas, *Wilkie Collins, Medicine and the Gothic*, pp. 139-140; James Bower Harrison, *The Medical Aspects of Death, and the Medical Aspects of the Human Mind* (London: Longman, Brown Green, and Longmans, 1852), p. iv.

⁸ Kay Heath, p. 17.

⁹ *Ibid*, p. 76.

their bodies too presenting different “problems” which became the business of medical professionals.

Alongside medicine’s eagerness to distinguish old female bodies from young, cosmetic products carried out their own work in providing a space for the female body to be fixed and defined. Although, as Lori Loeb and Talairach-Vielmas note, ‘makeup was rarely advertised’, with magazines seeming ‘reluctant’ to promote ‘artificial remedies’, advertisements for ‘the millinery, corsets, hair and teeth products needed to maintain the lady’s appearance’ were often present.¹⁰ What such products and advertisements helped to create was the image of a female body ‘constantly under threat, constantly having to be recreated with corsets, hair colouring and other invisible aids’ if it was to avoid sliding ‘into incipient pathology’.¹¹ Part of this was the conceptualisation of the female body as uniquely porous and unstable as a counterpart to the impermeable male, a line of argument which, as demonstrated in the previous chapter, Collins repeatedly challenges. Many of the lotions and patent medicines for clearing the complexion ‘claimed to regulate those inflammations, dilations, expansions, and disruptions of invisible fluids beneath the surface of the skin which ruined the complexion’, whilst other advice manuals and magazines warned, conversely, that cosmetics caused damage by ‘penetrating the body via “chaps or fissures” [and sinking] through the pores into the circulating fluids’.¹²

¹⁰ Lori Anne Loeb, *Consuming Angels: Advertising and Victorian Women* (Oxford: Oxford University Press, 1994), p. 29; Laurence Talairach-Vielmas, *Moulding the Female Body* (Aldershot: Ashgate, 2007), p. 150; Margaret Beetham, *A Magazine of her Own? Domesticity and desire in the woman’s magazine, 1800-1914* (London: Routledge, 1996), p. 41.

¹¹ *Ibid.*, p. 41.

¹² Laurence Talairach-Vielmas, *Moulding the Female Body*, p. 136 quoting Mrs A. Walker, *Female Beauty as Preserved and Improved by Regimen, Cleanliness and Dress*, p. 36.

What both arguments draw on is the notion that, as Elizabeth Grosz and Robyn Longhurst discuss, bodily fluids ‘attest to the permeability of the body’ and betray a ‘messiness’ which ‘is often conceptualised as feminised’.¹³ Whether regulating unseen fluids or sinking in to such fluids through pores, cosmetic products and – more importantly – discourse surrounding them, reinforced medical ideology labelling the female body as inherently unstable in opposition to the male. Grosz quotes Luce Irigaray, who clarifies the dichotomy between the “messiness” of female sexuality and the solidity of the masculine by claiming that ‘this disquiet about the fluid, the viscous, the half-formed or the indeterminate’ relates to the ‘implicit association with femininity, with maternity, with the corporeal, all elements subordinated to the privilege of the self-identical, the one, the unified, the solid’.¹⁴ As Sally Shuttleworth notes, associations between femininity, indeterminacy and permeability were founded on the notion that women’s bodies were inherently unstable and uncontrollable, whereas male health was predicated on a need (and implied ability) to retain fluids through self-control and solidity:

Whereas the primary categories of male sexual dysfunction in the Victorian era, masturbation and spermatorrhoea, focused on the male need to retain vital force and to extend capital only in productive fashion, the primary form of female pathology was that of the *retention* of internal secretions. While male health was believed to be based on self-control, woman’s health depended on her very *inability* to control her body.¹⁵

In *Armada*, Collins inverts this notion of the weak, permeable female body in particular, demonstrating how Lydia takes advantage of the permeability of her body

¹³ Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Indianapolis: Indiana University Press, 1994), p. 193; Robyn Longhurst, *Bodies: Exploring Fluid Boundaries* (London: Routledge, 2001), p. 23.

¹⁴ Elizabeth Grosz, p. 195.

¹⁵ Sally Shuttleworth, ‘Female Circulation: Medical Discourse and Popular Advertising in the Mid-Victorian Era’, in *Body/Politics: Women and the Discourses of Science*, ed. by Mary Jacobus, Evelyn Fox Keller and Sally Shuttleworth (London: Routledge, 1990), pp. 47-68 (pp. 56-7).

to disguise her true age and draws on masculine self-control and “solidity” in her efforts to bring her plans to fruition.

These two forces – the medical ideology surrounding aging women’s bodies and cosmetic’s promise to counteract this – met particularly spectacularly in Sarah Rachel Levenson’s 1868 trial for fraud. Whilst this trial occurred two years after *Armadale*’s publication in 1866, Levenson was already suitably infamous for Collins to draw the character of Mrs Oldershaw in her likeness, and in many ways the trial encapsulates issues surrounding aging that Collins had identified several years earlier. Levenson was accused of promising elderly widow Mary Tucker Borradaile that she could restore her youthful appearance; an offer which evidently was not fulfilled and involved Levenson relieving Borradaile of thousands of pounds in the process, amongst other offences. Not only was Levenson on trial however, but Borradaile, as an elderly woman publicly revealed to be seeking artificial youth and beauty was sorely judged, with her appearance playing as much a part in the proceedings as her accusations against Levenson.¹⁶ Aging women occupied a particularly precarious position when it came to the application of cosmetics, as they were, according to Lisa Niles, ‘in need of restoration according to the advertising, but simultaneously in danger of courting ridicule for attempting that restoration’.¹⁷ As Elizabeth Miller quotes, Borradaile’s own lawyer ‘later described her as “a spare, thin, scraggy looking woman . . . her hair was dyed a bright yellow; her face was ruddled with paint; and the darkness of her eyebrows strongly suggested of meretricious art”’, and Miller

¹⁶ Elizabeth Carolyn Miller, ““Shrewd Women of Business”: Madame Rachel, Victorian Consumerism, and L.T. Meade’s *The Sorceress of the Strand*”, *Victorian Literature and Culture*, 34 (2006), 311-332 (p. 314).

¹⁷ Lisa Niles, ‘Owning “the dreadful truth”; Or, Is Thirty-Five Too Old?: Age and the Marriageable Body in Wilkie Collins’s *Armadale*’, *Nineteenth-Century Literature*, 65 (2010), 65-92 (p. 68).

suggests that Borradaile's heavily made-up face and false appearance 'perhaps led jurists to doubt her testimony'.¹⁸

Details of the trial's proceedings demonstrate both the pressures placed on women to appear youthful, and the simultaneous need – epitomised by medicine's response to senescence – to establish the age of the body and classify it as such. According to Borradaile, Leveson stressed that she should be made 'beautiful for ever' for her fictitious suitor Lord Ranelagh as, without Leveson's services, Borradaile would have to be 'sent into the country, where I should never be seen' – yet at the same time the courtroom proceedings repeatedly (and largely irrelevantly) tried to ascertain the ages of the women involved.¹⁹ Whilst being cross-examined, Borradaile is asked by Digby Seymour, 'I hope you will not think me guilty of impertinence if I ask your age?', a question to which she responds 'It is a very rude question, there is no use in your pressing me on the subject' before moving on to discuss her marriage, again stating 'the age of the bride is a question I shall not answer'.²⁰ Elsewhere, Borradaile's description of Leveson returns to questions of age, with her uncertainty about the ages of both Leveson and her daughter drawing attention to the way in which disguised appearances proved problematic: 'I think the daughter told me she was upwards of 50 years of age, and Madame Rachel told me she herself was 30. I cannot tell you whether that was a young lady who said she was past 50, "they are so made up"'.²¹ The reasons behind this recurring need to determine the age of bodies and define them accordingly is referred to obliquely in Seymour's summary of

¹⁸ Elizabeth Carolyn Miller, p. 316.

¹⁹ *Old Bailey Proceedings Online*, www.oldbaileyonline.org, August 1868, trial of SARAH RACHEL LEVERSON (43) (t18680817-721). [Accessed 18 August 2014], n.p.

²⁰ *Ibid.* n.p.

²¹ Central Criminal Court, *The Extraordinary Life and Trial of Madame Rachel at the Central Criminal Court, Old Bailey, London. The Report copied verbatim from The Times* (Diprose and Bateman: London, 1868), p. 36.

proceedings – a speech which also reveals how court cases such as this not only condemned guilty parties such as Levenson, but policed the behaviours and appearances of aging women. Describing Borradaile as ‘a widow who was beyond her prime, but a widow who evidently had extraordinary confidence in the powers of her old charms, and in the matchless influence of her voluminous locks’, Seymour derides the notion that Borradaile could ‘for one moment conceive’ that Lord Ranelagh had any romantic interest in her, as it ‘would be monstrous to conceive such a thing’.²² By flouting the expectation that post-menopausal woman should become sexless, Borradaile’s “monstrous” behaviour brings into sharp relief the forces functioning to curb and define the actions of older women, as well as illustrating how uncertainty regarding age could undermine such processes.²³

When set in the context of events and debates such as these, Collins’s depiction of age in *Armadale* is, to a certain extent, ahead of its time for how the text acknowledges the malleability of age, problematises the notion that bodily senescence can be read by signs or appearances, and alludes to the idea that age itself is socially constructed and controlled. In *Interdisciplinary Perspectives on Aging in Nineteenth-Century Culture*, Katherina Boehm, Anna Farkas, and Anne-Julia Zwierlein note that aging is frequently organised around ‘familiar dichotomies’ such as ‘dependent/independent, autonomous/disempowered, productive/unproductive, socially integrated/marginalised’, and chapters such as those by Karen Chase and David Amigoni stress that what is possible for aging bodies is often determined or

²² Central Criminal Court, *The Extraordinary Life and Trial of Madame Rachel at the Central Criminal Court*, p. 80.

²³ Kay Heath, p. 15.

constricted by external societal forces.²⁴ By alluding to, and challenging the presence of such dichotomies, as well as highlighting that “age” as a concept or state is neither fixed nor biologically determined, Collins probes ideas about the aging body in a way which is both noteworthy for the period, and often overlooked in critical discussions of *Armada*. By contrasting Lydia Gwilt with the comparatively minor characters of Mrs Milroy and the elderly male clerk Bashwood, this section will demonstrate how Collins’s use of cosmetics not only complicates the seemingly straightforward process of bodily aging which was brought to bear on women in such a condemnatory manner, but leads him to a broader comparison of young bodies with old, and male bodies with female, questioning the borders drawn between each.

Lydia in particular provides the focus for the narrative’s exploration of appearances and the aging female, both through the depiction of her body and looks, and her relationship with Mrs Oldershaw, ‘the most eminent woman in England, as Restorer-General of the dilapidated heads and faces of the female sex’.²⁵ Her involvement in this enterprise allows Collins to imbue her with a knowingness both of how female bodies are expected to appear, and of how cosmetics application can (ironically) betray rather than mask age; unlike Mrs Borradaile, Lydia’s appearance never speaks of a ‘meretricious art’, for example. Telling Oldershaw to keep her ‘odious powders and paints and washes for the spotted shoulders of your customers’ (*Armada*, 162), Lydia rejects products that, for other women, betrayed their age by their very

²⁴ ‘Introduction’, *Interdisciplinary Perspectives on Aging in Nineteenth-Century Culture*, ed. by Katherina Boehm, Anna Farkas and Anne-Julia Zwierlein (London: Routledge, 2014), pp. 1-20 (p. 3); Karen Chase, “‘Senile’ Sexuality”, in *Interdisciplinary Perspectives on Aging in Nineteenth-Century Culture*, ed. by Boehm, Farkas and Zwierlein pp. 132-146; David Amigoni, ‘Active Aging in the Community: Laughing at/Thinking about Victorian Senescence in Arnold Bennett’s *The Old Wives’ Tale* and Its Theatrical Afterlife’, in *Interdisciplinary Perspectives on Aging in Nineteenth-Century Culture*, ed. by Boehm, Farkas and Zwierlein pp. 181-196.

²⁵ Wilkie Collins, *Armada* (London: Penguin, 2004 [1866]), pp. 535-6. All further references to this edition are given in parentheses after quotations from the text.

presence, and also refuses to buy into the image of the unstable female body that their advertisement propagated. However, what she does request is laudanum, which provides her with ‘six delicious hours of oblivion’ every night (A, 426). One of many drugs to have opium as its active ingredient, laudanum was among ‘the best known and most widely used’, and Lydia’s beauty is clearly correlated with her use of the drug: forced to forgo her ‘Drops’ for several days, she admits in her diary that she is ‘tired and miserable’ and looking ‘wretchedly haggard and old’ (A, 440).²⁶ If her understanding of cosmetics leads to her avoidance of such products, however, it is also her understanding of laudanum and its effect on her body which helps preserve her youthful appearance. Rather than the permeability of her body being a weakness, its absorption of the drug here benefits her, and she seems to be acutely aware of the way it dissolves across membranes, even traversing the border between body and mind, as she admits to Oldershaw, ‘there is a little of last night’s laudanum, I dare say, in this part of my letter’ (A, 417). In this sense, she neatly sidesteps the pitfalls facing the other women of her age in the text (Mrs Milroy, for example) and poses a direct challenge to those medical and societal processes which sought to define how middle-aged women should behave and appear.

Nevertheless, through Oldershaw she is aligned with cosmetics from an early age, a detail which anticipates the complex work Collins does with aging, as well as rooting her in the decidedly unfeminine world of commerce, likewise signalling his challenge to ideas about gender. She appears to be a product of the market place itself: as James Bashwood, the private detective explains to his father, her ‘story begins’ in the ‘market-place at Thorpe Ambrose’, where she is exhibited as a ‘living example’ of the

²⁶ Virginia Berridge and Griffith Edwards, *Opium and the People: Opiate Use in Nineteenth-Century England* (London: Allen Lane, 1981) p. xix.

‘washes and hair oils’ touted by the quack-doctor Oldershaw, Mrs Oldershaw’s husband (A, 520). Taken on by the Oldershaws in the ‘capacity of an advertisement’, the ‘pretty little girl’ is exhibited to advertise the efficacy of various lotions and potions for customers over twice her age, complicating the notion of time and age as linear and merging the appearance and concept of the young and old female body (A, 521). As Niles notes, ‘Lydia’s eight-year-old body performs a maturity that her thirty-five-year-old body will repress’, indicating Collins’s interest in separating age from physical appearance: Lydia’s age here is no longer ‘tied to the body but to a free-floating signifier of an appearance intended to produce the desired effect’.²⁷

The choice of the ‘pretty little girl’ works on a further level here however, demonstrating Collins’s engagement with the concepts that advertises for cosmetics, patent medicines and associated products promoted. Shuttleworth identifies this view of the female body as stemming from an obsession ‘with female secretions, and in particular with those of menstruation’ perpetuated both by the medical profession and advertises for medical products aimed at women: advertises for ‘female pills’ promised ‘invigorating purity’ resulting from a ‘ritual purgation that rids the body of “morbid blood”, restoring the modest maiden to a state where surface appearance is not belied by the state of her bodily secretions’.²⁸ Aside from the implication that such pills were abortifacients, the marketing of these medicines situate the female body, with its problematic fluids and secretions, as being in constant need of such pills, lotions and cosmetics to provide a smooth exterior appearance. At the same time, they also implicitly refer back to the medicalisation of the aging female body, providing a quasi-medical management of bodily fluids and blood. The Oldershaws’ use of a

²⁷ Lisa Niles, p. 91.

²⁸ Sally Shuttleworth, p. 51.

young girl to advertise their wares therefore not only demonstrates the disingenuous relationship between cosmetics and the appearance of aging, but betrays the implicit ideal that all these products point towards: that the “messiness” of the female body can be controlled, regulated and contained to the point where the problematic body of the woman is closer to that of the prepubescent girl.

Tellingly, the female character who makes the most use of cosmetics and – as a result – appears the most aged, is Mrs Milroy, the jealous, bed-ridden invalid who hires Lydia as her daughter’s governess. Collins’s description of her seemingly sets her up as a stereotypical example of the type of woman lambasted by society at large for her attempts to retain a youthful appearance:

Her head, from which the greater part of the hair had fallen off, would have been less shocking to see than the hideously youthful wig, by which she tried to hide the loss. No deterioration of her complexion, no wrinkling of her skin, could have been so dreadful to look at as the rouge that lay thick on her cheeks, and the white enamel plastered on her forehead (A, 311-2).

Like Mrs Borradaile, Mrs Milroy is emblematic of the aging women seeking to disguise the deterioration of her body, but a reading which sees her functioning merely as a clichéd example disguises the fact that again here Collins challenges the idea that bodies can be classified and labelled through external observation, as well as pointing to the work cosmetic products could do in actually polarising appearances of youth and age. Mrs Milroy, despite having the outward appearance of a decrepit aging woman, is described as being, ‘so far as years went, in the prime of her life’ and is presumably of a similar age to Lydia (A, 311). Just as Lydia’s preternaturally youthful figure disguises her age, Mrs Milroy’s appearance ironically removes all traces of her youth. The pairing of these two incongruous figures – similar in age yet

strikingly different in appearance – reinforces the insubstantiality of the medicalised border placed between young and old, and the idea that older bodies should automatically become pathologised.²⁹

As well as problematising the border between youth and age in various ways, the application of cosmetics substances troubled physical and bodily boundaries by sinking into the skin and causing irreparable damage. Cosmetics commonly included ingredients such as ‘arsenic, mercury, and lead’ and potential damage to the skin could range from ‘the discomfort of surface irritation to the fatality of poisoning’.³⁰ Women like Mrs Milroy were often considered ‘adulterated’, terminology which links the bodies of women to that of contaminated articles of food, a common problem during the period and a correlation that Collins refers to in his later text, *Man and Wife* (1870). As Sir Patrick advises his future nephew-in-law, taking a wife is surprisingly similar to food shopping:

You go to the tea-shop, and get your moist sugar. You take it on the understanding that it *is* moist sugar. But it isn’t anything of the sort. It’s a compound of adulteration made up to look like sugar. You shut your eyes to that awkward fact, and swallow your adulterated mess [...] You go to the marriage-shop, and get a wife. You take her on the understanding – let us say – that she has lovely yellow hair, that she has an exquisite complexion, that her figure is the perfection of plumpness [...] Your wife is an adulterated article. Her lovely yellow hair is – dye. Her exquisite skin is – pearl powder. Her

²⁹ The interest Collins has in complicating ideas of age and its connections with bodily appearance is also evident elsewhere; his 1857 text *The Dead Secret*, for example, features a woman in her late twenties whose hair has been turned completely grey by a distressing experience earlier on in her life.

³⁰ Aviva Briefel, “‘Cosmetic Tragedies’: Failed Masquerade in Wilkie Collins’s *The Law and the Lady*”, *Victorian Literature and Culture*, 37 (2009), n.p. *Literature Online*, <http://lion.chadwyck.co.uk/> [Accessed 24.01.13].

plumpness is – padding. [...] Shut your eyes and swallow your adulterated wife as you swallow your adulterated sugar.³¹

The comparison with food here indicates the extent to which cosmetic use was perceived as being doubly “swallowed”, not only by the husband who shuts his eyes to the fact, but also by the body of the woman, whose hair soaks up the damaging dye, and whose skin absorbs the chemicals in the powder. More importantly however, the ideas to which Collins alludes here also functioned to situate women’s bodies in the same class as adulterated food items and polluted substances, in need of control and definition.

What these images of female cosmetics usage elide, however, is that such tactics were not limited to women, as *Armadale* explores. Bashwood, like Mrs Milroy, seeks to hide his aging body behind false appearances – a ‘cheap brown wig’ and a ‘neat set of teeth’ (A, 197) – although they are just as ineffectual, with the wig making ‘no pretence of being his own natural hair’ and the teeth revealing to ‘all inquiring eyes, “we pass our nights on his looking-glass and our days in his mouth”’ (A, 197).

Despite Collins’s emphasis on his frailty and elderly appearance however, Bashwood also has a remarkably fluid relationship with age, like Lydia and Mrs Milroy. He is described as a ‘man with the wrinkles of sixty years in his face, and the manners of a child in the presence of strangers’ (A, 232); a confusing mixture of young and old which affects Midwinter, upon meeting him, in a way that he is ‘at a loss to account for’ (A, 198). For Midwinter, Bashwood subconsciously reminds him ‘of himself’ – a strange comment given the gap of forty years or more between them – and he sees the ‘plain traces of past misfortune and present nervous suffering in the poor wretch’s face’ (A, 198). Bashwood appears to carry within his own elderly appearance both the

³¹ Wilkie Collins, *Man and Wife* (Oxford: Oxford University Press [1870] 2008), pp. 94-5.

marks of age and ‘traces’ of his younger life, displaying the ‘manners of a child’ and ‘wrinkles of sixty years’. It is noteworthy that Collins considers the male body here in a comparable way to the two female characters, refusing to rely on stereotypes of aging women’s use of cosmetics and highlighting equivalent practices by men. This balanced portrayal of male and female cosmetics usage, as well as his use of all three characters to problematise the concept of age itself, hints at the text’s interest in drawing direct comparisons between male and female bodies as well as young and old, reinstating the insubstantial, fluid nature of the boundaries imposed between age and gender.

The physicality of Bashwood’s aged body, rendered particularly vividly, continues this, challenging in particular the idea that the body’s exterior can be reliably decoded. In a direct contrast to the adverts for female medical products, Bashwood’s body betrays a messy indeterminacy, whilst Lydia maintains a calm exterior of solidity and control throughout much of the narrative. Bashwood’s ‘weak, watery eyes’ (A, 197) frequently run, either with tears (A, 438) or in times of confusion, stress or embarrassment, whilst he also has the ‘deplorable infirmity of perspiring at the palms of the hands’ (A, 234). His ‘nervous system’ is highly sensitive (A, 467), and his ‘fleshless cheeks’ are reddened frequently and uncontrollably by a rush of blood (A, 197): Lydia, in a letter to Mrs Oldershaw, describes him as turning ‘all manner of colours’ as he ‘stood trembling and staring at me’ (A, 289). Characteristics that might be more readily ascribed to Lydia (tears; flushed cheeks; trembling) are displaced on to Bashwood and the description reads more like that of a young girl than an elderly man. However, as with Collins’s complication of the masculine/feminine dichotomy elsewhere, such descriptions can be seen as carrying

out slightly more complex work than simply ridiculing Bashwood's weak and infirm body. By accentuating the "feminine" characteristics of Bashwood and the – at times – "masculine" resilience of Lydia, Collins instead seems to gesture towards a spectrum between the two genders, rather than situating them as separate and discrete poles. That Lydia should maintain such an appearance of composure is also prefigured, significantly, by her role as cosmetics advertisement in the marketplace: not only has she retained her youthful good looks and smooth complexion, but her early participation in the world of commerce seemingly exempts her from appearing "properly" feminine in maturity. Shuttleworth, quoting W. Tyler Smith writing in the *Lancet* discusses how the 'value' of women at this time concerned the 'image of women as a passive vehicle of reproduction', and to preserve this 'women had to be excluded from the labour market, [and] restricted to the "natural" sphere of reproductive labour'.³² Childless, engaged in the world of commerce, and seemingly immune to those 'disruptions of invisible fluids beneath the surface of the skin', Lydia represents a version of femininity at odds with that perpetuated by advertisements for cosmetics, the medical profession and society in general.³³

Rather than Lydia embodying a 'dangerous hybridity' or appearing 'unsexed', as Pal-Lapinski and Pykett suggest, a consideration of Mrs Milroy and Bashwood alongside Lydia instead points towards the way in which all of these bodies display a hybridity, or embody qualities supposedly tethered to the opposite sex or different ages.³⁴ What emerges is not only Collins's interest in problematising medicine's divisions between young, old, male and female, but an argument that brings into focus precisely how

³² Sally Shuttleworth, p. 52.

³³ Laurence Talairach-Vielmas, *Moulding the Female Body*, p. 136.

³⁴ Piya Pal-Lapinski, p. 122; Lyn Pykett, *The "Improper" Feminine: the Women's Sensation Novel and the New Woman Writing* (London: Routledge, 1992), p. 14.

medicine's diagnosis of differences functioned to assert knowledge of, and control over, bodies.

Rewriting medico-legal narratives of death

Collins's 1875 text *The Law and the Lady* returns to exploring the pairings between bodies organised and sustained by the medical profession, here investigating the links drawn between the dead and the living, and the forms of knowledge that such connections enabled medical professionals to establish and uphold. Here, it is the death scene of Sara Macallan, described twice in the text in lingering detail, which provides Collins with the opportunity to consider the liminal space between the healthy living body and the dead, and to draw attention to the inability of the doctors in attendance to transfer knowledge gained from anatomical medical practice and autopsies into a means of preventing Sara's death. Much of the novel's examination of this event and the detective narrative built around it draws on issues of visibility and methods of seeing or viewing bodies or evidence – ideas which were particularly key to developments in toxicology and forensics, but which are ultimately undermined by Valeria's superior ability to identify and read alternative forms of evidence and to unearth the true narrative of Sara's death.

In her analysis of *The Woman in White*, Irene Tucker argues that by drawing comparisons between the bodies of Anne Catherick and Laura Fairlie, Collins challenges one of the central tenets of anatomical medicine: that the internal organs of the sick can be made visible, and understood, through viewing opened-up bodies of corpses in post-mortems, directly correlating the body of the living with the dead and arguing that they are comparable. By aligning the body of Laura with Anne, and

‘detailing the temporal chain of cause and effect by which a sick body and dead one come to be substituted for one another’ Tucker suggests that Collins insists we ‘attend to the gap (of time, of state) between being sick and being dead – precisely the period of transformation that anatomical medicine must exclude if it posits the standardised body as a theoretical first principle’.³⁵ Similarly in *The Law and the Lady*, not only are we forced to observe Sara’s death in a much more detailed way than Anne Catherick’s, as provided by the nurse’s courtroom testimony and Sara’s suicide note, but the doubling of the two wives, Sara and Valeria, likewise invites – and problematises – comparisons between dead and living. Tucker also draws attention to the trial of William Palmer as an influence on Collins, noting that both *The Woman in White* and the Palmer trial highlight the ‘difficulty of distinguishing a physician’s effort to medicate his patients from his attempts to poison them’.³⁶ Palmer’s trial can also be put to further use as a backdrop here, as it attends to issues of opening bodies up, observing evidence and tracing causes of death, and this, combined with Collins’s interest in the gaps elided by anatomical medicine, will form the context for considering how *The Law and the Lady* probes matters of life and death.

The Law and the Lady is more commonly associated with Madeleine Smith, charged with poisoning her lover by adding arsenic to his hot chocolate, and whose 1857 trial propelled arsenic into the public consciousness. Similarly to events in Collins’s novel, Smith claimed that the arsenic was used for cosmetic purposes, and the trial concluded with the controversial Scottish verdict ‘Not Proven’.³⁷ The influence of Palmer’s trial a year before Smith’s can also be seen in the narrative however, and in

³⁵ Irene Tucker, ‘Paranoid Imaginings: Wilkie Collins, the Rugeley Poisoner, and the Invisibility of Novelistic Ekphrasis’, *Partial Answers: Journal of Literature and the History of Ideas*, 8 (2010), 147-167 (p. 148).

³⁶ *Ibid*, p. 151.

³⁷ Aviva Briefel, n.p.

many ways the trial is useful for demonstrating the types of medical and forensic authority that Collins is working against in his text. Unlike the Palmer case, arsenic is identified in Sara's body after death (mainly to initiate the means by which Eustace is framed for her murder) but Collins draws on the same issues of signs, symptoms and visibility around which the Palmer case centred.³⁸ Significantly, the clear presence of the arsenic identified after Sara's death also serves to make the doctors' inactivity and helplessness prior to her death more pronounced, especially when Sara's death is narrated a second time through her suicide note and in light of what we know about the presence of poison in her body. The point that Collins appears to be making is that, even when poisons are identifiable through post-mortem examination (and, as the Palmer case demonstrates, often they were not), such knowledge does not translate into a medical ability to treat or reverse cases of gradual poisoning in living persons.

The means by which Palmer was convicted of murdering John Parsons Cook with strychnine were quite different to proceedings in *The Law and the Lady*, but the manner in which medical specialists called upon during the trial sought to assert their authority with regard to the case, and the way in which this hinged upon the visibility (or rather, invisibility) of poisons, forms a useful context. The evidence given by noted forensic toxicologist Dr Alfred Swaine Taylor, as well as details regarding the post-mortem provided by Dr Rees, ironically attests to the impossibility of declaring that Cook was intentionally poisoned, or poisoned by strychnine, despite the fact that Taylor in particular speaks at great length about his experience and knowledge in the field. Taylor's knowledge allows him to describe in detail the means by which strychnine and antimony, another poison, can escape detection (strychnine can be

³⁸ For a slightly different take on these issues of visibility, see Dickens's 'The Demeanour of Murderers', *Household Words*, June 1856, 505-7, in which he discusses the difficulty of reading Palmer's guilt from his (apparently, very cool and collected) exterior appearance.

‘absorbed into the blood, and is no longer in the stomach’, whilst if ‘a man takes antimony he first vomits, and then a part of the antimony goes out of the body; some may escape from the bowels. A great deal passes at once into the blood by absorption, and is carried out by the urine’), yet he is led to agree that ‘As far as I know, a small quantity [of strychnine] cannot be discovered’.³⁹ Being cross examined by Serjeant Shee, Taylor even confidently proclaims that the lack of poison found in Cook’s body proves that he was poisoned: in response to Shee’s question, ‘Can you say upon your oath that from the traces in Cook’s body you were justified in stating your opinion that death was caused by antimony?’ he replies ‘Yes, perfectly and distinctly. That which is found in a dead body is not the slightest criterion as to what the man took when he was alive’.⁴⁰ Taylor’s evidence for poisoning rests on his argument that there was, quite literally, no evidence, and the evasiveness of poison recurs in professional writing on the topic; literature that was obviously wholly concerned with being able to identify, fix and define poison as a substance. Taylor was still grappling with the need to create a watertight definition for poison in the third edition of his influential text *On Poisons in Relation to Medical Jurisprudence and Medicine*, which was published in the same year as *The Law and the Lady*.⁴¹ Commenting, only somewhat usefully, that ‘a poison in a small dose is a medicine, while a medicine in a large dose is a poison’, Taylor goes on to state that ‘in legal medicine, it is difficult to give such a definition of a poison as shall be entirely free from objection’.⁴²

³⁹ Central Criminal Court, *Illustrated and Unabridged Edition of The Times Report of the Trial of William Palmer for Poisoning John Parsons Cook, at Rugeley* (London: Ward and Lock, 1856), pp. 67 and 70.

⁴⁰ *Ibid*, p. 70.

⁴¹ According to Piya Pal-Lapinski, earlier copies of Taylor’s text were in Collins’s library and were most likely used in helping him to research the poison gas plot at the climax of *Armadale*. Piya Pal-Lapinski, pp. 97-8.

⁴² Alfred Swaine Taylor, *On Poisons in Relation to Medical Jurisprudence and Medicine*, 3rd edn (Philadelphia: Lea & Blanchard, 1875), pp. 2 and 18.

Consequently, poison's insubstantiality complicated processes of detection and identification that medical experts, forensic scientists and toxicologists in particular were meant to have mastered as part of their claim to specialist knowledge. Forensic medicine at this time was, predominantly, a process of observing and decoding a visual language: as Thomas Rogers Forbes evokes vividly, 'Blood has spattered the wall; what do the position and shape of the drops tell the expert? What deadly secret, hidden in the victim's viscera, is disclosed by the autopsy surgeon's knife?'.⁴³ Poison left no such trail however, and as Pal-Lapinski notes, it was observed by Taylor and French toxicologist Matthew Orfila that its 'power' was hidden in the 'amount absorbed', as 'that portion which is found in the stomach *is not that which has caused death*; but the *surplus* of the quantity which has produced fatal effects by its absorption' (Taylor's emphasis).⁴⁴ As Forbes describes, the 'careful poisoner' would leave 'no empty bottle, no food laced with arsenic, no lingering odour of laudanum', and for the medical expert there was 'no wound or bruise, no knife or club' to leave visible signs on the body.⁴⁵ According to Ian Burney, inquests into deaths at this time prioritised the "view" of the corpse as an important stage in proceedings, yet poisoning threw many of these processes of visual evidence gathering and forensic investigation into confusion.⁴⁶

Given the difficulty of detecting poison in the body it might be assumed that in cases such as that depicted by *The Law and the Lady*, where a substantial amount of arsenic is found, justice would be swift and accurate, yet as the narrative demonstrates this

⁴³ Thomas Rogers Forbes, *Surgeons at the Bailey: English Forensic Medicine to 1878* (New Haven: Yale University Press, 1985), p. 2.

⁴⁴ Alfred Swaine Taylor, *Poisons in Relation to Medical Jurisprudence and Medicine*, 1st edn (Philadelphia: Lea & Blanchard, 1848), p. 117 quoted in Piya Pal-Lapinski, p. 100.

⁴⁵ Thomas Rogers Forbes, p. 124.

⁴⁶ Ian Burney, *Bodies of Evidence: Medicine and the Politics of the English Inquest 1830-1926* (Baltimore: John Hopkins University Press, 2000), p. 7.

evidently does not occur. In part, the case is thrown off track by the suggestion that Sara was in fact ingesting the arsenic for cosmetic reasons, and here Collins is referencing another contemporary issue. Extracts from James F.W. Johnston's text *The Chemistry of Common Life* (1853), which detailed how Styrian peasantry in Austria ingested arsenic to improve their health and appearance, had been serialised in *Blackwood's Edinburgh Magazine*, which described how 'these young poison-eaters are generally remarkable for blooming complexions, and a full, rounded, healthy appearance' as well as providing information regarding the amount of arsenic ingested, the frequency with which it was taken, and the practice of fasting prior to eating it.⁴⁷ Various other accounts circulated throughout the press, prompting a response by the surgeon W.B. Kesteven in a series of articles in the *Association Medical Journal*. Troubled by the content of such 'pseudo-scientific articles' and the 'dangers accruing to society from such want of caution and prudence in putting forth such startling statements on mere hearsay evidence', Kesteven's articles were, overtly, intended to prevent impressionable readers from taking up the habit yet, as Burney notes, Kesteven was also addressing concerns about how reports would affect the 'credulous courtroom', (a forum which, as discussed, medical experts were working hard to influence for their own reasons).⁴⁸ The high-profile trial of Joseph Wooler, for example, charged with poisoning his wife Jane in 1855, had been complicated by arguments that Jane was a habitual arsenic-eater.⁴⁹ The facts of the case indicated otherwise, but the persistent interest in arsenic consumption remained,

⁴⁷ 'The Narcotics We Indulge In – Part III', *Blackwood's Edinburgh Magazine*, 74, November 1853, p. 687. <http://www.bodley.ox.ac.uk/ilej/> [Accessed 11 April 2013].

⁴⁸ W.B. Kesteven, 'On Arsenic-Eating', *Association Medical Journal*, 4 (1856), 757-759 (p. 758). <http://www.ncbi.nlm.nih.gov/pmc/> [Accessed 11 April 2013]; Ian Burney, *Poison, Detection and the Victorian Imagination* (Manchester: Manchester University Press, 2006), p. 68.

⁴⁹ *Ibid*, p. 67.

and responses such as Kesteven's indicated the far-reaching influence and impact of writing on the subject.⁵⁰

Kesteven's articles not only relate to concerns over how court cases could be affected by reports on arsenic eating, but also, in a wider sense, attest to underlying unease regarding the validity of such trials and the conclusions they reached. Such issues are woven into the plot of *The Law and the Lady* in several ways – most obviously through Sara's interest in arsenic and her reading of 'the book relating to the arsenic-eating practices of the Styrian peasantry' – yet the narrative explores much more than the Victorian fascination with arsenic in all its forms.⁵¹ With the novel's challenge to the verdict of Eustace's trial, the same concerns addressed by Kesteven re-emerge, as the narrative questions and problematises frameworks of legal jurisdiction, in a similar way to *Armadale*'s challenge to socially and medically enforced concepts of age and gender. As Jacobson notes, for example, the novel exposes the constructed nature of law and 'the institutionally imposed boundaries on legal "truth", which is formed in a particular socially constructed space and is, therefore, shaped and restricted by the contours of that space'.⁵²

The novel increasingly complicates and challenges the authority of the law as it progresses, but initially Collins's target is the medical professionals who are unable to decipher the symptoms of Sara's poisoning. From the outset, Sara's complexion is described in terms of the opposition between the clear and indistinct appearances on

⁵⁰ Collins also responded to the burgeoning interest in arsenic poisoning during the 1850s; his short story 'The Poisoned Meal' features arsenic poisoning, as well as a gruesome autopsy. 'The Poisoned Meal', *Household Words*, 18, 25 Sept 1858, 347-352.

⁵¹ Wilkie Collins, *The Law and the Lady* (Oxford: Oxford University Press, [1875] 2008), p. 171. All further references to this edition are given in parentheses after quotations from the text.

⁵² Karin Jacobson, p. 289.

which chemical tests for poisons were predicated. Such tests, reliant on the appearance of different colours to signify the presence of poisons were frequently muddied by the ‘alimentary canal’s typical mix of substances’.⁵³ The nurse, describing Sara’s appearance at the trial relates that she had ‘one of the most muddy, blotchy complexions it was ever my misfortune to see in a person’s face’ (*The Law and the Lady*, 130), whilst one of the purposes of arsenic eating, as described by one of Sara’s friends, is ‘clearing the colour’ of the complexion (*LATL*, 171).⁵⁴ The symptoms accompanying the poisoning also obliquely reference the difficulty toxicologists encountered in this respect; not only is her vomit described as ‘muddy’, again playing on notions of clarity and ambiguity, but the doctor is unable to interpret the strangely ‘frothy’ substance that is ‘streaked with blood’ as a sign for any known disease, muttering to himself, ‘What does this mean?’ (*LATL*, 136). Matter issuing forth from the victims of poisoning was often startlingly strange, with accounts even existing of vomit burning holes through bed linen.⁵⁵ Any form of bodily matter which traverses the boundaries of the body is, according to Douglas, problematic, challenging the structure of margins and boundaries and altering ‘the shape of fundamental experience’.⁵⁶ That the substance expelled is unidentifiable, then, is even more alarming in this context, not only signalling Sara’s imminent (and unpreventable) death and the physicians’ lack of knowledge as to its cause, but also betraying the realities of the body as ultimately uncontrollable and unknowable underneath systems of knowledge seeking to define it. As Julia Kristeva states, substances expelled from the body always allude to the boundary between life and

⁵³ Ian Burney, *Poison, Detection and the Victorian Imagination*, p. 90.

⁵⁴ This dichotomy of dark muddiness set against idealised purity also recalls the medical advertisements for female pills discussed above in relation to *Armadale*.

⁵⁵ Andrew Mangham, “‘Drink it up Dear; it will do you good’: Crime, Toxicology, and *The Trail of the Serpent*”, in *New Perspectives on Mary Elizabeth Braddon*, ed. by Jessica Cox (Amsterdam: Rodopi, 2012), pp. 95-112 (p. 103).

⁵⁶ Mary Douglas, p. 150.

death on which existence is precariously balanced. The waste products that the body ‘permanently thrust[s] aside in order to live’ attest to the proximity of the body to death, as the body must constantly ‘extricate itself, as being alive, from that border’.⁵⁷ Sara’s appearance and sickness prior to her death, then, not only undermines the positive discourse of chemical tests for poison (which are, in this instance, seemingly useless until after she has died) but also relates to the novel’s concurrent interest in troubling the borders of the body, and of life and death.

As Tucker argues, Collins challenges the “opacity” of the body anatomical medicine presents by forcing us to look more closely at the marginal space between life and death in a different and more sustained way. The detail of the nurse’s account seems to prolong the period of Sara’s ingestion of the poison and gradual decline, whilst Sara’s own suicide note forces us to revisit the scene, doubly examining the incremental changes in the body from life to death. The first symptoms include a ‘burning pain’ in the stomach and repeated bouts of sickness (an ‘agony’ that Sara relates as being ‘beyond my endurance’ (*LATL*, 393)), symptoms which are accentuated by another double dose of arsenic that Sara later takes. Her final hours are described by the nurse, who recalls how ‘her eyes looked sunk in her head; her skin was cold and clammy; her lips had turned to a bluish paleness’ (*LATL*, 138). As her condition worsens, she is ‘past speaking’ and loses the use of her limbs, yet still remains conscious, before finally sinking into a ‘dull sleep’ (*LATL*, 138). The detailed description of her death is reminiscent of reports of Cook’s death: he is initially described as lying ‘stretched on his yellow-curtained bed at the Talbot Arms’ until the ‘pills’ he swallows take effect, after which he ‘rolled his eyes about, and beat the bed-

⁵⁷ Julia Kristeva, *Powers of Horror: an Essay on Abjection*, trans. by Leon S. Roudiez (New York: Columbia University Press, 1982), pp. 3-4.

clothes with his hands, while his head moved convulsively'.⁵⁸ Whilst Sara's drawn-out death scene is not quite as dramatic, it is certainly unsettling, and the slow advent of death is rendered vividly. That fact that the two doctors can only sit and watch her die further alludes to problems with the relationship posited between visibility and poisoning, in addition to the concurrent challenge to anatomical medicine. Suspecting that Sara has been poisoned by another, their watch over her body not only relates to the suspicious circumstances of her death, but also implicitly disputes the claims to knowledge that analytical medicine and the discourse on poison make. Here, their observation of the body is, ironically, redundant, as they can do nothing to identify the cause of Sara's illness until after she has died. Just as *Armadale* argues for the inaccuracy of situating young and old, or male and female bodies as polar opposites, so *The Law and the Lady* shows that the comparison of living and dead bodies is an equally unreliable means of producing knowledge.

As well as addressing these arguments, the text's complex narrative structure and compulsive return to the scene of Sara's death allows Collins to explore how death itself is organised by medical and legal frameworks. The way in which the text considers such frameworks is best illustrated by the example of Valeria's reading of the trial, an event which also develops the novel's exploration of the fluid boundaries between life and death. Finding the copy of the trial and reading the first lines – 'A Complete Report of the Trial of Eustace Macallan for the Alleged Poisoning of his Wife' – Valeria faints, and the following chapter is entitled, 'The Return to Life' (*LATL*, 94). Accordingly, Valeria's description of regaining consciousness describes her experience as being akin to returning from the dead: she recalls, 'my whole being

⁵⁸ Central Criminal Court, *Illustrated Life and Career of William Palmer, of Rugeley* (London: Ward and Lock, 1856), pp. 87 and 89.

writhed and quivered under the dumb and dreadful protest of Nature against the effort to recall me to life [...] I faintly opened my eyes, and looked around me – as if I had passed through the ordeal of death' (*LATL*, 94-5). Valeria's fainting fit not only foreshadows the subsequent, more detailed account of Sara's death and the comparison between dead and living bodies Collins problematises, but also signals the novel's complication of legal and medical documentation seeking to order and affirm causes and circumstances of death. The typographical reproduction of the trial's title on the page, as well as the break in text with the introduction of the new chapter are reminiscent of the apparently plain facts of life and death that Collins problematises, as well as serving as a visual reminder of the fact that it is a legal document. As with the bold, black and white capitals of the trial's heading and the legal facts contained within, the "black and white" concept of life and death (and verdict of the trial itself) seem fixed and certain, whilst the separation of text for the new chapter similarly represents the break between the states of consciousness and unconsciousness that Valeria experiences. However, these plain facts are undermined: rather than signifying a clear break or boundary, the new chapter proclaims the impossible – 'The Return to Life' – and Valeria's experience challenges the fixity of life and death, much as the bold title of the trial itself is later called into question.

In addition to refuting the conclusions that the legal trial has reached, the narrative and the detective work carried out by Valeria that drives it provides an alternative to the medical and legal narratives stating the cause of Sara's death. As noted in the previous chapter, narrative has been seen by figures such as Brooks as functioning to satisfy intrigue by providing 'that knowledge of death which is denied to us in our own lives', and it is perhaps unsurprising to find that corpses under investigation by

forensic experts were often imagined as telling (or perhaps withholding, as in the case of Cook) their own “story” of death.⁵⁹ In illustrating this, Burney cites two quotations: one from the *Lancet*, which states that ‘In numberless cases it is the practitioner in attendance who alone can complete the story’; and one by Douglas Maclagan, professor of medical jurisprudence at the University of Edinburgh, who asserts that ‘A dead body tells no tales, except those which it whispers to the quick ear of the scientific expert’.⁶⁰ Here, Collins not only engages with this motif of death becoming a story which is recounted, but directly contradicts the notion that it is only the trained professional who can uncover and read the evidence that completes this narrative. In *The Law and the Lady*, it is the medical and legal professionals who tell an “unsatisfying” tale of death, whilst Valeria’s ability to see the myriad forms of evidence that they disregard enables her to – quite literally – construct an accurate and satisfying narrative of Sara’s demise.⁶¹

As well as disproving the initial verdict of the trial in an obvious way, the structure of the narrative also destabilises the ability of medical and legal discourse to assert a claim to knowledge in a more covert way; an issue which prompts a return to problems with the ‘credulous courtroom’ and lack of trust in legal proceedings to which Kesteven’s articles allude.⁶² In disproving the ability of the law to order information in the correct way and reach the correct verdict, Valeria’s reassertion of events not only challenges the authority of such professional frameworks and their claims, but invalidates our ability to trust in the veracity of any narrative structures. Such medical, legal and even literary narratives are all attempts, as Brooks notes, at

⁵⁹ Peter Brooks, *Reading for the Plot*, p. 22.

⁶⁰ Ian Burney, *Bodies of Evidence*, p. 107.

⁶¹ See Karin Jacobson for a discussion of the forms of evidence the court chooses to overlook in its investigation.

⁶² W.B. Kesteven, p. 758.

‘organising and interpreting the world’, with states of sickness, aging and death falling under this heading, yet the plurality of such narratives – and the possibility of alternative ones, as the novel demonstrates – ultimately undermines any claims to truth or accuracy.⁶³

Building the boundaries between life and death

Jezebel’s Daughter (1880) returns to explore, in greater detail, the themes of life and death that *The Law and the Lady* examines.⁶⁴ Following the poisoning of several of the characters, the text dwells on the concept of suspended animation that, according to Behlmer, fascinated Victorian audiences, with its closing scenes in the haunting setting of the Deadhouse. Here, the theoretical and conceptual boundaries professional bodies were enforcing are literalised in the physical walls and locked doors of the Deadhouse – built to contain bodies prior to burial whose deaths were suspicious or unexpected. Ironically, whilst attempting to shore up the divisions between living and dead bodies, through its very presence the Deadhouse undermines the knowledge that medical professionals were supposed to have, and *Jezebel’s Daughter* both exposes and exploits this lingering uncertainty as part of its sensational plot.

As Talairach-Vielmas notes, the text’s villain and would-be murderess, Mme Fontaine, is drawn from the character of real-life female poisoner Anna Maria Zwanziger, and she suggests that Mme Fontaine ‘belongs to a line of demon female

⁶³ Peter Brooks, *Reading for the Plot*, p. xii.

⁶⁴ In addition to these two texts, Collins repeatedly explores this concept elsewhere. *The New Magdalen* (1873) features at its centre a woman who has been brought back to life through skilled medical treatment after her apparent death, whilst ‘The Dead Hand’, published in *The Queen of Hearts* (1859) considers this idea in greater detail. The short novel ‘The Dead Alive’ (1873) also uses the idea in a slightly different context, whereby a man presumed murdered is found alive as a means of challenging the legal system.

poisoners, from the clichéd criminal types of classic Gothic fiction to “real” Victorian criminals like Madeleine Smith, who inspired Collins’s earlier sensational plots from *Armada* to *The Law and the Lady*.⁶⁵ Developing the themes explored in these earlier novels, Mme Fontaine envisages herself as holding ‘Life and Death’ as her ‘servants’ through the various poisons and antidotes to which she has access, allowing Collins to consider in greater detail the gap between life and death through the poisoning and revival of Mrs Wagner – the female owner of the business which employs Mr Keller and Mr Engelman, and the only person to uncover Mme Fontaine’s embezzlement of the firm.⁶⁶ The text draws on fear of vivisection as a background tension, an anxiety that was by no means far-fetched as Talairach-Vielmas has illustrated, as ‘medicine’s shifting and potentially unreliable verdict on death’ meant that ‘even in the late Victorian period fears of being buried alive were still part and parcel of everyday reality’.⁶⁷ As Harrison admits, in his text intended to ‘fill up the intervals’ in knowledge on this topic, ‘the *Signs* of death are important in a medical point of view; for though the extinction of life is generally too apparent to admit of question, there can be no doubt but that occasional errors have arisen’.⁶⁸ Perpetuating Collins’s complication of polarised states, Mme Fontaine’s tribute to the powers of her poison and its antidote, and evocation of the links between life and death, and night and day, is eventually undermined by events elsewhere in the text. Referring to ‘My servant Death, who threatened you in the night; and my servant Life, who raised you up in the morning’ (*JD*, 193), Mme Fontaine’s image elides the incremental changes between night and day – the hazy indistinct periods such as twilight, dawn, or dusk – and the significance of the gap between these states that

⁶⁵ Laurence Talairach-Vielmas, *Wilkie Collins, Medicine and the Gothic*, p. 142.

⁶⁶ Wilkie Collins, *Jezebel’s Daughter* (London: Bibliolis Books, [1880] 2010), p. 193. All further references to this edition are given in parentheses after quotations from the text.

⁶⁷ Laurence Talairach-Vielmas, *Wilkie Collins, Medicine and the Gothic*, p. 139.

⁶⁸ James Bower Harrison, pp. iv and 6.

Collins emphasises elsewhere. It is worth noting, for example, the various suggestions that Mrs Wagner's body is transported to the Deadhouse at twilight (*JD*, 284, 290, 291). It is exactly this indeterminate middle ground that Mme Fontaine glosses over which becomes problematic, and eventually disrupts the heretofore solid bases of knowledge regarding life and death upon which she relies.

If Valeria provides the layperson challenge to medico-legal power in *The Law and the Lady*, then it is Jack Straw, (Mrs Wagner's simple-minded assistant) who assumes this role here. Not only does Jack correctly suspect Mme Fontaine of administering poison, his assertion that Mrs Wagner's death-like state is only temporary is also proved accurate. Following Mme Fontaine's secret poisoning of Mrs Wagner, who rapidly deteriorates, Jack secretly forces her to drink an antidote for a different poison, stolen from Mme Fontaine's medicine chest, which he hopes will have some effect. Unknown to Mme Fontaine, the antidote reverses the effects of the poison she has administered to Mrs Wagner, and the outward appearance of death into which she sinks is only transitory. Similarly to *The Law and the Lady*, however, Mrs Wagner's doctors are mystified as to the cause of her condition. Suspicious of both Mrs Wagner's death and the earlier illness of her employee Keller (another case of surreptitious poisoning by Mme Fontaine) the doctor refuses to provide the customary certificate of death, causing Mrs Wagner's body to be transported to the Deadhouse. As Burney has documented in detail, the late nineteenth century, particularly from the 1875 Public Health Act onwards, saw a major shift in the way dead bodies were treated and housed while evidence was collected. Prior to the Act, which ordered the construction of public mortuaries by local authorities, corpses were often kept in homes, or hospitals and infirmaries where appropriate, whilst bodies which were

discovered outside were ‘commonly transported to the shed of the nearest tavern’.⁶⁹

The campaign to change this unsurprisingly functioned along similar lines to much of the professional and legislative action already discussed, seeking to ‘establish a new set of boundaries: between the lay person and the medical expert; the dead and the living; the purposeful and the prurient; the sentimental and the instrumental’.⁷⁰

Such resolute action was needed as cases of vivisepture obviously challenged medical expertise in the most dramatic of ways, as well as drawing into dispute many core beliefs about how the body worked. As Behlmer notes, for example,

Cases in which inert bodies had been revived could suggest that respiration and pulse were not actually essential to life. If this were true, then these functions could no longer be used as the criteria of death; new criteria, perhaps even a new definition of death, would be required. Alternatively, perhaps the vital functions never fully stopped in such cases. It was possible that blood continued to circulate and be oxygenated at a level below the sensitivity threshold of the available instrumentation. If this were true, then medical science should devote itself to finding better diagnostic tests.⁷¹

More pragmatically however, buildings such as mortuaries also functioned to help improve issues of public sanitation, on which *Jezebel’s Daughter* touches. The actual movement of Mrs Wagner’s body from the house to the Deadhouse is a cause for concern: as the doctor explains to Keller, ‘it is my duty to inform the burgomaster that this is a case for the special safeguards, sanctioned by the city regulations. I must also guarantee that there is no danger to the public health, in the removal of the body from your house’ (*JD*, 282). The fact that Mrs Wagner’s death troubles boundaries not only through the suspicious circumstances surrounding it but also potential spread of

⁶⁹ Ian Burney, *Bodies of Evidence*, pp. 86-7.

⁷⁰ *Ibid*, pp. 81-2.

⁷¹ George K. Behlmer, p. 215.

contagion is made visible by the 'special safeguards' which come into use to transport her body; regulations and protocols which are intended to shore up the fixity of borders between bodies and, on an ideological level, maintain order and status quo. Transitional states, and the bodies passing through them, are an inherent threat to order as the transition itself signifies breaking down and traversing boundaries. The safeguards engaged here form a ritual of sorts, a typical reaction to transitional periods:

Danger lies in transitional states, simply because transition is neither one state nor the next, it is undefinable. The person who must pass from one to another is himself in danger and emanates danger to others. The danger is controlled by ritual which precisely separates him from his old status, segregates him for a time and then publicly declares his entry to his new status.⁷²

The same reaction to Mrs Wagner's death is in evidence here: not only is her body perceived as a potential 'danger to public health' as it is physically moved from one place to the next, due to the unknown cause of death, but the structure of the Deadhouse provides a space for segregation, removing the body from the house but not yet consigning it to the grave.

Attached to the cemetery and intended to 'afford a decent resting place for the corpse' whilst providing 'as perfect a safeguard as possible against the chances of premature burial', the Deadhouse is a physical manifestation of the space between life and death which so intrigues Collins (*JD*, 283). He is also clearly interested in the way in which architecture functions to contain and control bodies, and the Deadhouse described in *Jezebel's Daughter*, as he notes in his own introduction, is drawn in detail from a real example: 'The published rules and ground-plans' have been 'laid on my desk, as aids

⁷² Mary Douglas, pp. 119-120.

to memory while I was writing the closing passages' (*JD*, 3). As Talairach-Vielmas notes, the mortuary in the text is 'based upon the one opened in Frankfurt in 1828, designed by the architect Johann Michael Voit (1771-1846), rebuilt and enlarged in 1848, and still in use in the 1880s'.⁷³ The need to section off both bodies and the processes that occurred inside such buildings permeated all aspects of the design and construction, and affected 'recommendations for the appearance, material composition, and location of the structures', whilst the building itself, as London County Council's plans stipulated, 'should strive for solidity and distinctiveness, a permanence and fixedness of place'.⁷⁴ The text firmly undermines this move towards solidity and "fixedness" that the architectural designs gestured towards however. As Burney notes, many of these structures failed quite obviously in their attempts at containment: ill-designed interiors often 'risked the reintroduction of the unregulated play of encounters between the living and the dead', whilst the eventual identification of such buildings from the outside was 'inevitable, occasioned by the sighting of an exposed corpse in transit to the mortuary, most likely, or by the discovery of a miasmatic stench issuing forth from its chambers'.⁷⁵ The fact that Mme Fontaine and Jack are permitted to remain in the Deadhouse overnight flouts strict rules about segregation, and clearly undoes much of the separation between the dead and the living, clinical and lay knowledge, and private and public that these buildings sought to instil, alluding to the difficulties experienced in this regard that Burney outlines. More damningly, Mrs Wagner's eventual return from the dead troubles any sense of the medical authority that the Deadhouse sought to re-inscribe, with the novel's close stressing the indeterminacy of her state. As Mrs Wagner's nephew David asks two of her employees, 'Is she dead or alive?' one of them answers 'Both' (*JD*, 316).

⁷³ Laurence Talairach-Vielmas, *Wilkie Collins, Medicine and the Gothic*, p. 145.

⁷⁴ Ian Burney, *Bodies of Evidence*, pp. 87-88.

⁷⁵ *Ibid*, pp. 89 and 91.

By incorporating cosmetics and poisons into his narratives, Collins draws on a range of contemporary anxieties, concerns and (in the case of vivisepture) morbid interests in carrying out a sophisticated critique of the various professional bodies who worked against the insubstantiality of these substances, and who simultaneously sought to fix and define the indeterminate states of bodies. In exploring these liminal states which were so problematic, Collins is able to outline in detail the reasons why firm boundaries cannot be drawn, and implicitly argues for a more rounded, holistic view of the body which accepts a necessary blurring between youth and old age, or male and female. By exposing and, in effect, championing this sense of indeterminacy, the texts explored here posit a strong counterargument to medical and legal authority, in fact highlighting the insubstantiality of their knowledge and the manner in which this is produced. Instead, layperson knowledge and understanding is more productive and accurate, despite the concerted and ongoing efforts on the part of professional bodies to separate and promote their understanding of the body from the supposedly more amateur public.

In carrying out such processes, each of the texts discussed here can themselves be seen as alluding more to narrative uncertainty and indeterminacy than the finality and sense of closure that writing of this genre is generally seen as providing, and which much of Collins's audience would have sought. As discussed above, *The Law and the Lady* in particular builds to a point where, in illuminating the plurality of narratives used to explain or organise matters of life and death, it ultimately reveals all such attempts to be empty of meaning and authority. *Jezebel's Daughter* similarly revels in ending on an ambiguous note, and in this respect Brooks's notion that narrative

endings are akin to death is implicitly problematised. In many ways this is entirely fitting and in keeping with Collins's argument; rather than ending firmly and unambiguously, the readings of the novels offered here highlight a way in which they avoid reassuring resolutions, remaining neither dead nor alive, but in a state of liminality somewhere in between the two.

Chapter Four

Spatialising sickness in *The Woman in White*, *Armadale* and

The Law and the Lady

Developing ideas introduced by the previous chapter with regard to *Jezebel's Daughter* and Collins's interest in the relationship between architecture and illness, this chapter will examine how the spatial arrangement of illness within the disciplinary structures of the asylum, the home, and the geography of the city is a key part of his representation of experiences of illness. Divided into three sections, starting with the connection between the home and the asylum, the chapter initially concentrates on *The Woman in White* (1860), comparing images of nineteenth-century asylums with representations of the two country houses that dominate the novel, Blackwater Park and Limmeridge House. Building on previous work on this subject by drawing on asylum prospectuses and plans in particular, the way in which visual perspectives of asylums were managed by their owners and the connections they sought to make with the landscape architecture of larger residential homes becomes clear, as does Collins's hint to his readers to question such perspectives. For many of Collins's largely middle-class audiences however, these spaces and buildings would not have been familiar from first-hand experience, so from here the discussion moves to consider the geographical location of such spaces, returning to *Armadale* and *The Law and the Lady* to concentrate on Collins's use of city suburbs as Gothicised spaces, and what it means to place asylums, and the bodies they contain, in the geographical margins. Finally, drawing together the ideas of discipline and architecture relevant to asylum design and the spatialising of illness in city peripheries, the last section considers the architecture of illness in nineteenth-century

house design and *The Law and the Lady*, examining the arrangement of sickrooms and bedrooms, and the implications this organisation of bodies held for thinking about sickness. The interior spaces of houses became increasingly structured and specialised during this period, with larger houses in particular beginning to designate a certain space as the sickroom, and smaller dwellings transforming the function of rooms and bedrooms through the use of specially designed invalid furniture. The aims of this chapter are therefore two-fold. First, the discussion intends to indicate how ideas about illness infiltrated aspects of architecture, as well as the larger discourses of which the overlap between the home and the asylum in Collins's work are a part, and second, to demonstrate how these texts express the way bodies were ideologically ordered and spatialised, illuminating Victorian physical and geographical conceptualisations of illness, and how these translated into built environments.

The relationship between the home and the asylum in Collins's novels has often been analysed, but the implications of this connection – and the wider significance of how space and illness interact in Collins's work – has seldom been pursued. Given the wealth of research into the social and architectural structures of the house and asylum, and the manner in which both asylums and asylum-like homes are described in Collins's work, it seems surprising that critical work has largely neglected to align these two areas.¹ This is particularly so given that Collins's treatment of spaces such as the asylum, the house and sickroom are markedly different to those of his

¹ For an exception to this, see Mariaconcetta Costantini's article 'The Decomposing Past and the Challenges to Modernity: Corporeal and Architectural Decay in Wilkie Collins', *The Wilkie Collins Journal*, 11 (2012), n.p. <http://wilkiecollinssociety.org/journal/> [Accessed 12 May 2014]. Costantini briefly discusses links between bodily and architectural decay in *The Woman in White* but mainly concentrates on 'Mad Monkton' and *The Haunted Hotel*, although her analysis only draws on architecture quite loosely in relation to Collins's use of Gothic tropes. Simon Cooke has also paid similar attention to Collins's landscapes, but focuses more on their symbolic elements and relation to characters' psychologies and mental states: 'Reading Landscape: Wilkie Collins, the Pathetic Fallacy, and the Semiotics of the Victorian Wasteland', *The Wilkie Collins Journal*, 2 (1999), n.p. <http://wilkiecollinssociety.org/journal/> [Accessed 12 May 2014].

contemporaries. In comparison to Charles Reade's polemical 1863 text *Hard Cash*, for example, *The Woman in White* is a much more intricate exploration of wrongful incarceration, questioning the boundaries of the asylum and even complicating the meaning of the word, merging the ideas of safety and entrapment that it denotes. Sickrooms are similarly complex spaces for Collins, rarely providing the reassuring narrative resolution that Miriam Bailin sees as being common to Victorian texts.² As John Sutherland notes in his introduction to *Armadale*, for example, it is 'a novel obsessed with illness': the text opens with 'two invalids – one of them making his dying confession which the other less terminally sick man records'; it ends in Dr Downward's sanatorium, where he 'specialises in making well women unwell'; contains the 'bedridden and twisted' invalid Mrs Milroy; Collins's nervous symptoms (in Ozias Midwinter); and Collins's drug addiction (in Lydia Gwilt) with little of the 'haven of comfort, order and natural affection' that Bailin identifies.³

Where attention has been paid to Collins's spaces of sickness and incarceration, they are either commented on fairly straightforwardly – for example, Gwendolyn MacDonagh and Jonathan Smith's prosaic remark that descriptions of Blackwater Park 'immediately connect it to the asylum in which Anne Catherick has been imprisoned' – or, more interestingly, are linked to the structure of the narrative.⁴ Peter Thoms sees the novel's 'plot' as imprisoning the characters at various points, with Blackwater visually symbolising this, whilst Ann Gaylin extends this to suggest that a 'collusion of male narrative forces' works to enclose and limit the female narrators, turning the narrative into a type of asylum which entraps, controls and ultimately

² See Miriam Bailin, *The Sickroom in Victorian Fiction*.

³ John Sutherland, p. xxi; Miriam Bailin, p. 6.

⁴ Gwendolyn MacDonagh and Jonathan Smith, "'Fill Up All the Gaps": Narrative and Illegitimacy in *The Woman in White*', *The Journal of Narrative Technique*, 26 (1996), 274-29 (pp. 274-5).

silences the women it contains.⁵ Tamar Heller, in her study of Collins's interaction with the female Gothic novel, similarly reads the carceral spaces in relation to narrative, arguing that 'Blackwater represents women's experience in true Gothic style as a kind of stifling prison sentence'.⁶ D.A. Miller's seminal text *The Novel and the Police* discusses how Laura's experiences in *The Woman in White* serve to both dichotomise and connect liberal and carceral spaces in the text, whilst Bourne Taylor's analysis links the merger of home and asylum with the destabilising of Laura and Anne's identities, as well as similarly drawing attention to how the narrative is 'controlled and manipulated'.⁷ However, the focus of much of this work is on *The Woman in White* (and solely on the incarceration of women) and substantial comparisons with other Collins novels are infrequent. Discussions of these themes seldom attempt a more thorough study of what underlies the connections between these spaces, or move beyond *The Woman in White* and its female characters, and as a result much of the richness of what Collins does with images of asylums and asylum-like spaces is lost. Miller argues, for example, that 'it would be quite difficult to evolve a sociological understanding of Victorian asylums from Collins's novel, which, voiding a lively contemporary concern with the private madhouse, describes neither its structure nor the (medicinal? physical? psychological?) therapies that may or not be practiced within it' – but it may be that this is exactly the point.⁸ We do not need to see the asylum in *The Woman in White* as we have already been shown it, in the claustal spaces of Limmeridge and the carceral systems of Blackwater – rather, it is the nature of the links between the spaces which require attention. As Stephen

⁵ Peter Thoms, *The Windings of the Labyrinth: Quest and Structure in the Major Novels of Wilkie Collins* (Ohio: Ohio University Press, 1992), p. 55; Ann Gaylin, 'The Madwoman Outside the Attic: Eavesdropping and Narrative Agency in *The Woman in White*', *Texas Studies in Literature and Language*, 43 (2001), 303-333.

⁶ Tamar Heller, p. 113.

⁷ D.A. Miller, pp. 146-191; Jenny Bourne Taylor, *In the Secret Theatre of Home*, p. 108.

⁸ D.A. Miller, p. 157.

Bernstein notes, Collins is able to inscribe 'narrative into the very surrounding in which his characters function'; spaces and architecture in his texts are much more than a backdrop, and to fully understand his novels these need to be decoded and analysed in detail.⁹

Relationships between space, architecture and social relations are highly complex, however. As Derek Gregory and John Urry summarise, a spatial structure is not merely 'an arena in which social life unfolds', but a 'medium through which social relations are produced and reproduced' due to how the architecture of a building shapes, structures and organises processes occurring within it.¹⁰ In this sense, a building has 'a direct relation – rather than a merely symbolic one – to social life, since it provides the material preconditions for the patterns of movement, encounter and avoidance which are the material realisation – as well as sometimes the generator – of social relations'.¹¹ Accordingly, this means architecture can be analysed to reveal the social codes and relations governing different societies. In her discussion of domestic architecture Lindsay Prior notes that the modern western house 'expresses an infinite control of bodily function and activity – the bed-room (further sub-divided by kinship categories), the bath-room, the lavatory, the living-room, the lounge' all embody 'a cultural code concerning the distribution and regulation of human activities and social relationships'.¹² This in turn not only provides us with a 'register of a discourse', but by analysing changes in architectural plans over time 'we can also

⁹ Stephen Bernstein, 'Reading Blackwater Park: Gothicism, Narrative and Ideology in *The Woman in White*', *Studies in the Novel*, 25 (1993), 291-305 (p. 291).

¹⁰ Derek Gregory and John Urry, *Social Relations and Spatial Structures* (Basingstoke: Macmillan, 1985), p. 3.

¹¹ Bill Hillier and Julienne Hanson, *The Social Logic of Space* (Cambridge: Cambridge University Press, 1984), p. ix.

¹² Lindsay Prior, 'The Architecture of the Hospital: A Study of Spatial Organisation and Medical Knowledge', *The British Journal of Sociology*, 39 (1988), 86-113 (p. 93).

follow changes in discursive regimes' because, as discourse changes, 'so too does its visible elements'.¹³

Perspectives of the house and asylum

The visible elements of the houses of Blackwater and Limmeridge in *The Woman in White* can be analysed in a similar way, particularly so in terms of connections made between the architecture of the asylum and the country house. According to Bernstein, there is more at Blackwater to be scrutinised than the cold and collected 'orderliness' of characters such as Madame Fosco, which so frequently attract critical attention:

This characteristic orderliness, transmuted to various forms of control and domination, is displayed in the further descriptions of the building and grounds of the Glyde estate; they work together to create an interlinked series of references which bear significant historical meaning.¹⁴

Although Bernstein reads Blackwater more in terms of its aristocratic past, interpreting the ways in which it provides a key to the narrative, his point that the buildings and surroundings of the park are a crucial part of the story is a useful one. Two levels of decoding are necessary to unlock the significance of Blackwater Park: its qualities and features are described to us via Marian's diary, requiring that, on one level, the description of the house and the surroundings must be analysed, but so too must Marian's own interpretation. Her immediate impressions are – perhaps unsurprisingly – that Blackwater has a claustrophobic, imprisoning atmosphere. The house is 'shut in – almost suffocated, to my north-country notions, by trees' and from thereon, layers of boundaries recede inwards to the rooms of the house.¹⁵ In previous

¹³ Lindsay Prior, p. 91.

¹⁴ Stephen Bernstein, p. 295.

¹⁵ Wilkie Collins, *The Woman in White* (London: Penguin, [1860] 2003), p. 197. All further references to this edition are given in parentheses after quotations from the text.

years the house was surrounded by a moat, since replaced by the 'lofty iron railings and gates which protect it in front' (*WIW*, 204), within which lies the square created by the three wings of the house, a structure which, as Bernstein points out, would only require the addition of a fourth wing to turn it into a quadrangle, 'making it visually the double of the prison which it will in fact become for the half-sisters'.¹⁶ Inside the square is a 'large circular fish pond', lined with 'stone sides' and 'encircled by a broad belt' of turf (*WIW*, 204). The fish pond has a further function in the text, according to Bernstein, literally and symbolically reflecting the disciplining structures of surveillance at Blackwater. Madame Fosco's pacing round the fish pond – 'her favourite circle' (*WIW*, 268) – represents 'the surveillance which the half-sisters endure at the Park', and an indication of Marian and Laura's position at Blackwater is 'already nascent in the image of the pond'.¹⁷

It is not just the act of surveillance here which is important, however, as it is the way in which the spaces of the house and the grounds lend themselves to division, enclosure and segregation that enables Sir Percival Glyde and Count Fosco to imprison Marian and Laura so effectively. This flexibility of space, as Foucault outlines in *Discipline and Punish*, is what has a disciplinary effect on the bodies that it contains; bodies are implicitly controlled, contained and ordered by how spaces are manipulated and organised.

[Enclosure works] on the principle of elementary location or *partitioning*. Each individual has his own place; and each place its individual. Avoid distributions in groups; break up collective dispositions; analyse confused, massive or transient pluralities.

Disciplinary space tends to be divided into as many sections as there

¹⁶ Stephen Bernstein, p. 297.

¹⁷ *Ibid*, p. 299.

are bodies or elements to be distributed. One must eliminate the effects of imprecise distributions, the uncontrolled disappearance of individuals, their diffuse circulation, their unusable and dangerous coagulation [...]. Its aim was to establish presences and absences, to know where and how to locate individuals, to set up useful communications, to interrupt others, to be able at each moment to supervise the conduct of each individual, to assess it, to judge it, to calculate its qualities or merits. It was a procedure, therefore, aimed at knowing, mastering and using. Discipline organises an analytical space.¹⁸

Glyde and Fosco's control over Marian and Laura is based on these principles, particularly their knowledge of where the women are and when, and how many opportunities they have to talk in private. Separating Laura and Marian, (locking Laura inside her room; moving Marian to the Elizabethan wing) and, to a greater degree keeping Laura and Anne apart, are the main concerns of the two men during the Blackwater section of the narrative, and this is largely achieved through Glyde and Fosco 'knowing, mastering and using' the physical spaces of the building and surrounding parkland. Even Marian's movements outside the park are observed: her 'uncontrolled disappearance' is not permitted (establishing 'presences and absences') also enabling Glyde and Fosco to interrupt her communication with others, such as Mr Kyrle, and Laura's maid. The women's every movement is watched, assessed and controlled, and it is the manipulation and organisation of the spaces containing them that facilitates this.

The grounds and architecture at Blackwater clearly help to evoke the carceral atmosphere central to this portion of the narrative, but what is of greater interest is a

¹⁸ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. by Alan Sheridan (London: Penguin, [1975] 1991), p. 143.

comparison with the layout of the house at Limmeridge. It is worth noting that it is Walter, not Marian who narrates this portion of text, and that the house is rendered in less detail, but what is apparent is the extent to which Limmeridge is closer in structure to Blackwater than either Marian or Laura wish to acknowledge.

Approaching the house in darkness, Walter recalls passing through no less than two gates, (one ‘before entering the drive’ and another ‘before we drew up to the house’ (*WIW*, 33)) and within these two boundary walls, the house’s private gardens are walled in also, as Walter finds when Mr Fairlie asks him to check for trespassers: ‘The garden was carefully walled in, all round. Not a human creature, large or small, appeared in any part of the sacred seclusion’ (*WIW*, 46). Marian’s ‘north-country notions’ that Blackwater is shut in are also surprising given the descriptions of the view from Limmeridge; whilst from one aspect the house looks out towards the sea (*WIW*, 33), the inland view from the summer-house implies that the other side of the estate is surrounded by trees, with any gaps in the tree line showing only ‘moor and hill’ rising beyond them (*WIW*, 50). One way of understanding these differences in representation between the two houses which, in reality, sound strikingly similar, is by considering the means by which we are provided with the information. It is via Marian’s diary, and – crucially – her ‘north-country notions’ that the representation of Blackwater is filtered through to us, and the concept of individual perceptions of space and structure lies at the heart of what Collins is doing here. MacDonagh and Smith refer to Marian’s descriptive passages of Blackwater as ‘frequent and precise’, yet it seems more important here to question the “precision” of these descriptions, and indeed how we even know that they are so.¹⁹ Marian cannot see the carceral structures at Limmeridge because it is her home, yet when transported to the space of

¹⁹ Gwendolyn MacDonagh and Jonathan Smith, p. 274.

Blackwater, these same walls and fences become immediately apparent to her – and recognising this implicit notion of perspective becomes increasingly important in appreciating the connections Collins is making here.

In order to differentiate the asylum from the prison and the workhouse, particularly so for private asylums attracting wealthy patients, the ability to control perceptions of both the asylum and the landscape surrounding it was essential for asylum designers and owners. As Clare Hickman notes, picturesque elements of asylum landscape architecture ‘performed a rhetorical function in convincing members of the upper classes’ that an institution was a ‘suitable location for their mentally ill friends and family’.²⁰ The manner in which Ticehurst Asylum, a large private asylum in Sussex, is portrayed in the following images taken from the asylum’s prospectus is telling of the way in which the gaze of visitors was directed to perceive the asylum in a certain light. What is particularly significant here is the emphasis on space and openness. In the south-eastern view of the asylum (Figure 4.1), there is little sense that the grounds are enclosed, with only the trees to the right of the asylum and in the distance on the far left giving any suggestion of boundaries. The great expanse of sky further heightens the feeling of spaciousness; indeed almost two-thirds of the image is taken up by sky, an area which is replicated by the wide, flat lawns stretching towards the horizon. Similar features can be found in the image detailing the pleasure grounds and aviary (Figure 4.2); again there is an inordinate amount of sky, with the grounds being allotted around a third of the image, and the eye is directed across the expansive grounds towards the horizon, uninhibited by the sight of fences or boundaries. In this

²⁰ Clare Hickman, ‘The Picturesque at Brislington House, Bristol: The Role of Landscape in Relation to the Treatment of Mental Illness in the Early Nineteenth-Century Asylum’, *Garden History*, 33 (2005), 47-60 (pp. 55-6).



Figure 4.1. 'A South-East View of the Asylum at Ticehurst, Sussex' in 'Views of Messrs. Newington's Private Asylum for the Cure of Insane Persons, Ticehurst, Sussex' (1828) WL, MS. 6784



Figure 4.2. 'A View of the Pleasure Grounds and Aviary' in 'Views of Messrs. Newington's Private Asylum'

image the lack of enclosure is even more heavily stressed, with the rolling hills in the background and the suggestion of a village – most likely Wadhurst – with a church steeple visible in the distance. Significantly, this implies continuity between the space of the asylum and the outside world; instead of being shut off and separated from society, the familiar sight of the church situates the asylum in close proximity to everyday life. The inclusion of the village and church may even be intended to evoke historical notions of the country manor, with the asylum building taking on the position of mansion house and the nearby village forming part of the estate. It is also noticeable that the only two images that do depict any form of boundary marker, of the pagoda in the Pleasure Grounds (Figure 4.3) and the south-west view of the

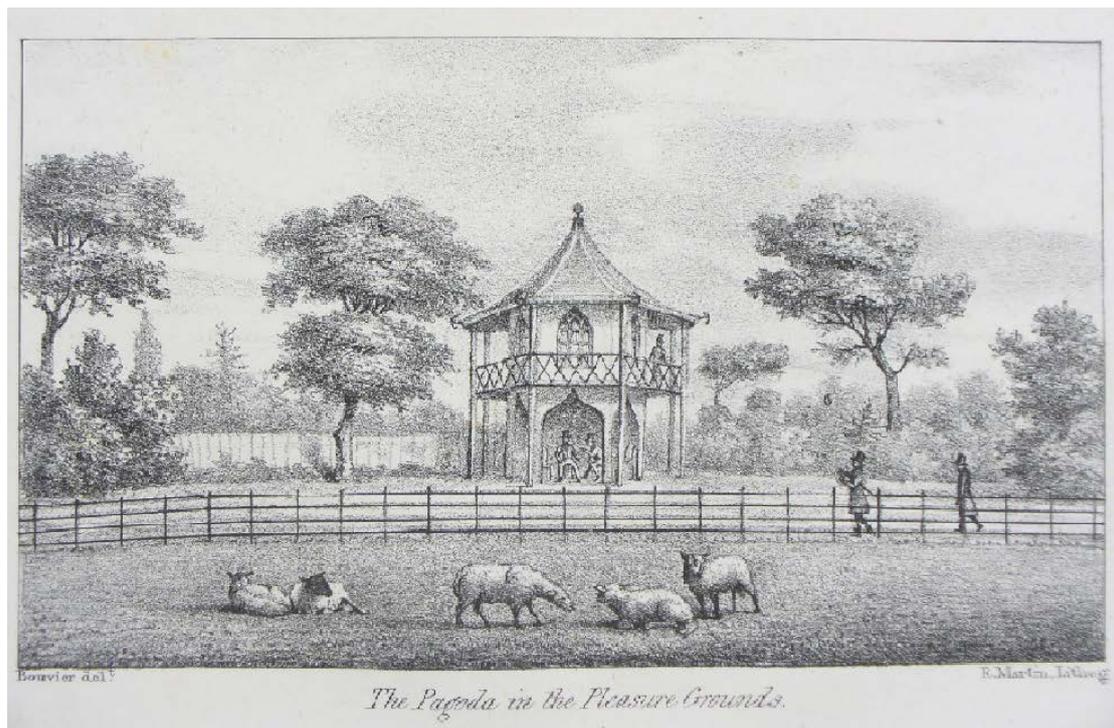


Figure 4.3. 'The Pagoda in the Pleasure Grounds' in 'Views of Messrs. Newington's Private Asylum'

cottage (Figure 4.4) do so in a way which naturalises and masks the intent behind the gates and fences. In the illustration of the pagoda, for example, the fence in the foreground is very clearly intended to contain the livestock; the two men walking

beyond this, and the presence of the pagoda itself emphasises the freedom of the patients to move through the grounds. The striking pagoda in the centre of the picture, and the more heavily defined fence in the foreground distract the eye away from the faintly outlined fence beyond this, which is the edge of the asylum grounds. Glancing at the picture, this detail is easy to miss; the figures in the image and the animals in the foreground are all more immediately interesting, whilst the boundary fence fades into the background. The plants on the right-hand side of the pagoda are also another subtle means of obscuring the fact that the asylum grounds are enclosed: a continuation of the fence to the right of the pagoda would produce quite a different impression, making the presence of the boundary fence much stronger. Similarly, in the illustration of the cottage, the inconspicuous gate on the left-hand road blends into the rural setting without drawing attention to itself. As with the earlier image, Ticehurst's village church is clearly visible in the background, and the inclusion of the



Figure 4.4. 'South-West View of the Vineyard, Cottage, and the Church, at Ticehurst, Sussex' in 'Views of Messrs. Newington's Private Asylum'

figure walking towards it both distracts attention away from the gated path, and creates a sense of continuity, giving the impression that patients could walk to the village if they so wished.

Given the visual emphasis on far-reaching vistas, broad expanses of land and views of villages, it is therefore quite a surprise to find that Ticehurst was surrounded on all sides by a seemingly dense boundary of trees and bushes, as the map indicates (Figure 4.5). Viewing the illustrations alongside the map, it is evident that serious thought has gone into how the asylum and its grounds can be represented in the most positive – and spacious – manner. The first image, providing a south-east view of the asylum (the large building with a quadrangle on the map), has clearly been taken from the bottom right-hand corner, (position 1 on the map) near the stable yard, which provides the longest possible view down the lawns, giving the least suggestion of confinement. The row of trees behind the asylum is also now obvious as the boundary of the grounds to the rear of the building, but the sweeping expanse of lawn is evidently intended to mask this, whilst the use of trees rather than a fence or wall also makes this border less clearly defined as a structural device, instead giving the suggestion of woods or gardens. The choice of location for the view from the aviary is also similarly cunning; it would appear that the onlooker is situated alongside the building named ‘Highlands’ (position 2) with one of the aviaries (labelled 3) to their right, providing a view through the only gap in the ring of woodland that surrounds the asylum (4). The pleasure grounds, situated here, features a thinning out of the trees and what appears to be open lawn spaces, and it is through this break in the boundary that the view is directed, enabling the village in the distance to be glimpsed. Ornamental features such

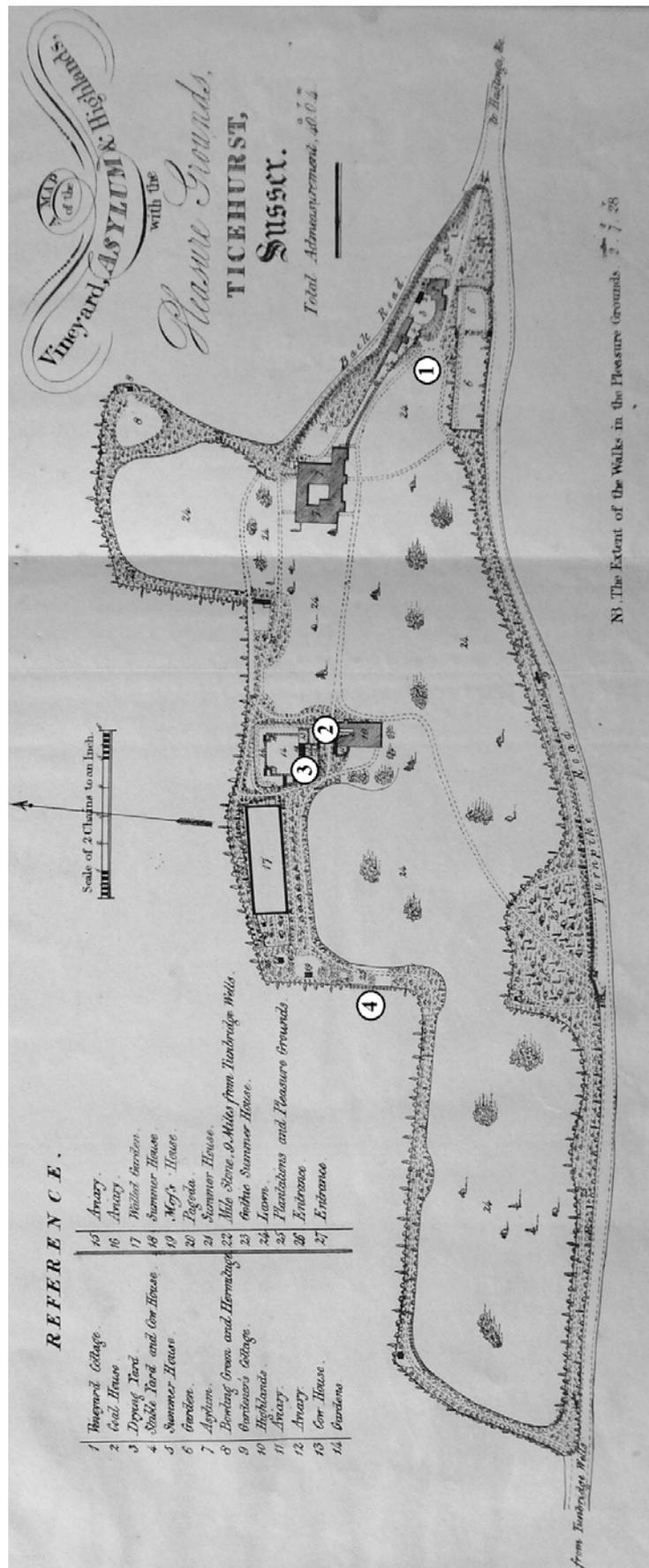


Figure 4.5. Map of Ticehurst Asylum and grounds in 'Views of Messrs. Newington's Private Asylum'

as pleasure grounds, aviaries and walled gardens evidently help to distract from the institution's true purpose – the containment of bodies – which was perhaps of added importance for asylums such as Ticehurst, which was marred by accusation of false incarceration, as Carol Berkencotter has shown.²¹ The presentation of the asylum in the images clearly aims to show it in a very different light; whilst the south-eastern view presents the grand façade of the building without giving any sense of its structure, the aerial view provided by the map indicates that it is a closed quadrangle, the imprisoning structure Blackwater gestures towards, as Bernstein notes. Such trickery was seemingly widespread: as Hickman notes in her study of images of Brislington House in Bristol, for example, illustrations of picturesque aspects of the landscape in the asylum's prospectus are markedly different from existing photographs.²²

The disguise of the asylum as country house is further compounded by the use of the plantation as a boundary marker. Whilst Collins's use of the plantation at Blackwater is undoubtedly intended to strengthen the sense of incarceration – with Hayter even seeing the suffocating atmosphere as indicating Collins's own dendrophobia – it is likely that parallels are again meant to be drawn between the house and the asylum, and the way in which landscape and vistas are organised to create (or obscure) certain views and perspectives.²³ The defining features of a plantation are that they are trees or other plants artificially placed and often organised in regimented lines: not only is nature specifically organised as part of the asylum design and function, but the planning and intent behind such an act is disguised by the trees themselves, intended

²¹ Carol Berkencotter, 'A Patient's Tale of Incarceration in a Victorian Lunatic Asylum', *International Journal of English Studies*, 11 (2011), <http://lion.chadwyck.co.uk/> [Accessed 28.9.12].

²² Clare Hickman, p. 56.

²³ Alethea Hayter, p. 264.

to be viewed as natural growth rather than a structured boundary. Maps of other nineteenth-century asylums, such as the West Riding Asylum in Yorkshire (Figure 4.6), also indicate the use of plantations as markers of borders, and it is perhaps

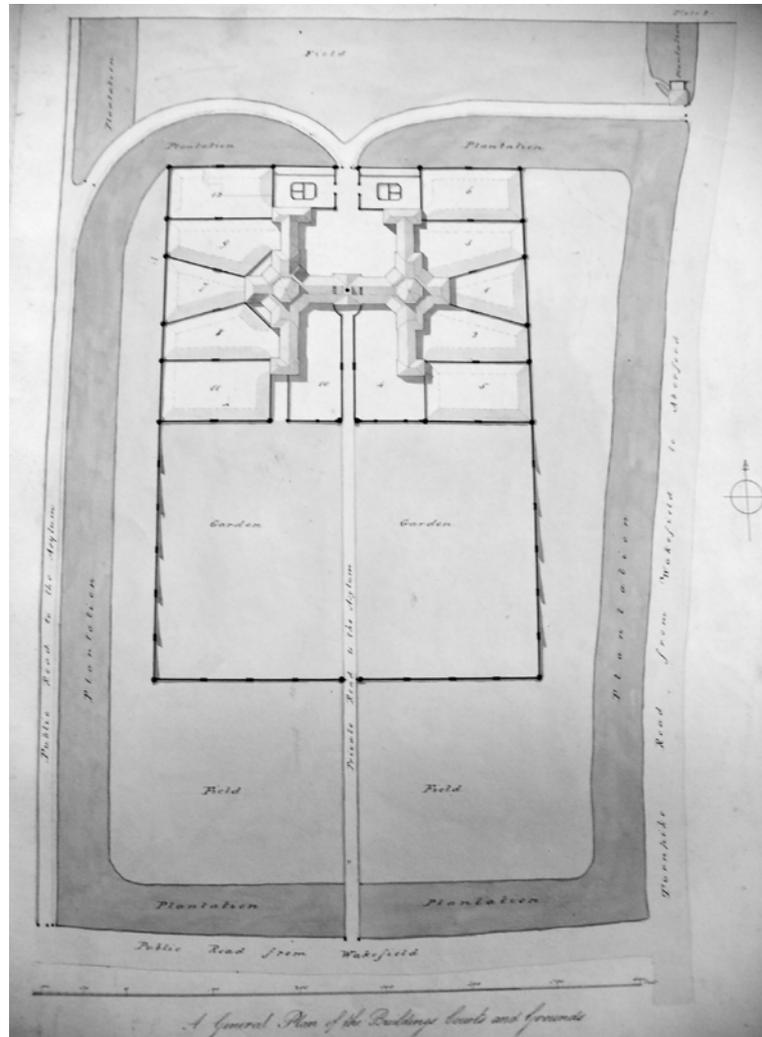


Figure 4.6. West Riding Asylum, Yorkshire. Plate 2 'General Plan',
Wakefield Archives (WA) C85/1358

unsurprising that Collins uses this to surround the grounds of Blackwater. Marian's deduction is that the thick planting of the trees and their relative youthfulness indicates a 'ruinous cutting down of timber', which Bernstein reads as indicating a history of debt within the Glyde family, but at the point in time during which Marian is narrating, the house is 'stifled' by trees which are planted 'far too thickly' (WTW,

204).²⁴ Given Sir Percival's current financial troubles, it seems significant that he retains the estate's timber unlike his predecessor, perhaps sharing the same 'angry anxiety' as the relative who carried out the re-planting to maintain the sense of enclosure that the trees create (*WIW*, 204).

Similar tactics to those in the images of Ticehurst were used by designers of estates such as Limmeridge and Blackwater to direct the views of visitors. The carriage-drive, or approach to the house was an opportunity to present the estate in its best light, and eighteenth-century landscape designers such as Capability Brown and Humphrey Repton experimented with ways of shaping these driveways, and the perspectives of the landscape they produced. The approach should fulfil certain criteria, as architect Robert Kerr outlined, such as showing 'the beauties of the landscape' and the house, and providing a route which was direct without being 'a short cut in a straight line' but also avoiding 'intentional circuitousness', as well as not overlooking the 'Pleasure-Grounds', the 'Lawn and Garden' or the 'Drawing-room'.²⁵ As Jane Bradney notes, 'the patterns carved into the landscape by Repton's carriage-drives were dictated by his desire to control the movements of visitors [...] delivering the visitor to every view and feature he deemed appropriate, and allowing them to experience along the way a carefully constructed agenda of limited choice and unsubtle variety'.²⁶ Again here, space and landscape forms a means of controlling and manipulating bodies, even disciplining the gaze of visitors to be directed in a particular way. In much the same way as visitors to the asylum, or observers of the

²⁴ Stephen Berstein, p. 297.

²⁵ Robert Kerr, *The Gentleman's House; or, How to Plan English Residences, from the Parsonage to the Palace; with Tables of Accommodation and Cost, and a Series of Selected Plans* (London: John Murray, 1864), pp. 340-1. Held at CRL, NA 7620.K4.

²⁶ Jane Bradney, 'The Carriage-Drive in Humphrey Repton's Landscapes', *Garden History*, 33 (2005), 31-46 (pp. 35-6).

prospectus, were provided with certain perspectives or viewpoints, the landscapes of country houses and the approach to the house itself were intricately engineered, and even based on the same principles of disciplining and organising space on which asylums (and their prospectuses) relied.

It is worth noting then, that Marian and Walter's first impressions of Blackwater and Limmeridge are not obscured by the disciplinary control of the carriage-drive as they both arrive in darkness, perhaps in an effort to convince us that their perceptions of both houses are somehow reliable, or unclouded by such visual trickery, but of course they are, as the matter of Marian's 'north-country notions' exemplifies. This in turn problematises the novel itself; a narrative structured by Walter's selection of testimonials in his attempt to present Laura to us in a certain light. Just as Repton's drives provide visitors with a 'carefully constructed agenda' and 'every view and feature' deemed appropriate, the path that the narrative takes involves careful selections of viewpoints and perspectives, including certain pieces of information and suppressing others (we do not even know, for example, the real names of the characters), disciplining us as readers to ascribe to a certain view. As Mark M. Hennelly discusses, the phrase 'point of view' recurs multiple times throughout, and he suggests that, in the novel, 'intelligence is dependent upon adopting the correct "point of view"'.²⁷ We assume that the "correct" point of view is the one presented to us by the narrator, but it is worth remembering that Walter earns his living as an artist, and that his skill lies in selecting and representing particular viewpoints or

²⁷ Mark M. Hennelly Jr., 'Reading Detection in *The Woman in White*', *Texas Studies in Literature and Language*, 22 (1980), 449-467 (p. 454).

perspectives.²⁸ Indeed, it is similarly worth noting that Collins himself had a keen eye for this, due to the influence of his painter father.²⁹ Like Blake's careful management of narrative in *The Moonstone*, Walter's overall control of the text is disguised by its use of multiple accounts, but it is clear that his role in selecting perspectives should be interrogated as much as the scenic views of Ticehurst asylum. In this sense, by a slightly different means, Collins also yet again problematises the narratives proposed by medical and legal authority as discussed in the previous chapter; not only does Walter's rewriting of Laura's "death" question the various medical and legal documents which assert otherwise, but here we are drawn even further in questioning Walter's narrative too.

By interpreting the spaces of Blackwater Park and Marian's perception of these spaces, it becomes clear that the novel is not only interested in exploring the convergence of the house and the asylum, or in presenting narrative as a claustal space in itself, but also in how such structures are varyingly presented, read and interpreted by the individuals viewing them – even extending to our reading of the novel. Marian goes some way towards decoding the structures of Blackwater Park – or at least, her diary provides us with the means to do so – yet her inclination to set it at a variance to Limmeridge not only demonstrates the emotional perspective that asylum proprietors played on in obscuring the institution's true purpose, but elucidates the way in which Collins's novel, through its very form, encourages his readers to analyse spaces (and, by implication, narratives), how they are perceived and how vital it is for such perceptions to be interrogated.

²⁸ For a more detailed exploration of Walter's questionable role as narrator, see Pamela Perkins and Mary Donaghy, 'A Man's Resolution: Narrative Strategies in Wilkie Collins's *The Woman in White*', *Studies in the Novel*, 22 (1990), 392-402.

²⁹ For a discussion of Collins's education in landscape painting and its influence on his writing, including his depiction of Blackwater Park, see Alethea Hayter, pp. 263-7.

Sickness in suburbia

As well as featuring grounds which were designed to confuse freedom and pleasure with containment and incarceration, the architecture of the asylum was often intended to resemble a house, ranging from grand country asylums with large grounds such as Ticehurst to smaller, less conspicuous institutions in the suburbs of large towns and cities. Coton Hill Asylum in Staffordshire, for example, (Figure 4.7) was built in the



Figure 4.7. Coton Hill Institution for the Insane. (1854), WL, L0014056

1850s for private patients and was evidently designed to resemble an affluent manor house. A Gothic-Tudor style building, it was constructed from pale bricks and dressed with Bath Stone, and featured elegant design elements, ranging from large bay windows to ornate towers and chimneys. The building was at once noticeable but also unremarkable; nothing overtly advertised its function as an asylum. This ability for asylums to blend in to their surroundings, masquerading as domestic buildings, is perhaps unsurprising given the thought often put into their design, but also unsettling.

The asylum in which Laura is incarcerated is described in a particularly vague manner – all we are told is that it is a house in a suburb of north London – but rather than this limiting our knowledge of the Victorian asylum, as Miller has argued, it can perhaps be seen as illuminating the nature of such institutions at this time. Inconspicuous and unremarkable, the asylum blends into the ‘house-forest of London’ (*WIW*, 412) just as easily as the new home in which Laura finds ‘asylum’ (*WIW*, 448) with Marian and Walter blends into the ‘London street’ of a ‘poor and populous neighbourhood’ (*WIW*, 412). Bourne Taylor has argued that it is in ‘the anonymous safety of the London streets that the sinister connotations of the asylum now become transformed back into friendly ones’, but the proximity of the featureless asylum of the north-London suburb to the nondescript house on the London street troubles any sense of comfort that might be gained by the transformation of the word.³⁰ After all, it is in the ‘anonymous safety’ of the London suburb that Laura has been falsely incarcerated for monetary gain, in a ‘respectable private establishment’ by ‘a bland individual who happily opens his doors to Marian’, whilst it is at home with Walter and Marian that Laura’s weakened mental faculties are ‘treated’ by their care and attention to her.³¹ It is precisely the blandness of both houses offering Laura “asylum” which further complicates the word, the nature of the building and the processes it contains, implying that the similarities in character between the structures make it hard to define where the asylum stops and the home begins.

Critics such as Robert Mighall and Anne Witchard have noted Collins’s move to imbue his suburbs with a Gothic tint, moving away from a Gothicisation of decrepit ancestral seats such as Blackwater to a new, and perhaps more disturbing

³⁰ Jenny Bourne Taylor, *In the Secret Theatre of Home*, p. 128.

³¹ *Ibid*, p. 104.

Gothicisation of developments in London's peripheries. This transition is evident in *The Woman in White*, with the description of Blackwater and its relationship to the traditional Gothic narrative, before the focus shifts to the more modern asylum in the suburbs, a progression which is continued in *Armadale* and *The Law and the Lady*. As Bernstein notes, the Gothic elements of Blackwater, such as the decaying galleries of family portraits and Marian's repulsed response to them (*WIW*, 202), not only links Collins's novel to 'a period in which the middle-classes still seek certain types of distance from an aristocracy perceived as tainted', but also signifies Collins's problematisation of the asylum designed along the lines of a country house.³² As an article from *The Globe* illustrates, asylums were still in evidence as late as 1882 that featured 'all the appurtenances of a Duke's establishment', with 'horses and carriages, valets and liveried servants, hothouses, greenhouses, and Chinese pagodas, wide-stretching lawns, and trees of all hues and forms of beauty imported from the ends of the earth'.³³ However, as Marian's response to Blackwater illustrates, such ostentatious displays of grandeur were met with disgust by the middle classes, complicating the appeal that they desired to have.

In part, this use of newly developing suburban space is characteristic of sensation fiction, and its tactics of creating resonance with readers who would either be residents of, or familiar with, these areas which were rapidly spreading outwards from the fringes of cities. As discussed in the Introduction, the sense of proximity to everyday life that sensation fiction maintains is integral to the effect it creates, with geographical and physical proximity being a key part of this. As Henry James famously noted, 'To Mr Collins belongs the credit of having introduced into fiction

³² Stephen Bernstein, p. 296.

³³ WL, MS. 6790.

those most mysterious of mysteries, the mysteries which are at our own doors', and James's focus on the physical spaces of the house and street that 'our own doors' implies, is significant.³⁴ However, the specific connections Collins makes between Glyde's rural ancestral seat and the modern asylum buildings in the suburbs are also part of a wider trend labelled as the Urban Gothic, a process which 'imaginatively relocates the traditional Gothic mansion in the heart of the modern city'.³⁵ As Mighall notes, texts such as Charles Dickens's *Bleak House* (1853) are prime examples of this, through the connections it creates between the mouldering house of the Dedlocks, Chesney Wold, and London slums.³⁶ Dickens's striking evocation of Chesney Wold, where 'there is a general smell and taste as of the ancient Dedlocks in their graves' engages with 'common Gothic themes and obsessions – anachronism, isolation, ancestry, and death'.³⁷ As Mighall goes on to state however, it combines this with emphases specific to the Urban Gothic, through 'suggestions of pathology, lack of air (literal stagnation), and of course smell', with 'smells and a concern with unhealthy or unsanitary environments' being, according to Mighall, 'a relatively recent addition to the Gothic repertoire'.³⁸

Similar approaches are evident in Collins's writing (see, for example, Marian's description of the 'dust and dirt', and 'damp, darkness and rats' in the 'old wing' (*WIW*, 202-3)), yet rather than focusing on the London slums, as Dickens does, the desolate suburbs are the environs forming the Gothicised double to the ancestral home. The 'new neighbourhood' of Fairweather Vale, for example, the location of Dr

³⁴ Henry James, p. 594.

³⁵ Robert Mighall, *A Geography of Victorian Gothic Fiction: Mapping History's Nightmares* (Oxford: Oxford University Press, 1999), p. 70.

³⁶ *Ibid.*, p. 70.

³⁷ Charles Dickens, *Bleak House* (London: Penguin [1853] 2003), p. 21; Robert Mighall, p. 71.

³⁸ *Ibid.*, p. 71.

Downward's 'Sanatorium' in *Armadale*, is presented as a dreary wasteland, 'a wilderness of open ground, with half-finished villas dotted about, and a hideous litter of board, wheel-barrows, and building materials of all sorts scattered in every direction' (A, 587). Collins deliberately evokes the country house model of the asylum in contrast to this disturbing modern counterpart through details such as the approach to the building through a 'new road running between trees, which might once have been the park-avenue of a country house' (A, 587), but the emphasis here is very much on the Gothicisation of the new. As Mighall notes, whilst Allan Armadale's country house Thorpe-Ambrose is a study in blandness, 'the sensations formerly conjured up by spectacles of mouldering antiquity' are transported to the asylum in the suburbs, and 'evoked by newness, the desolation of the unfinished rather than the ruinous', forming the 'perfect setting for the dark deeds that are attempted here, precisely *because* it offers a facade of modernity and respectability'.³⁹ Indeed, Mighall reads Collins's representation of the asylum in *Armadale* as a deliberate response to articles such as Dickens's 'A Curious Dance Round a Curious Tree' in *Household Words*, which seeks to remove any traces of the Gothic from the image of the modern asylum.⁴⁰ Conversely, Collins 'gives a sinister cast to the very things Dickens applauds', with the 'devices designed to facilitate the comfort of the inmates and restore their shattered nerves' functioning as 'the modern equivalents of the sliding panels of Udolpho'.⁴¹

However, there is more to Collins's engagement with Urban Gothic traditions than an attempt to render all asylums, modern and antiquated, as disturbing and dangerous, and his fascination with the spaces of the suburbs – and the bodies inhabiting these

³⁹ Robert Mighall, p. 119.

⁴⁰ Charles Dickens, 'A Curious Dance Round a Curious Tree', *Household Words*, January 1852, 383-9.

⁴¹ Robert Mighall, p. 119.

spaces – is particularly telling. The inexorable expansion of the suburbs outwards from central London destabilised ideas about the borders and boundaries of the city, and with it, interconnected ideas about space and class. As Anne Witchard notes, the ‘rise of the suburb’ altered the ‘meaning of the city and what it meant to be a Londoner’, leading to widespread representations of suburban spaces as the disturbing “other” in opposition to urban locales; spaces where ‘boundaries are undermined and meaning collapses’.⁴² Like Collins’s portrayal of Fairweather Vale, such spaces were often desolate and dirty wastelands, littered with the detritus of house construction, or the waste, rubbish and by-products of unpleasant trade work.⁴³ Dickens evokes with clarity the atmosphere of these suburban wildernesses in his description of the ‘tract of suburban Sahara’ between Battle Bridge and Holloway in *Our Mutual Friend* (1865), for example, where the light of the ‘kiln-fires’ made ‘lurid smears on the fog’, ‘where tiles and bricks were burnt, bones were boiled, carpets were beat, rubbish was shot, dogs were fought, and dust was heaped by contractors’.⁴⁴ Developments in areas such as north London multiplied with ‘breathtaking speed’, and in ‘St John’s Wood, Maida Vale, Camden Town, Hampstead, Kilburn and Holloway, swathes of “Stucconia” proliferated’, although they were often ‘shoddy and badly drained developments that would quickly deteriorate’.⁴⁵

⁴² Lawrence Phillips and Anne Witchard, ‘Introduction’ in *London Gothic: Place, Space and the Gothic Imagination* ed. by Lawrence Phillips and Anne Witchard (London: Continuum, 2010), pp. 1-5 (p. 3).

⁴³ Collins’s earlier text *Hide and Seek* (1854) rehearses many of these ideas, albeit in a less extreme way. The suburban home of Valentine Blyth, which houses his invalid wife and deaf and dumb adopted daughter is very much positioned in the margins of the city, but is a warm and comfortable family home. The neighbouring area of Baregrove Square however, which houses Zack Thorpe’s family, is described in more recognisable terms, with a garden ‘rotting away’ in the ‘yellow mist’ and rain of a November morning. *Hide and Seek* (Oxford: Oxford University Press, [1854] 2009), p. 9.

⁴⁴ Charles Dickens, *Our Mutual Friend* (London: Penguin [1865] 1997), p. 42.

⁴⁵ Anne Witchard, “‘A Fatal Freshness’: Mid-Victorian Suburbophobia’ in *London Gothic: Place, Space and the Gothic Imagination*, ed. by Phillips and Witchard pp. 23-40 (p. 26).

Intrinsic to descriptions of suburban space is a sense of fear driven by an almost pathological loathing of districts that are perceived to be inherently diseased and polluted. The spread of suburban sprawl breaks down preconceived notions of separation between classes and bodies in the metropolis, along with the accompanying dichotomies used to separate urban from suburban and that underpin discourses of disease: cleanliness and dirtiness; health and illness; immunity and infection. As Douglas argues in *Purity and Danger*, ‘it is only by exaggerating the difference between within and without, about and below, male and female, with and against, that a semblance of order is created’, and it is this that the expansion of suburban spaces implicitly disrupts.⁴⁶ What this also makes clear however, is that it is not the presence of dirt or pollution itself that troubles urban boundaries, but the discourses that rule such borders should remain intact, and consequently read dirt and pollution in specific ways. As Kristeva states, it is not ‘lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions, rules’.⁴⁷ Such distinctions are also, to some degree, self-defeating, as by setting up such oppositions and delineating space as central and peripheral, the troubled margins where the two meet are automatically problematised as neither one or the other: ‘what is *abject* [...] the jettisoned object, is radically excluded and draws me toward the place where meaning collapses’.⁴⁸

This complex set of reactions to nineteenth-century urban development can be used to inform a reading of Collins’s use of suburban settings, and in particular, the bodies that call such spaces home. Perhaps the most striking example of this can be found with Miserrimus Dexter in *The Law and the Lady*. Residing in a dilapidated Gothic

⁴⁶ Mary Douglas, p. 5.

⁴⁷ Julia Kristeva, p. 4.

⁴⁸ *Ibid*, p. 2.

mansion anachronistically located in a new suburban development, Dexter is one of Collins's most bizarre creations: monomaniacal and 'absolutely deprived of the lower limbs' (*LATL*, 173), his position in the suburban margins mirrors the troublingly unclassifiable nature of his body. As with Dickens's evocation of the wastes between Battle Bridge and Holloway, or Fairweather Vale in *Armadale*, the location of Dexter's house is characterised by desolation and pollution: 'gaunt scaffolding-poles' rise out of the ground 'like the branchless trees of the brick-desert', the 'half-completed foundations of new houses' dot the landscape, and the path to the house is 'through the boards and the bricks, the oyster-shells and the broken crockery, that strewn the ground' (*LATL*, 202). Valeria's journey to this 'great northern suburb' similarly underlines the liminality of the space Dexter inhabits (201). Passing through a Gothicised 'labyrinth of streets, growing smaller and smaller, and dirtier and dirtier', the carriage emerges into 'patches of waste ground which seemed to be neither town nor country' (*LATL*, 201).

Not only does the representation of Dexter's Gothic asylum-like house connect it to Downward's modern asylum and Glyde's ancestral home, it also relates to a wider consideration of why bodies labelled as sick, such as the insane or disabled, are associated with the peripheries of the city. Discussing the suburb as symbolic of 'disruptive tendencies', Witchard draws on Kristeva's work to explain how the process of differentiation that boundaries enable helps 'to identify the I from the not-I and then repudiate it as other, what is loathsome must be displaced and projected elsewhere'.⁴⁹ As Witchard summarises, 'abjection happens in the light of the parts of ourselves that we exclude, the abject meaning "to cast off" or "cast away" to edges,

⁴⁹ Julia Kristeva, p. 3 qtd in Anne Witchard, 'A Fatal Freshness', p. 29.

peripheries, hinterlands or occluded spaces’, and in both *Armadale* and *The Law and the Lady*, physical disability or mental illness is consigned to these liminal spaces on the outskirts, designated firmly as a ‘not-I’.⁵⁰ What manifests itself as a fear of space that is “othered” is revealed in *Armadale* and *The Law and the Lady* to be a fear of bodies which are “othered”; bodies which trouble preconceived notions about the self and reveal ‘the parts of ourselves that we exclude’. The mapping of fear of bodies onto spaces is prevalent in many experiences of the geography of the city: as Fran Tonkiss notes, for example, in modern cities ‘women’s fear of male violence is manifested as a fear of *space*’ (dark alleyways; subways) and here the same relationship is clear: fear of sickness, insanity, disability, is projected onto spaces in the city which are then codified as diseased and polluted.⁵¹ The location of buildings such as Downward’s asylum and Dexter’s mansion in recognisable London suburbs betrays the ideological work that the creation of borders and boundaries carry out, demarcating the line between the I and the not-I, normal and abnormal, clean and polluted and the urban and suburban. As Tonkiss notes in her discussion of gendered spaces in the city, the ‘demarcation of spaces and practices along gender lines can be traced from the abstract geographies of everyday life – the street, the office, the kitchen, the bedroom – and the micro-divisions of space within them (being at the head of the table, say, as opposed to having one’s arms in the sink)’.⁵² Such divisions of sickness and health in the city can similarly be traced to the micro-divisions of the house, and accordingly, can be used to inform an understanding of how Victorian domestic architecture responded to states of sickness.

⁵⁰ Anne Witchard, ‘A Fatal Freshness’, p. 29.

⁵¹ Fran Tonkiss, *Space, the City and Social Theory: Social Relations and Urban Forms* (Cambridge: Polity Press, 2005), p. 95.

⁵² *Ibid*, p. 97.

The architecture of illness

As Frank E. Brown states, the organisation and use of domestic space is not a ‘simple function of plan arrangement’ but the product of ‘a complex amalgam of social and cultural influences’ meaning that the analysis of such spaces yields ‘information which can enrich our understanding of society, and perhaps of social process too’.⁵³ In particular, Brown states that ‘access relations’ – the way rooms are connected to one another within a building, via doors or corridors – can be studied as a way of ‘reading’ the structure of the house, and the cultural and ideological concepts governing the layout of domestic spaces:

If two spaces accommodate functions that are intimately related, it is highly likely that a plan arrangement will be developed that permits direct passage from one to the other. Conversely, if two rooms have distinct and unrelated uses, then access will probably be directed through other spaces, and a direct connection may be prohibited even when the two rooms are next to each other.⁵⁴

Considering the position of the sickroom, then, in relation to the other rooms of the house and how it is accessed can potentially reveal the way in which nineteenth-century architecture sought to order and control sickness within the domestic sphere, in much the same way that discourse about the suburbs worked to divide the unhealthy peripheries of the city from the centre.

Julienne Hanson’s chapter on the development of the English country house in *Decoding Homes and Houses* provides a useful starting point for considering how ideas about sickness were built into the architecture of Victorian houses, with her

⁵³ Frank E. Brown, ‘Continuity and Change in the Urban House: Developments in Domestic Space Organisation in Seventeenth-Century London’, *Comparative Studies in Society and History*, 28 (1986), 558-590 (p. 558).

⁵⁴ *Ibid*, p. 567.

analysis of the architect Robert Kerr's house, Bearwood, in Berkshire (Figure 4.8).⁵⁵ Whilst Bearwood is an example of domestic architecture on a grand scale, this categorising of rooms and spaces is also in evidence in much middle- and upper-class Victorian housing; as well as designating a sickroom – where space permitted – the increasing separation between servants and employers, children and adults, or men and women is all visible in nineteenth-century house design. Hanson's analysis explores changes in house layout between 1590 to 1865, concentrating on Hardwick Hall in Derbyshire (1590-6), Coleshill House in Berkshire (c.1650), Mereworth Castle in Kent (1723) and Bearwood (1865-70), and it is immediately noticeable that at Bearwood, the sickroom as a designated space separated from bedrooms appears for the first time.⁵⁶ Situated on the first floor, the sickroom is placed on the very edge of the corridor of rooms serving the family: at the opposite end of the corridor, the main bedroom, dressing room and boudoir are placed forming a suite of rooms with interconnected access. To the right-hand side the corridor extends round in a ring, leading on to further suites of bedrooms and dressing rooms, as well as bachelors' bedrooms. The rooms off the long corridor to which the ringed corridor connects are then separated from the rest of the corridor by a large staircase, whilst on the other side are the rooms catering to the children in the family; the day nursery and night nursery. The entrance to the sickroom is at the very end of this corridor, adjacent to the corridor leading to the housekeeper's and womenservants' bedrooms. The way in which the rooms are arranged on this floor very clearly situates the sickroom at a distance from the family rooms, although its proximity to the children's rooms and its presence on the same floor as the family bedrooms simultaneously indicates its importance.

⁵⁵ Julienne Hanson, *Decoding Homes and Houses* (Cambridge: Cambridge University Press, 1998).

⁵⁶ See also Karen Chase and Michael Levenson, *The Spectacle of Intimacy: A Public Life for the Victorian Family* (Princeton: Princeton University Press, 2000), pp. 156-180 for a discussion of Kerr.

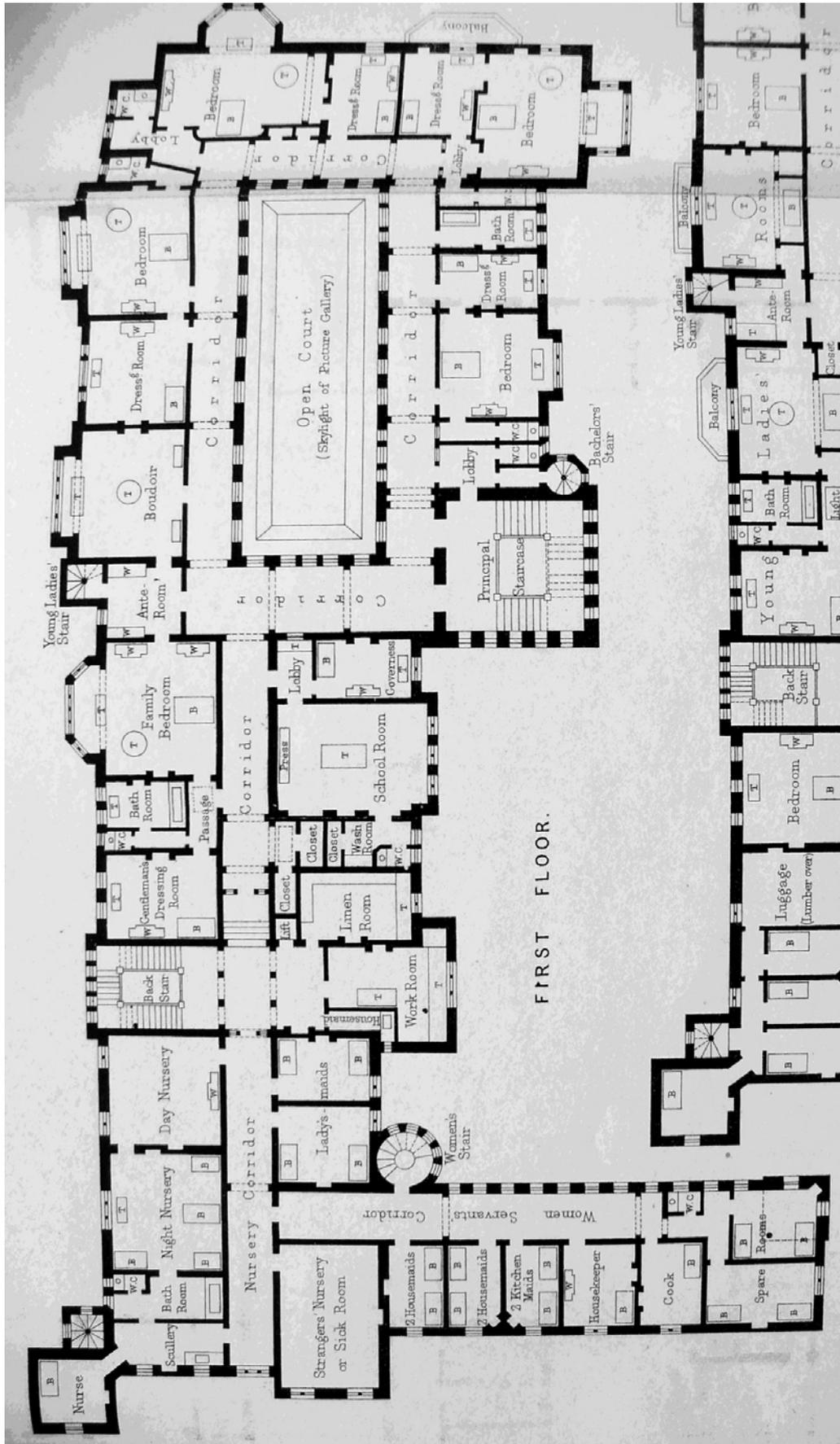


Figure 4.8. Plans for Bearwood House in *The Gentleman's House*

Moving along the corridor from the master bedrooms on the right to the sickroom on the left also appears to indicate a sliding scale of hierarchy built into the house. The family rooms are large and interconnected in two senses: first by the doors between the rooms themselves, and secondly by the corridor that runs in a ring around the ground-floor picture gallery, connecting these rooms in a sociable loop. Moving down the corridor, the rooms provided for the children are some distance from the main family suites, seemingly indicating their lower ranking, whilst the sickroom itself borders on the servants' rooms. Its dual function as 'Strangers' Nursery' compounds its inferior status (and implicit judgements about its usage) in comparison to rooms further up the corridor; indeed, the whole left-hand corner of the floor seems to be devoted to states of sickness or infancy, with neighbouring rooms including two nurseries and a room in the corner labelled 'Nurse', although this is presumably used in reference to children's nursemaid rather than a medical attendant. This concentration of rooms together for such purposes not only suggests an alignment between the liminal states of illness and infancy (and perhaps, by association, maternity) as well the "othering" of strangers, but it also implies the troubled response to such positions of indeterminacy, made manifest through these tactics of separation and containment. As with the suburbs, indeterminate spaces perceived to hold sickness and disease are marginalised: the ringed structure of the corridor leading to the family suites even seems to emphasise this distance between the circular "centre" of the house, and the corridor leading off at a right-angle, to the peripheries. Discipline is present here again also, implicitly, in the structure of the house and this ordering of rooms, creating 'complex spaces that are at once architectural, functional, and hierarchical. It is spaces that provide fixed positions and permit circulation; they carve out individual segments and establish operational links;

they mark places and indicate values; they guarantee the obedience of individuals'.⁵⁷

Through this allocation of separate sections of the house for different people and processes, the bodies within the house are disciplined into moving in particular ways and performing certain actions in specific parts of the house, with the discipline of the sick body also being a part of this.

As Hanson discusses in her chapter, the houses she surveys become increasingly compartmentalised over time, with Bearwood serving to demonstrate the end point of this progression. Whereas one large room serves a multitude of similar or related functions in the earlier houses, at Bearwood separate functions are clearly mapped out and divided up:

The main entrance at Bearwood has expanded into a sequence of spaces which now includes a porch, waiting area, entrance hall, lobbies and cloakrooms, picture gallery and stair-well. The activities associated with daily living and the reception of guests are now dispersed across six rooms where previously they would have been synchronised in space and time. Even private, "backstage" activities such as sleeping, bathing and dressing take place in a suite of rooms as opposed to a single space.⁵⁸

In this respect it is perhaps unsurprising that sickness is allotted a very precise space, containing and controlling it and not allowing it to occur in spaces reserved for other social processes. As Kerr discusses, outbreaks of illness should be provided for in the initial house plans, in part to allow for easy access of the sick or infirm to the room itself: 'there are cases where in a large Mansion it may be deemed desirable to provide for the contingency of having, either in the family or amongst the guests, some one

⁵⁷ Michel Foucault, *Discipline and Punish*, p. 148.

⁵⁸ Julienne Hanson, pp.168-9. It is interesting to note that this same compartmentalisation permeates Kerr's text itself, which is broken down into Parts, Sections and Chapters, in turn detailing architectural history, the rooms of the house, corridors, landscape and situation.

who by illness, infirmity, or old age, is incapacitated for passing up and down stairs'.⁵⁹

However, a second, important part of the placing of this room, as Kerr elaborates, is that the inhabitants should also 'at the same time be able to hold a place in the family circle'.⁶⁰ As correspondence from the period indicates, existence in the sickroom was often lonely and isolating, and sickrooms are frequently depicted in terms of incarceration and imprisonment. Mary Throckmorton, writing to Birmingham resident John Howard Galton, expresses her relief at his recovery from illness but also imparts the news that 'poor Georgina has been confined partly to her bed, & entirely to her room [...] She is now a great deal better, but still a Prisoner, she desires to be kindly remembered to you, & says she envies you your escape from captivity'.⁶¹ In his attempt to minimise this, Kerr suggests that sickrooms should be placed on the ground floor (although this is not the case at Bearwood) and 'situated in some unfrequented position as regards the traffic of Thoroughfares, but within easy reach of the Public Rooms, and, perhaps, the Entrance'.⁶² Again it seems that the boundaries between the centre and the margins in relation to sickness are troubling spaces: a room which is situated in 'some unfrequented position' would presumably place it on the outskirts of the building, away from the central corridors and rooms used by most of the family. However, the room must also be within easy reach of these same areas from which it must be distant. Even if it is placed on a corridor running directly from the main area of the house, but which does not serve any other rooms (lessening the 'traffic of Thoroughfares') it is still cast out from the rest of the house. This attempt to

⁵⁹ Robert Kerr, pp. 156-7.

⁶⁰ Ibid, p. 157.

⁶¹ BAH, MS Galton Papers, MS 3101/C/D/10/75/13.

⁶² Robert Kerr, p. 157.

simultaneously locate the invalid in the centre of the house whilst keeping them at a distance attests to the uneasy relationship between the centre and the margins, and the notions of health and sickness that the spaces of the house act out, in the same manner as the urban and suburban spaces of the city.

As Kerr states a few pages prior to this however, ‘every Bedroom’ must also ‘be considered not merely as a sleeping-room but occasionally as a sick-room’, further complicating how architecture sought to manage where and how sickness happened in the house.⁶³ In the case of a house designed by an ‘invalid architect’ for his own use in Kensington (Figure 4.9), where every room was a potential sickroom, Kerr’s notion of division and separation between rooms is multiplied to a greater extent,

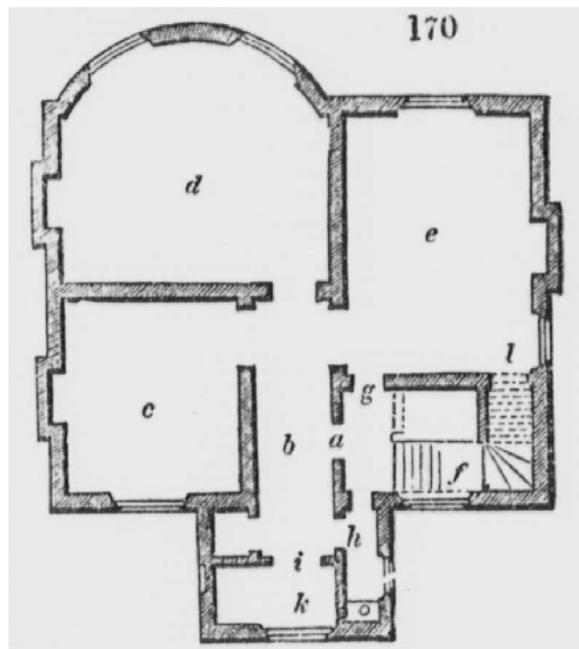


Figure 4.9. First floor plan, ‘A House for an Invalid’ in *Architectural Magazine*, 56 (1838) 459-464

⁶³ Robert Kerr, p. 145.

whereby the ability to shut off rooms and even whole floors is built into the structure of the house.⁶⁴ As the discussion of the first floor plan illustrates this is primarily for the comfort of the invalid, preventing cold drafts, but considering the degree to which the rooms can be divided up and sealed off, it would seem that this is more an exercise in controlling the relationship between the sick body and the outside world, in a mirror image of how an architect such as Kerr organised ways of separating “healthy” domestic life from the sick. On the plan, *a* is the location of the door which ‘completely shuts out the whole of the wind, which might otherwise come up the staircase from the ground floor’, whilst *f* is another door sealing off the staircase to the attic, shutting out all wind that might blow down the stairs from this floor.⁶⁵ *G* and *h* are another pair of doors which are ‘only opened by servants occasionally’, so the main entrance to the bedroom (*c*) is protected not only by a door from the stairs and from the corridor, but also by the gallery (*b*) which acts as a kind of buffer, or intermediate space, providing another layer of depth and insulation from the passageways of the house.⁶⁶ Access between the bedroom, drawing-room (*d*) and morning-room (*e*) is therefore through a corridor which can be completely sealed off from the rest of the house, by closing doors *a*, *g*, *h* and *l*, and also by closing a folding door (*i*). Similarly, the ground floor is designed to allow the invalid to turn one of the rooms into a sealed-off bedroom, in the event that the first floor becomes inaccessible. The design of the staircase and the placement of doors leading from it enables ‘free access to all the other parts of the house, without at all encroaching on the convenience and privacy of the first floor’, whilst the ground floor can be ‘shut up in the same manner, leaving still a free communication between the basement floor

⁶⁴ T.K., ‘A House for an Invalid’, *Architectural Magazine*, 56 (1838), 459-464 (p. 459), http://www.proquest.co.uk/en-UK/catalogs/databases/detail/british_periodicals.shtml [Accessed 2 March 2012].

⁶⁵ *Ibid*, p. 463.

⁶⁶ *Ibid*, p. 463.

and the attic'.⁶⁷ The whole house itself is also protected by an inner door directly following the outer door, 'which will prevent the rush of cold air which would otherwise get into the body of the house'.⁶⁸

Given the extent to which rooms, in both the plans above and Kerr's, are compartmentalised and allotted a precise function, it is unsurprising that any disturbance posed to these boundaries is deeply troubling, as Collins demonstrates most clearly through the actions and behaviour of Mr Fairlie. A particularly telling example comes with his response to Count Fosco's presence in his chambers, and the news that Fosco brings of Marian's illness at Blackwater. Fairlie perceives Fosco as looking 'like a walking-West-Indian-epidemic', 'big enough to carry typhus by the ton, and to dye the very carpet he walked on with scarlet fever' (*WIW*, 351) and worries that every minute spent in his presence provides further opportunity for contagion: 'More talk; more time for the development of infectious influences – in *my* room, too; remember that, in *my* room!' (*WIW*, 353). Revealingly, Fairlie not only fears the infection of his own body, but seems most disturbed by the presence of disease in the room itself; he visualises the diseases that Fosco potentially carries seeping into the room, even dyeing the carpet. The intrusion into his private space ('in *my* room, too; remember that, in *my* room!') is what most disgusts Fairlie, and he disinfects both his room and his own person in similar ways: 'tepid water, strengthened with aromatic vinegar, for myself, and copious fumigation, for my study' (*WIW*, 356). As well as indicating the disturbance that such crossing of spatial boundaries engenders, Fairlie's response suggests how rooms were further defined in terms of the specific type of illness they were intended to cater to. The rooms are

⁶⁷ T.K., p. 464.

⁶⁸ *Ibid*, p. 464.

designed with Fairlie's illness of the nerves in mind, and hence, the presence of any other form of illness within this sanitised sanctum is deeply troubling.

Similarly, and particularly ironically given the house's asylum-like structure, he refuses to allow Laura (whom he believes to be Anne Catherick) into his rooms, declining 'to admit to his presence, even for one minute only, a madwoman whom it was an insult and an outrage to have brought into his house at all' (*WIW*, 428).

Systems of classification and differentiation were integral to the organisation of asylums, as Prior points out, noting John Connolly's argument that 'classification and segregation were about the most important things that the asylum could achieve; a controlled environment', and Foucault similarly comments on the way in which medical spaces began to be organised along these lines.⁶⁹ It is important to recognise here, however, that delineating space in this way also serves a productive rather than repressive function, one of the advantages of Foucault's nuanced discussion of space as a disciplinary power. Here, revising the function and use of spaces for highly specific and monitored purposes also regulates 'placing of medicines under lock and key' and 'recording their use', verifying 'the real number of patients', regulating their 'comings and goings' and eventually the 'isolation of contagious patients and separate beds'.⁷⁰ The organisation of Fairlie's rooms and their narrow function not only – most obviously – creates another clear link between home and asylum, but also gestures towards the broader compartmentalisation of space for medical purposes, and the beneficial side to this, as well as highlighting the other, more panic-stricken responses to illness and infection which sought an ever-tighter control and categorisation of spaces.

⁶⁹ Lindsay Prior, pp. 103-5; Michel Foucault, *Discipline and Punish*, p. 144.

⁷⁰ *Ibid.*, p. 144.

As demonstrated with Fairlie's rooms, tailored to meet his own particular needs, furnishings provided a further level at which rooms could be differentiated from each other.⁷¹ Sara Macallan, for example, has 'her books, and her writing-materials, on an invalid table which worked on a pivot, and could be arranged in any position agreeable to her' (*LATL*, 130), with such furniture helping to adapt a bedroom into a functional sickroom. Similarly, Walter Hartright's first encounter with Fairlie finds him 'leaning back, listlessly composed, in a large easy-chair, with a reading-easel fastened on one of its arms, and a little table on the other' (*WIW*, 42). Items such as Fairlie's easy chair or Sara's invalid table were produced on a large scale and were customisable for any number of different functions, positions and combinations. As the image below of the 'Invalid Bed Apparatus' indicates (Fig. 4.10), the emphasis was on making life for the invalid as normal as possible, enabling them, as the description of the item explains, 'to alter his or her position at any moment without assistance', yet conversely this was achieved through the use of specialised furniture quite unlike any other items in the house. The extent to which household objects became customised, and indeed medicalised, for use by invalids is evidenced by the indices to publications such as *A Catalogue of Surgical Instruments Manufactured and Sold by Arnold and Sons* and *Carters' Invalid Appliance Catalogue* (a publication of which Collins himself was a patron) and the sheer volume of items offered for invalids to purchase. Whilst some items were intended for the professional medical market only, such as operating tables, other items are clearly intended for use in the home. Ranging from self-propelling bath chairs to Bronchitis kettles, almost

⁷¹ As well as adapting domestic spaces for use by invalids, furnishing and interior design were similarly important in helping asylums (largely those for wealthier patients) appear more "homely". For a detailed discussion of asylum interiors from 1880 onwards, see Mary Guyatt, 'A semblance of home: mental asylum interiors, 1880-1914', in *Interior Design and Identity*, ed. by Susie McKellar and Penny Sparke (Manchester: Manchester University Press, 2004), pp. 48-71.

every room of the house is represented in this strange medicalisation of household furniture, whilst sickroom appliances have their own section altogether.

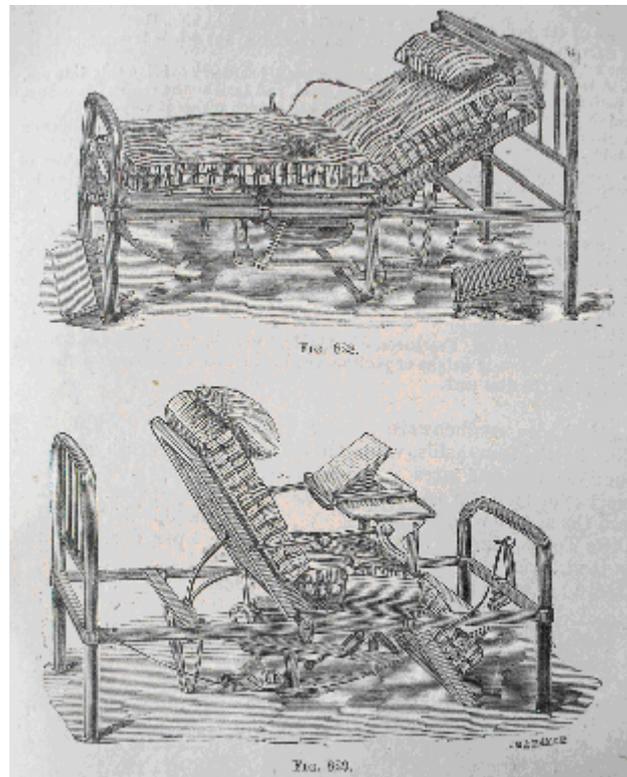


Figure 4.10. Invalid Bed Apparatus illustration. Leeds Thackeray Museum Archives (TM) from *A Catalogue of Surgical Instruments Manufactured and Sold by Arnold and Sons*, (1876) p. 321.

Whilst this was, on the surface, a means of making life easier for the invalid in the home (and a lucrative means of making money for those catering to this market) there is perhaps something more complex occurring here than simply providing the ill and infirm with a degree of freedom and independence. In an extension of how the division and distribution of rooms disciplined the movements and behaviours of bodies, the furniture outlined here can be seen exerting further disciplinary control over the sick body, manipulating the body itself into particular positions or postures. In his discussion of institutions such as the school and the army, Foucault explores the manner in which this discipline of the body at a miniscule level is achieved (‘the

pupils must always “hold their bodies erect, somewhat turned and free on the left side””; ‘Bring the weapon forward. In three stages. Raise the rifle with the right hand [...]’) although in these examples it is to encourage ‘efficiency and speed’ and to ensure that nothing remains ‘idle or useless’.⁷² However, items such as the chair in which Fairlie reclines can be seen as disciplining bodies into being inherently prostrate and dysfunctional, and the ‘meticulous meshing’ between body and object that Foucault sees in the relationship between soldier and rifle seems an apt phrase with which to consider the connection between these items of furniture and the bodies they support.⁷³ With everything to hand, either on precisely arranged tables or well-positioned reading easels, such furniture provides invalids with easy access to items, but also defines the limits of where that body can move to, how far it can reach, the position in which it lies, and so on. By defining what the sick body can do, it also makes explicit what it cannot do, and positions the body in such a way as to display, and perpetuate, its difference from the other bodies around it. The way in which space arranges and controls illness can be seen, then, as infiltrating domestic design from the macro-level of the architecture of the house down to the very furniture which it contains, the point at which the physical disciplining of the sick body is made manifest and perhaps becomes most visible.

The locations Collins ascribes to these closeted, specialised areas alludes to the treatment of space that both Kerr’s plans and those for the “invalid house” act out; not only are the sickrooms in Collins’s houses seemingly at a distance from the centre (as per Kerr’s design), their location here appears to be chosen intentionally by the invalid who desires seclusion and separation from all other members of the household

⁷² Michel Foucault, *Discipline and Punish*, pp. 152-3.

⁷³ *Ibid*, p. 153.

(as with the “invalid architect’s” wish for isolation). Mr Fairlie is the most obvious example here: the route to his room is via a ‘long second passage’, up a ‘short flight of stairs’ at the end of this passage, over a ‘small circular upper hall’ and behind two doors and a pair of curtains (*WIW*, 41). Access to Dexter’s rooms in *The Law and the Lady* involves a similarly labyrinthine route, through an ‘arched recess’, two flights of stairs, a short corridor, a circular room, and a ‘strip of thick tapestry’ leading to a secret corridor ending in a door made of ‘prodigious solidity’ (*LATL*, 205). Such descriptions gesture back to the winding passageways of Gothic castles, but the same concept is also present in the Urban Gothic of Downward’s sanatorium, where the hanging tapestries and arched recesses of houses such as Dexter’s translate into series of doors which can shut off communication to whole sections of the house (noticeably similar to the invalid house), and sliding panels revealing other, unexpected forms of access to rooms.

As well as the accessibility of rooms in terms of depth – that is, the ease with which a particular space is accessible from the exterior of the dwelling – permeability of space is also an important factor to consider when analysing the layout of rooms. The permeability of a space ‘refers to the number of ways into and out of the room: a room with one entrance is termed *unipermeable*, and with two or more entrances, *bipermeable*’.⁷⁴ In the case of the bedroom suites at Bearwood for example, many of these rooms are bipermeable, indicating the importance of the rooms in terms of their social functions, the frequency with which they are accessed, and the close relationship in terms of usage and function they have with surrounding rooms. In contrast, the sickroom is, unsurprisingly, unipermeable, indicating it is used in a very

⁷⁴ Frank E. Brown, p. 577.

different way and provides for a different kind of function, despite the overlap we might think of the sickroom and bedroom as having. This would seem to be a minor point in home design, so it is of particular interest that the murder mystery at the heart of *The Law and the Lady* turns on the point that Sara Macallan's bedroom suite is bipermeable and accessible via an adjacent room through the use of a secret key. Again, similarly to *The Moonstone*, permeability is a central anxiety – particularly in relation to sickness and the body – and here Collins returns to these ideas by intricately linking Sara's sickness and eventual death to the permeable structure of the room which she inhabits. During her illness and up until her death, Sara resides in 'a large bedroom situated (like all the best bedrooms) on the first floor of the house', with a layout similar to the type of bedrooms suites in the Bearwood plans (*LATL*, 131). As the evidence of the trial details, one door leads off from the 'great passage' onto which 'all the doors opened', a second leads into her husband, Mr Macallan's bedroom, whilst the third, which is locked with the key missing, leads to a small study (*LATL*, 131). As it transpires, Dexter secretly takes possession of the key to the third room and uses this to communicate with Sara, using this unknown entrance to show her Mr Macallan's diary detailing his lack of affection for her and prompting her suicide. That it is Dexter who permeates the room in this way, moving between spaces he should not be allowed to enter, and through doors presumed to be locked, signals Collins's complication of the strict demarcation of space and the control over boundaries. Like his earlier examination of the inexorable spread of polluted suburbs troubling the city peripheries, Dexter's ability to move across the various thresholds in the house (particularly as a character emanating from the suburbs) disrupts the almost fanatical control over rooms, exits, entrances and spaces that house plans such

as Bearwood and, to a greater extent, the plans for the “invalid house”, demonstrate in their exacting ordering of space and bodies.

Dexter’s actions also indicate a broader link between the gentrified spaces of the Macallans’ house at Gleninch and the suburban wasteland of London which is (literally) unearthed by Valeria’s detective work. Sara’s suicide note, addressed to her husband, and discovered and suppressed by Dexter after her death, is recovered through careful excavation of the dust-heap at the house, and the connection made between the spaces of the bedroom suite and the rubbish heap that unravels the mystery further problematises borders between health and illness, cleanliness and dirt. As the lawyer, Mr Playmore, explains to Valeria the presence of a dust-heap is often tolerated in the grounds of the house, as long as it is ‘far enough away not to be smelt at the house’ (*LATL*, 288). Similarly, Kerr’s instructions for house design indicate that the placement of the dust-heap is highly specific: ‘everything of the kind must obviously be kept clear of the windows. It is desirable, too, that there should be no corners left where it may be possible for the servants to establish such things irregularly’.⁷⁵ According to Douglas, designating particular spaces as dirty and moving dirt from one place to another is part of creating order: ‘eliminating it is not a negative movement, but a positive effort to organise the environment’.⁷⁶ Indeed, the notion of dirt itself is a product of such systems of classification and ordering, ‘in so far as ordering involves rejecting inappropriate elements’.⁷⁷ As Douglas goes on to demonstrate, ‘shoes are not dirty in themselves, but it is dirty to place them on the

⁷⁵ Robert Kerr, p. 87.

⁷⁶ Mary Douglas, p. 2.

⁷⁷ *Ibid*, p. 44.

dining-table; food is not dirty in itself, but it is dirty to leave cooking utensils in the bedroom, or food bespattered on clothing'.⁷⁸

The Victorian preoccupation with waste, dirt and dust in particular spans a complex set of reactions, which involved viewing the presence and circulation of dirt in strikingly different ways. Flint, for example, notes the 'metaphoric potential of dust' and argues that the 'extraction of value from the abject of the restitution of the discarded was a common trope' where, as 'its simplest, excavating a dust-heap for what is lost provides a return to order'.⁷⁹ Accordingly, Flint reads the dust-heap in *The Law and the Lady* in a positive way, seeing it as bringing 'the complex plot to a resolution'.⁸⁰ However, alongside this existed a clear sense of unease over the spread of dust and dirt, particularly so in discourse about spaces of the city: as Peter Stallybrass and Allon White suggest, for example, the 'emphasis upon dirt' was central to such discussions which 'traced the concealed links between slum and suburb, sewage and "civilisation"'.⁸¹ I would argue then that, rather than bringing about a wholly positive ending, Collins's use of the dust-heap here draws on the fears of transgression and overspilling of boundaries that Stallybrass and White illuminate, particularly given the earlier use of problematic suburban spaces in the text. The connection made between the bedroom where Sara died, and the letter found in the dust-heap draws the space of the bedroom and the margins of the estate closer together, replicating the unsettling point at which the urban and suburban spaces of

⁷⁸ Mary Douglas, p. 44.

⁷⁹ Kate Flint, *The Victorians and the Visual Imagination* (Cambridge: Cambridge University Press, 2000), p. 48. For further examples of the productive potential that waste was seen as holding, see Timothy Cooper, 'Peter Lund Simmons and the Political Ecology of Waste Utilisation in Victorian Britain', *Technology and Culture*, 52 (2011), 21-44 which discusses how waste enabled technological development and modernisation at this time.

⁸⁰ Kate Flint, *The Victorians and the Visual Imagination*, p. 49.

⁸¹ Peter Stallybrass and Allon White, *The Politics and Poetics of Transgression* (Ithaca: Cornell University Press, 1986), p. 130.

the city meet and contaminate one another. As Witchard notes, the expulsion of dirt to the margins is also a key element of defining the body itself, as well as the spaces that bodies inhabit.⁸² What is apparent in Collins's text then is a concerted effort to complicate this imposed order on spaces and bodies, both through Dexter's unsettling ability to enter private spaces of the house as he pleases, and the concurrent connection drawn between the bedroom and the dust-heap. That it is Sara and Dexter who are intrinsically connected to these problematic spaces also indicates the text's interest in the liminal status of bodies that are sick or disabled. Just like the spaces of the city or the bedroom that are contaminated by their connection with the polluted margins, a sick body is one which has been infiltrated by illness, harbouring the kind of infection that would normally be abjected, as part of the process of defining the limits of the body.

By analysing the connections between sickness and space in Collins's novels then, the way in which ideas of illness were subject to discipline, discourse and a strict sense of order and control become apparent, and are revealed in organising structures from the family house to the city. As Douglas notes, 'reflection on dirt involves reflection on the relation of order to disorder, being to non-being, form to formlessness, life to death', and as the discussion has indicated, notions about the spatial arrangement of matter or bodies perceived to be polluted or unhealthy makes visible the wider ordering of sickness that permeates through society.⁸³ Just as gender and sexuality become visible 'in the city in the symbolic coding of spaces, through modes of spatial practice and interaction, in terms of material divisions and exclusions in space, and in the "micro-geographies" of the body', so too do

⁸² Anne Witchard, 'A Fatal Freshness', p. 29.

⁸³ Mary Douglas, p. 7.

ideological constructs of illness.⁸⁴ By analysing the representation of domestic spaces in Collins's novels on several levels, from the significance of structural similarities between the house and the asylum, through the spatial organisation of bodies in the suburbs to the disciplinary function of house architecture and even furniture, this chapter has endeavoured to indicate the extent to which Collins's writing explores the relationship between space and bodies in a much more complex way than previous writing on the overlap between the home and asylum has done. By troubling the relationship between the home and the asylum, Collins's work in fact alludes to a much deeper and more problematic anxiety pertaining to a desire to order and control the sick body itself, an anxiety which manifests itself in discourse regarding suburban spaces and domestic architecture design, and is present as a persistent undercurrent in the three texts considered here.

⁸⁴ Fran Tonkiss, p. 111.

Chapter Five

‘One hideous net-work’: contagion and the city in *Basil*

Building on the preceding discussion of urban and suburban spaces in Collins’s work, this chapter considers his 1852 text *Basil*, which explores the various networks of the body and the city and features London as a pervasive and persistent presence. As Collins outlined in the text’s letter of dedication, events in the narrative are built around metropolitan scenes: not only does the eponymous protagonist meet his wife Margaret on an omnibus (or, as Collins describes it, ‘in the very last place and under the very last circumstances which the artifices of sentimental writing would sanction’ (*Basil*, 3)) but the ‘ordinary street-sounds’ and ‘ordinary street-events’ of the city constantly intrude into Basil’s account of events, as part of Collins’s adherence to ‘every-day realities’ (4). This chapter will argue that the relationship between the city and the bodies in the text is of central significance, and that the novel’s more obvious exploration of hereditary disease, lineage and bloodlines is mirrored in its use of the infrastructure of the city. The text’s sophisticated investigation of the various layers of networks (family and lineage; the body; transport; streets) that writing on this topic conflated allows it to consider the often ambivalent and conflicting ways in which such networks were conceptualised: an attitude which Collins develops in building to position the narrative itself as a network which Basil feels compelled to both continually revisit and escape.

Nineteenth-century networks

As Laura Otis explains, the notion of nets or networks emerged and proliferated during the nineteenth century in response to advancements in technology, industry

and communication: if the textile industry ‘encouraged writers to express relationships’ in terms of more organic sounding webs, then the ‘development of the telegraph and the railways promoted images of networks’.¹ The contrast between the natural image of the web and more artificial “network” highlights a sense of discomfort with the latter, a reaction which complicated the increasingly frequent metaphorical links made between new types of network, like the telegraph, and parts of the body, such as the nervous system. If, as Richard Menke notes, the ‘word *network* has always denoted both woven objects and structures that resembled them, such as blood vessels’, then new examples such as the telegraph, with its merger of ‘the transcendent and the physically extensive’ effected a shift in how networks were imagined, as well as changing their relationship with the body.² These alignments of ‘bodies and technologies’ affected and altered ‘people’s sense of identity’ and, as Otis notes, ‘in nineteenth-century accounts of the interfaces between living and technological information systems, one can hear our own anxiety about where “we” end and our networks begin’.³ This characterisation of networks as problematically equivocal – both progressive and threatening – encapsulates the differing positions from which such structures were viewed. According to Otis, nineteenth century debates conceptualised networks as either ‘unifying, empowering structures’ or ‘restrictive grids’ whilst, more perceptibly, communications networks liberated ‘individuals who led restricted lives’, or violated ‘private spheres, ensuring that individuals would be accessible and could be known in disturbing new ways’.⁴ John Hollingshead’s 1862 text *Underground London*, for example, highlights how more

¹ Laura Otis, *Networking: Communicating with Bodies and Machines in the Nineteenth Century* (Ann Arbor: University of Michigan Press, 2001), p. 6.

² Richard Menke, ‘The Victorian Novel and Communication Networks’ in *The Oxford Handbook of the Victorian Novel*, ed. by Lisa Rodensky (Oxford: Oxford University Press, 2013), pp. 275-288 (p. 276).

³ Laura Otis, *Networking*, p. 10.

⁴ *Ibid.*, pp. 50 and 90.

tangible networks of the city, such as London's sewers, were at once a sign of progression and modernity, as well as being for some 'only too real and substantial; volcanoes of filth; gorged veins of putridity; ready to explode at any moment in a whirlwind of foul gas, and poison all those whom they fail to smother', a complex attitude he sums up in describing city-dwellers' 'fatal fascination' with such spaces.⁵ More obviously still, new technologies of travel such as the railway were, according to Alison Byerly, depicted by Victorian novelists 'as both an extraordinary achievement and a looming threat, and this ambivalence manifests itself in novels by George Eliot, Charles Dickens, Anthony Trollope, Bram Stoker, Conan Doyle, and Mary Elizabeth Braddon'.⁶

As Tanya Agathocleous notes, London's ever-expanding networks of 'trade, finance, post, steamship, telegraph, print, and immigration' led to an 'unprecedented level of connectivity [which] produced both dreams and nightmares, giving shape to a city literature as richly evocative as it was deeply equivocal', yet authors were clearly influenced and inspired by the same networks that troubled them.⁷ Byerly argues, for instance, that such developments made a larger and more varied cast of characters available to novelists by providing increased mobility and larger spaces through which characters could move, in comparison to the restricted social circles of a Jane Austen novel, for example.⁸ Networks even came to stand for narratives or plot lines themselves: Byerly goes on to argue that in Anthony Trollope's *The Prime Minister*, Trollope 'emphasises the confusion' of the railway junction but 'implies that there is

⁵ John Hollingshead, *Underground London* (London: Groombridge and Sons, 1862), pp. 99 and 60.

⁶ Alison Byerly, 'Technologies of Travel and the Victorian Novel', in *The Oxford Handbook of the Victorian Novel*, ed. by Rodensky, pp. 289-312 (p. 291).

⁷ Tanya Agathocleous, *Urban Realism and the Cosmopolitan Imagination in the Nineteenth Century: Visible City, Invisible World* (Cambridge: Cambridge University Press, 2011), p. xv.

⁸ Alison Byerly, p. 290.

an inner logic to the mechanism that is not visible to the individual traveller', just as Trollope's 'expert plotting' encourages the reader to follow 'the network of the plot with increasing expertise'.⁹ Uncertainty about an increasingly connected world persisted however, perhaps culminating most clearly in late nineteenth-century novels such as *Dracula*. As Geoffrey Winthrop-Young notes, in his discussion of figures like Dracula and Moriarty, 'the unease triggered by pristine information networks [was distilled] into the figure of the nefarious criminal mastermind who, located at their centre, is no longer bodily involved in illegal undertakings, but merely pulls, with invisible hands, a growing number of strings and wires'.¹⁰ As Jay Clayton argues, however, 'it is time to look at literary works beyond (and earlier than) this handful of late-century texts', and in many respects, *Basil* identifies and voices the anxieties permeating these later, more well-known novels.¹¹

Basil was also written and published during an important time for public health and municipal developments in London. Writing on these topics often conceptualised the city as a form of network, drawing on metaphorical links with the cardiovascular, respiratory and nervous systems as a way of describing and assessing the city's "health" and that of its inhabitants. Published in 1852, *Basil* follows on from the 1848 Public Health Act and Edwin Chadwick's ongoing investigations into sanitary conditions in the 1840s, developments which prompted an increasing level of focus on the infrastructure of the city and how disease spread within it. As Anthony Wohl summarises, legislation such as the Public Health Act and the suggestions put forward

⁹ Alison Byerly, p. 298.

¹⁰ Geoffrey Winthrop-Young, 'Undead Networks: Information Processing and Media Boundary Conflicts in *Dracula*', in *Literature and Science*, ed. by Donald Bruce and Anthony Purdy (Amsterdam: Rodopi, 1994), pp. 107-29 (p. 117).

¹¹ Jay Clayton, 'Networking: Communicating with Bodies and Machines in the Nineteenth Century (Review)', *Victorian Studies*, 45 (2003), 775-7 (p. 777).

by Chadwick were primarily concerned with correcting and organising the location of waste, regulating and controlling the movement of such materials through the city. Chadwick's focus was on 'drainage, the removal of all refuse from the habitations, streets, and roads, and the improvement of the supplies of water', whilst the Public Health Act enabled local health boards to 'manage sewers and drains, wells and water supplies, gas works, refuse and sewerage systems', all of which formed large networks spreading across the city, facilitating the movement of materials within it.¹² Similarly, reoccurring outbreaks of cholera in the capital prompted continual reassessments of the urban spaces through which contagion was perceived as moving, with arguments such as Chadwick's, that 'miasmas of filth' enabled the disease to spread, renewing scrutiny of deprived areas which seemingly harboured infection.¹³ Cholera in particular was linked to ideas of transport and travel: the 1851 article 'Sanitary Consolidation' in the *Quarterly Review* described how the 'Asiatic pestilence' came 'travelling rapidly towards us across the continent, pursuing its track'.¹⁴ This characterisation of the disease, utilising the transport networks between England, the continent and the Far East, not only evokes the nature of its nightmarish and uncontrollable spread from countries to cities and bodies, but also implies that the very existence of these networks facilitated the problem.

The city and the body of the cholera victim are further entwined in writing which depicts the city itself as an infected body. As Erin O'Connor notes, commentators represented the city and the choleraic body as 'coextensive': the city's system of 'ducts and drains that were run together by the turbid diarrhoea of the cholera victim

¹² Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London: J.M. Dent, 1983), pp. 115 and 149.

¹³ *Ibid.*, p. 121.

¹⁴ 'Sanitary Consolidation', *Quarterly Review*, March 1851, 435-492, Proquest, <http://www.proquest.co.uk/en-UK/> [Accessed 1 August 2013].

himself' merged the 'already muddy boundary between corporeal and civic space'.¹⁵ Sewage and water systems in the city are also often compared to the cardiovascular system, a trope which serves to highlight the ambivalence of reactions which seek to make the city knowable and familiar, yet struggle to contain the sense of unease that its networks elicit. As this depiction of the water system in 'Sanitary Consolidation' shows, for example, the workings of the city are both familiar and strange:

Whoever has stood by the great Steam-pump of a London Waterwork, and listened to the throbbing of its heavy valves, and felt, at each dull beat, the rhythmic water-pulse of the iron aorta under his feet, must have been struck with the resemblance of the potent engine to a colossal Heart. It may not, however, have occurred to him that London is in this respect what Naturalists would call a monstrosity; having no less than nine such hearts scattered at random through its giant frame.¹⁶

As well as demonstrating how writing on the topic blurred the networks of city and body and highlighted their literal and metaphorical connections, examples such as these illustrate the shifting responses that depicted networks as either extensions, or monstrous exaggerations, of the body. The frequency with which images such as these recur in writing about the city, and the graphic way in which they conceptualise these connections, indicates the Victorian preoccupation with networks and attempts to both understand such systems as being familiar, whilst simultaneously situating them as strange and alien.

The connection that O'Connor highlights between the circulation of illness in the city and body links to another tangential public health concern at this time, regarding the movement of the destitute citizens of London through its streets. The 1851 census was

¹⁵ Erin O'Connor, *Raw Material: Producing Pathology in Victorian Culture* (London: Duke University Press, 2000), p. 40.

¹⁶ 'Sanitary Consolidation', n.p.

the second census to record information regarding a household's residents, but the first to do so in detail. The census can be seen as an attempt, in one sense, to fix people in place both socio-economically and geographically, as well as being a response to the large numbers who wandered the streets with no fixed address. As Henry Mayhew described in *London Labour and the London Poor*, groups such as the 'Street-Finders' and 'Collectors' led 'a wandering, unsettled sort of life, being compelled to be continually on foot, and to travel many miles every day in search of the articles in which they deal', and are 'mostly to be found at night in one or other of the low lodging-houses throughout London'.¹⁷ As Chase and Levenson note, the poor in Mayhew's text 'appear as a great fluid or current, seeping past foundations and enclosures' before receding from view, accumulating 'behind walls of their own' in slums and rookeries.¹⁸ Mayhew's writing brings to light one of the essential anxieties surrounding sanitation – the fact that both circulation and blockage, or stagnation, are problematic. As Wolfgang Schivelbusch notes in his discussion of nineteenth-century transport, railways and circulation, 'whatever is part of circulation is regarded as healthy, progressive, constructive; all that is detached from circulation, on the other hand, appears diseased, medieval, subversive, threatening', yet the presence of sites of infection and stagnation within the networks of circulation complicates this notion.¹⁹ As this extract from 'Sanitary Consolidation' demonstrates, areas of disease were not detached from circulation but existed within the channels of municipal networks, filtering disease into water which was then distributed to the entire system:

Carry the scalpel through the house itself, and lay open with a widened gash the ultimate capillaries of the urban circulating system.

¹⁷ Henry Mayhew, *London Labour and the London Poor*, ed. by Robert Douglas-Fairhurst (Oxford: Oxford University Press, 2010), pp. 175-6.

¹⁸ Karen Chase and Michael Levenson, pp. 146 and 148.

¹⁹ Wolfgang Schivelbusch, *The Railway Journey: Trains and Travel in the Nineteenth Century* (Oxford: Basil Blackwell, 1977), p. 187.

A whole series of new disorders and deformities are thus at once revealed. First appear two great tumours – one (so to speak) *aneurismal*, on the influx pipe, or artery; the other *varicose*, on the efflux channel, or vein. These two abnormal dilatations, named respectively Cistern and Cesspool, are companion evils; or rather companion forms of one great evil ... STAGNANCY – parent of sanitary ills. In these receptacles of sediment and filth are bred the deadliest of the poisons which taint the earth we tread on, the water we drink, and the air we breathe.²⁰

Again, drawing on images of the cardiovascular system – as well as the idea of the city as a diseased and monstrous body – the article illustrates the anxieties that circulation and stagnation caused. As Chadwick's efforts illustrate, the ideal scenario is for the city's networks to function efficiently with matter being controlled and channelled through the correct places, but the inability of the system to do so renders both circulation and blockage equally problematic, with circulation only encouraging further spread of disease.

As Gilbert has shown, attempts to control and contain movement within the city functioned in a further dimension with the rise in visually mapping statistics, particularly those charting the location and spread of disease. As with other literature conflating the bodies of residents with the city, progressive responses to health and infection came to be identified, according to Gilbert, 'with a careful mapping and containment of the city's (and city dwellers') guts'.²¹ Like the census or public health acts, medical maps aimed to not only produce a 'representation of reality' but also, more importantly, 'an ordering of that reality', as well as responding to concerns

²⁰ 'Sanitary Consolidation', n.p.

²¹ Pamela K. Gilbert, 'Medical Mapping: The Thames, the Body and *Our Mutual Friend*' in *Filth: Dirt, Disgust and Modern Life*, ed. by William A. Cohen and Ryan Johnson (Minneapolis: University of Minnesota Press, 2005), pp. 78-102 (p. 79).

about what lurked under surfaces or behind the walls of slums, ‘making transparent or visible the hidden and therefore intractable social or sanitary ills of the day’.²² In particular, Gilbert cites the example of John Snow’s water company maps (1854), which tried to illustrate connections between water quality and disease. Instead of being ‘composed of discrete and unrelated monads’ the city’s districts ‘could now be understood as vitally connected and participating in the same structure’, with the larger scale of Snow’s maps in relation to previous, area-specific charts offering ‘a new vision of an organically connected city’.²³ Mapping the spread of populations or diseases across the city helped to provide this sense of perspective and containment, a quality Jonathan Arac similarly ascribes to literature of the period, which sought to respond to ‘the chaos of urban experience’ by providing ‘a clarifying overview’.²⁴ According to Arac, a ‘spatialising power to locate and relate the peripheral to the central was needed to integrate an imaginative view of the city’.²⁵ Significantly, this same desire to create an ordered overview is present in Basil’s narration of his tale, as he tries to understand ‘the lost events of the End, through the events of the Beginning’ (139), alluding to the connections between the networks of the city and the structure of the narrative, and Basil’s uneasy relationship with both.

On a variety of levels, then, the way in which illness in the urban environment was imagined and described conflated the physiological networks of citizens with the city, aligning networks, pipes and passages with systems of the body and amplifying how infection could be transmitted from one to the other. Furthermore, the same infrastructure which was constructed to contain and regulate movement through the

²² Pamela K. Gilbert, ‘Medical Mapping’, p. 85.

²³ Ibid, p. 88.

²⁴ Jonathan Arac qtd in Tanya Agathocleous, p. 15.

²⁵ Ibid, p. 16.

city merely redeployed bodies or infection elsewhere, undermining its purpose in controlling systems of circulation and rendering both circulation and stagnation problematic. Despite rooting his text in the mundane, everyday environment of London, Collins can be seen as responding to this latent anxiety regarding illness and the irrepressible networks of contamination running through the city: as Wood comments, ‘it is hardly surprising that a writer intent upon amplifying suspense should seize upon the notion of some invisible agent of contamination to manipulate anxiety and the sense of vulnerability’.²⁶ In her discussion of *Our Mutual Friend* and *Bleak House*, Gilbert suggests that Dickens’s aim was to ‘challenge the perceived spaces of London – that is, a London of tightly contained and class distinct areas – in favour of an understanding of London as a lived space of heterogeneity and conflict’.²⁷ As this chapter will contend, Collins achieved this in *Basil* before Dickens, presenting the city and its infrastructure as a mass of interconnected pipes, drains, roads, railways and tunnels which spread disease rapidly and indeterminately, a counterpart to the human bodies within it which similarly caught, contained and passed on infection. By problematising the ability of London’s infrastructure to control and contain the people, materials, and diseases it harboured, Collins engages with the ambivalent responses to artificial networks that characterised the period, demonstrating the need for citizens in the capital to rely on the same municipal networks which harmed them.

Family and lineage

As a precursor to exploring this representation of the city, *Basil* initially considers disease transmission in a particularly obvious way with its examination of the

²⁶ Jane Wood, p. 122.

²⁷ Pamela K. Gilbert, ‘Medical Mapping’, p. 98.

hereditary taints of illness in bloodlines. As Bourne Taylor notes, Basil's lineage and position as the 'son of an ancient family whose real economic force has waned but whose symbolic power is perpetuated psychically' enables Collins to present Basil as having 'internalised' these issues into a form of 'morbid inheritance'.²⁸ This 'fear of hidden taint and of invisible agents of disease' is particularly suited, as Wood argues, to sensation fiction and its 'climate of secrecy' and 'surveillance', with such fear providing 'a strong narrative potential as science and popular conjecture contribute, on equal terms, to the task of tracing lines of contamination'.²⁹ The first part of the text engages with this idea of tracing the lines and connections of lineage (anticipating the examination of the lines of contamination the city fosters) through details regarding Basil's family, as well as introducing his father's obsessive pride in his ancestry. The 'second son of an English gentleman of large fortune' and a member of 'one of the most ancient [families] in the country' (8), Basil is forced to 'share' his father's 'heart with his ancestors', the 'family treasures to be held precious beyond all lands and all wealth, all ambitions and all glories, by his children and his children's children to the end of their race' (12). Despite such overt evocation of Basil's father's obsession with his past, however, we are also told that an 'inbred pride' lurks under the surface, a pride that 'only the closest observation could detect; which no ordinary observers ever detected at all' (10). This depiction of his father introduces a recurring preoccupation of Collins's (and of sensation fiction more widely) regarding what lies hidden under surfaces, as well as linking the ideas of lineage and familial characteristics which remain undetected beneath exteriors. Connections between the family's heritage and how this is expressed corporeally are strengthened by Basil's description of his father's and sister Clara's features. Reading their appearances

²⁸ Jenny Bourne Taylor, *In the Secret Theatre of Home*, p. 74.

²⁹ Jane Wood, p. 121.

physiognomically, he describes the ‘fine Norman outline’ of the ‘upper part’ of his father’s face with its ‘appearance of femininity’, and his eyes which ‘betrayed his birth and breeding’ (14), whilst his sister’s face, which ‘bears a striking resemblance’ to the father’s, also displays the ‘sensitiveness of her nervous organisation’, which is ‘too constantly visible in her actions and looks’ (20-21). Whilst Collins would go on to complicate reading bodies in later texts, as several other chapters argue, at this early stage he clearly draws on this as a way in to highlighting the latent taints of disease and illness that are central to the text.

We later learn, unsurprisingly, that Basil’s father has some ‘nervous delicacies’ along with his ‘family prejudices’ (215) – not inherited by Basil’s robust older brother Ralph, but presumably by Basil himself – yet it is not only Basil’s familial heritage harbouring taints of disease. Robert Mannion, Basil’s adversary and rival for Margaret’s affections, is the son of a woman who ‘died in a public mad-house’ (183), a detail seemingly intended to explain Mannion’s later mental instability and transformation into a ‘dangerous monomaniac’ (223), whilst Margaret’s immediate family are also strangely susceptible to poor health and unidentified illnesses. Mrs Sherwin, with her ‘pale, sickly, moist-looking skin’ and recurring ‘weak, small cough’ provides a constant backdrop of illness in the dreary family home (64-5), whilst Mr Sherwin suffers from headaches and ‘ill-temper’ (123). By introducing Basil in the context of his family and heritage, Collins engages with the social structures keeping individuals such as Basil and Margaret apart, yet his allusion to the underlying networks of contagion existing within all of the families undermines the boundaries between them. Despite their social and geographical separation, Basil’s family are not as far removed from the types of bodies, spaces and diseases that the

Sherwins represent. The fact that the connection between Basil and Margaret is enabled by one of the city's major networks of public transport visually and physically undermines this separation that Basil's family seek to maintain, as the omnibus route crosses and erases the boundaries between the various areas of the city that its network serves.

Networks of transport and travel

To Basil, the omnibus that he boards impulsively provides an opportunity for amusement, as a 'perambulatory exhibition-room of the eccentricities of nature' (27). More importantly however, it provides a 'sphere in which persons of all classes and all temperaments' are 'oddly collected together' and 'immediately contrasted and confronted with each other' (27), creating a space that is not governed by the rules of hierarchy and lineage Basil's family employ to separate themselves from others. As Dickens notes in his sketch 'Omnibuses', this mode of transport often featured as many passengers 'in the course of one journey as the figures in a kaleidoscope', but also had the potential to create discomfort through this mixture of strangers in close proximity: 'each person gazes vacantly through the window in front of him, and everybody thinks that his opposite neighbour is staring at him'.³⁰ As Schivelbusch comments, the movement of traffic through the capital shared conceptual links with the body, with ideas of the circulation of traffic being 'biophysiological' and indicating the 'biologisation' of social processes, a link explicit in French where '*circulation* refers to the actual movement of traffic as well as to the circulation of the blood and the circulation of goods'.³¹ These connections expressed themselves more tangibly still with the risk of infection from other passengers, as one newspaper article

³⁰ Charles Dickens, 'Omnibuses', in *Dickens's Journalism: Sketches by Boz and Other Early Papers 1833-39*, ed. by Michael Slater (London: Orion, 1994), pp.138-141 (pp. 139 and 141).

³¹ Wolfgang Schivelbusch, p. 187.

highlighted in July 1852, the year *Basil* was published. Drawing on a report presented to the General Board of Health, the article states that ‘the pestilence-diffusing sick, as we ourselves can testify, are sent straight from their polluted homes in common omnibuses’, before warning ‘Take care, Mr. Citizen Rich! On your right-hand in the omnibus you have just quitted, was a man whose heavy eyes and flushed face tell under what disease he is labouring. Do you ask its name? Typhus fever is the answer’.³² Statistics of omnibus traffic stated that ‘3,000 omnibuses of London and the suburbs carried not less than 300,000,000 of passengers yearly’; a figure which not only demonstrates the sheer volume of passengers making use of such services, but which was also used in the early 1850s as part of a movement to demand better working conditions for omnibus drivers.³³ As well as the threat of contagion in confined spaces for the passengers, there were ‘numerous cases of confirmed constitutional illness in this class of men, produced by the hardships they went through’, and that ‘strong young men [were] of shattered constitutions, and subject to bronchial affections’.³⁴ The constant mixing of bodies, the poor health of drivers, and the geographical circulation around the city of the omnibus itself, resulted in such vehicles spreading diseases between passengers and to different parts of the city, particularly in the case of routes which journeyed to or from fever hospitals, such as those in the vicinity of the London Smallpox Hospital on Highgate Hill.³⁵

When Basil touches Margaret’s hand as she boards the omnibus, it is therefore perhaps unsurprising that he describes the connection as a particularly physical one,

³² ‘Public Vehicles a Source of Infection’, *Daily News*, July 1852, 12 (p.12). British Newspapers 1600 – 1900 database, <http://www.bl.uk/eresources/newspapers/colindale2.html> [Accessed 6 May 13]

³³ ‘Omnibus Servants of the Metropolis’, *The Morning Post*, November 1851, 3 (p. 3), Gale British Newspapers, <http://find.galegroup.com/bncn/> [Accessed 5 June 2014].

³⁴ ‘The Omnibus Drivers’, *The Era*, November 1851, 2 (p. 2) Gale British Newspapers, <http://find.galegroup.com/bncn/> [Accessed 5 June 2014].

³⁵ ‘Public Vehicles a Source of Infection’, n.p.

which he imagines as being transmitted through his nerves and blood: 'I felt it thrilling through me – thrilling in every nerve, in every pulsation of my fast-throbbing heart' (29). What is significant here, however, is that Collins describes Basil's reaction as felt simultaneously through two separate systems: nervous and cardiovascular. As Iwan Rhys Morus notes, from the 1830s onwards physicians such as Marshall Hall began to argue for the 'existence of an 'excito-motory system' directed from the spinal cord' which was a 'separate automatic system', and cross-over between the different systems was labelled as a female, rather than male malady.³⁶ According to Morus, the 'female body was particularly sensitive to electricity and at risk, therefore, of the consequences of the electric fluid being out of place', and whilst it was 'commonplace' to see women's bodies as being, 'in some sense or other, out of control', men's bodies 'were meant to be, firmly under the control of the mind'.³⁷ By conflating separate systems in his description however, Collins is doing more here than simply effeminising Basil. In creating the impression that Basil's physical reaction to Margaret overruns the boundaries of bodily networks, spilling over from a purely nervous response into arteries, veins and the heart, Collins gestures towards the contemporary concern that Otis highlights over where one network ends and another begins. Moreover, Basil's response also initiates Collins's challenge to gendered ideas about the workings of the body, and that certain physical reactions or behaviours could be typified as gendered, a theme which he returns to throughout *Basil*, and indeed in later novels too, as other chapters discuss.

Collins's interest in the connections made within and between bodies, particularly in relation to the nervous system, is apparent in his articles 'Magnetic Evenings at

³⁶ Iwan Rhys Morus, *Shocking Bodies: Life, Death and Electricity in Victorian England* (Stroud: The History Press, 2011), p. 82.

³⁷ *Ibid*, p. 88.

Home’, written for the *Leader* in 1852, the year of *Basil*’s publication. Witnessing displays of ‘Animal Magnetism’, Collins considers not only how the ‘strange influence’ works on ‘the intellectual faculties, the nerves, and the whole vital principle’ but grapples more broadly with how the body functions as a whole, and what occurs along the neurological pathways controlling it: ‘I have a thinking machine about me, commonly called a “brain”—by what process is it set working? What power, when I am asleep, and my will is entirely inactive, sets this thinking machine going—going as I cannot make it go, when my will is active, and I am awake?’.³⁸ The transmission of magnetic influence from one body to another similarly captivates him. When touching the hand of the woman assisting with the demonstration Collins experiences, similarly to Basil, the sensation being transmitted along the nerves of his arm, a sensation ‘like that produced by a mild shock from a galvanic battery—*i.e.* a slight feeling of *tingling* in the hand, and of numbness all up the arm’.³⁹ The events clearly fascinated Collins, with the interest he expresses here reflecting the similar treatment of such concepts in *Basil*. As with the omnibus passage in *Basil*, the intrigue here for Collins lies in how networks within the body and between bodies become connected, and, once such a connection has been established, where one network ends and the other begins.

Basil remains on the omnibus almost to the end of its route, depositing him, and Margaret and her mother, in the suburb of Hollyoake Square, a place of ‘unfinished streets, unfinished crescents, unfinished squares, unfinished shops, unfinished gardens’ (30). As the length of the omnibus route demonstrates, the expansion of suburbs coupled with the development of transport infrastructure enables the meeting

³⁸ Wilkie Collins, ‘Magnetic Evenings at Home, Letter II’, *Leader*, February 1852, 160-161 (p. 161).

³⁹ Wilkie Collins, ‘Magnetic Evenings at Home, Letter IV’, *Leader*, February 1852, 207-208 (p. 208).

of bodies from diverse areas and classes, transporting Margaret from her home which borders on 'wretched patches of wasteland' (30) and putting her into contact with Basil, whose gentrified 'London residence' is situated more than an hour and a half's travel from hers (25). As Witchard comments, the spread of such suburban expanses was coterminous with the development of the transport system:

The first phase [of suburban expansion], from around 1800 to the end of the 1830s was broadly bourgeois in tone, making its biggest push in the north and west, its principal mode of communication the omnibus. The next four decades were more mixed in their class appeal, pushing in every direction, alongside the railway system.⁴⁰

Facilitating travel between existing parts of the city as well as encouraging the progression of development outwards, the transport network was central in making the expansion of such districts possible and connecting them to the centre. Here, Collins not only demonstrates the movement of bodies and materials through disparate areas, but helps to quash the notion of districts and their residents as separate, discrete and fixed in place, as publications such as the census and medical maps sought to stress.

From this point on, the city becomes an increasingly persistent presence in the text, forming an oppressive backdrop to Basil's narrative. Returning home after his visits to Hollyoake Square, he notes how the 'distant roll of carriages along the surrounding streets' suddenly take on a 'heavy boding sound' and the 'London air seemed denser to breathe than it had ever seemed before' (32). The sound of the city and, specifically, the 'busy streets' aggravates Basil; the same streets and transport which earlier enabled his pursuit of Margaret are now an incessant background noise, playing on the nervous irritability he shares with his father (38). The repeal of

⁴⁰ Anne Witchard, 'A Fatal Freshness', p. 28.

window tax in 1851, a year before *Basil* was published, made the sound of the streets an even more intrusive presence in the home, as larger panes of glass enabled noise to be transmitted more easily.⁴¹ As Chase and Levenson note, ‘such figures as Dickens, Tennyson, and Charles Babbage’ campaigned against the ‘constant distractions in the thoroughfare’ and argued that they were ‘dangerously corrosive to privacy, putting physical health and intellectual vocation at serious risk’.⁴² This connection between the noise of the city and the health of its inhabitants was firmly established, and it seems apt that the noise of the streets troubles and irritates Basil. Despite this, he articulates a new affinity with the city, at the same time that its presence antagonises him. Several pages after his description of the ‘distant roll of carriages’, Basil describes a morning where he sees ‘the mighty vitality of the great city renewing itself in every direction’ and feels an ‘unwonted interest in the sight [...] as if all things, on all sides, were reflecting before me the aspect of my own heart’ (44). As well as indicating Basil’s growing connection to the city – and recalling to mind the earlier, more graphic evocation of his ‘fast-throbbing’ heart on the omnibus – this movement back and forth mirrors the novel’s wider exploration of the ambivalent relationship between the city’s inhabitants and the urban networks, both enabling and endangering life. It is a pattern that resurfaces throughout: the noise, pollution and heat of the city alternately threaten Basil’s physical and mental health (‘my heart felt tightened to bursting; my temples throbbed with fever-fury; my very life seemed to depend on escaping into pure air; into some place where there was shade from trees’ (225)) and provide comfort and companionship (‘a yearning to be among my fellow-creatures again to live where there was life – the busy life of London – overcame me. I turned hastily, and walked back from the suburbs to the city’ (202)). Through these

⁴¹ Karen Chase and Michael Levenson, *The Spectacle of Intimacy*, p. 152.

⁴² *Ibid*, p. 151.

equivocal responses to the city, Collins is able to demonstrate Basil's shifting viewpoints of the networks with which he engages, a pattern replicating the wider sense of mistrust surrounding artificial networks similarly identified in the work of novelists and writers discussed above.

Diseased spaces

Basil's ambivalent relationship with the city is also part of Collins's complication of the idea of the city as a fixable, definable entity. Just as Basil's response changes over the course of the narrative, the city is also in a state of constant movement and flux. Witchard, for example, comments that in *Basil*, 'evils flourish in these susceptible spaces where social divisions are fluctuating and unsettled', but the narrative seems more interested in disproving the existence of such fixed spaces.⁴³ The increased mobility and circulation the city infrastructure offers undermines the significance of such static spaces: the real anxiety that the novel addresses is the notion that 'evils' can flourish anywhere, whether in the form of the illness Basil suffers from in his upper-class home, the movement of fever-ridden omnibuses through the streets, or Mannion's later pursuit of Basil through the city and beyond. The spaces of the city in Collins's text become essentially shapeless, and it increasingly appears as one large entity rather than a conglomeration of distinct units. As Bourne Taylor notes, such shapelessness is communicated most clearly in Collins's depiction of the omnibus and the Sherwin's suburban house: the omnibus is a place of 'disturbing mingling and juxtaposing of classes and types and of unsolicited associations' and the 'lower-middle-class home is essentially an extension of this – the Sherwins' household is in a

⁴³ Anne Witchard, 'A Fatal Freshness', p. 31.

limbo-like place of unfixed identities'.⁴⁴ This 'limbo-like' appearance stems in part from the fact that it is 'oppressively new', as Basil notes (53). The ostentatious artificiality of the drawing-room, with its 'morocco-bound picture books' that have 'never been moved or opened' situates it more as a simulacrum: as Basil observes, 'not one leaf even of the music on the piano was dogs-eared or worn' and the perfection of the 'richly furnished room' highlights its own lack of substance, and artificiality (53). This in turn has a physiological effect on Basil, who describes how his 'eye ached' looking over the colourful carpets, wallpaper, china and chiffonier which 'all seemed startlingly near to the eye; much nearer than they really were' (53-4). His comment that such a room would have 'given a nervous man the headache' not only reiterates his own nervous instability, but also connects more broadly to links between the suburbs and illness (54). Areas such as Hollyoake Square, which were rapidly erected, poorly built and frequently left unfinished fostered unsanitary conditions: apart from problems with drainage and infrastructure the materials of the buildings themselves were 'often mixed with trash, road rubble, and a wide variety of accidental impurities'.⁴⁵

The fact that the Sherwins' house, in contrast, appears to Basil's aching eye scrupulously clean and tidy (the 'rosewood table', for example, is in a 'painfully high state of polish' (53)) indicates Collins's engagement here with a further set of associations regarding home décor and sanitation. As Eileen Cleere describes, ongoing arguments over taste and decoration were, perhaps surprisingly, also aligned with issues of health and sanitation. Whilst the 'dusty corners of Victorian middle-class houses' were alternately configured as 'places of artistic imagination and filthy

⁴⁴ Jenny Bourne Taylor, *In the Secret Theatre of Home*, p. 79.

⁴⁵ Eileen Cleere, 'Victorian Dust Traps', in *Filth*, ed. by Cohen and Johnson, pp. 133-154 (p. 146).

accumulation', discussions of wallpaper and interior design also warned against 'strongly repetitive or monotonous patterns' which could be deemed deleterious to the mental health of inhabitants.⁴⁶ Issues of sanitation were similarly used to curb middle-class experimentation in home décor.⁴⁷ Even if a middle-class family could afford to emulate the style and content of upper-class interiors, it was assumed that they could not afford the staff needed to keep such cluttered environments clean. The Sherwins' house clearly combines the worst of both scenarios. Imitating the style of upper-class furnishings (Sherwin even notes that he has viewed Basil's family house, through an association with one of the stewards) the multi-coloured carpets, wallpaper and curtains offer 'no repose anywhere', yet the scrupulous cleanliness of the place similarly makes it 'thoroughly comfortless', troubling Basil's senses and mental state (53). By engaging with the associations between suburban house construction, décor and illness on several levels, Collins anticipates Basil's consequent sickness, demonstrating the path of contagion that the omnibus has enabled and situating the suburbs and the Sherwins as sources of illness and infection.

This connection between the Sherwins and illness is foreshadowed several pages earlier by Basil's dream sequence following his encounter with Margaret. Featuring two women clearly representing Clara and Margaret, the dream can be read on one level, as Thoms notes, as symbolising Basil's choice between 'moral elevation and sensual decline'.⁴⁸ As Clara beckons to Basil from hills 'ever rising higher and higher yet, until they were lost in bright, beautifully white clouds' he is led by the shadowy figure of Margaret into 'thick woods, whose dark secret depths looked unfathomable

⁴⁶ Eileen Cleere, p. 138 and 141. See also Catherine Peters, p. 424, for a description of Collins's own objection to his dining-room wallpaper much later on in life, which he claimed 'inflames my eyes every time I look at it'.

⁴⁷ Eileen Cleere, p. 146.

⁴⁸ Peter Thoms, p. 19.

to the eye' (40-1). Whilst, as Thoms and Bourne Taylor point out, both the landscape and content of the dream 'suggests the lure of sexual penetration', neither comment on the aspects alluding to the risk of contagion and infection threatening Basil, either sexually or symbolically, or the wider implications of this suggestion.⁴⁹ Although, as Bourne Taylor describes, the landscape is 'both a symbolic female body and an iconic moral hierarchy', it is also clearly a contaminated space, playing on contemporary fears surrounding where infection lay in the landscape and how it was transferred to the body.⁵⁰ A dark, miasmatic vapour not only shrouds Margaret but surfaces from the surrounding terrain: the sky above her is 'dark and vaporous' as if some 'thick exhalation had arisen from behind the trees' (41). As Otis describes, 'well into the nineteenth-century, the earth itself was thought to emit fever-producing vapours, so that fissures, cracked foundations, and recently ploughed fields became terrifying threats', with the air people breathed becoming 'most suspect'.⁵¹ Such views even find expression in Collins's own letters. Writing to his mother from Genoa whilst on a tour of Europe in 1853, he describes the valleys of the Swiss Alps as 'nests of pestilence and the people who inhabit them are hideous with [...] disease, and deformity. The unbroken chains of mountains [obstruct] the air, and prevent the exhalations from the marshy ground about rivers and streams, from escaping'.⁵² By conflating the contaminated landscape with that of the female body in *Basil* however, Collins is also engaging with the notion of female bodies as sites of contagion and contamination, which, like Basil's earlier encounter with Margaret on the omnibus, he goes on to undermine.

⁴⁹ Peter Thoms, p. 19.

⁵⁰ Jenny Bourne Taylor, *In the Secret Theatre of Home*, p. 85.

⁵¹ Laura Otis, *Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science, and Politics* (John Hopkins University Press: Baltimore, 1999), p. 9.

⁵² Wilkie Collins to Mrs Harriet Collins, 28 October 1853, in *The Letters of Wilkie Collins*, I, 103.

As with the connections between the landscape and female body here, women's bodies were often described in terms which aligned 'their concealed inner recesses and harbouring of polluted blood' with the spaces of the city, in particular, 'the sewers that so preoccupied the sanitary reformers of the mid-century and that figured in contemporary rhetoric as the breeding ground of social disease'.⁵³ The miasmatic air surrounding Margaret and the dark woods towards which she draws Basil configure both her and her body as a threat, but at the same time Collins subtly counteracts this with Basil's own reactions in the dream. Similarly to the encounter on the omnibus, Basil describes how Margaret's touch in the dream 'ran through me like fire, from head to foot', leaving him with his 'blood burning' and 'breath failing [him]', converging the same nervous, vascular and respiratory systems that her earlier touch stimulated (41-2). Again here, Collins invokes and subverts the notion that the translation of sensations across different systems was an issue restricted to women's bodies, similarly to his levelling treatment of male and female bodies in *Armadale*, for instance. As Shuttleworth explains, the medical preoccupation with women's 'harbouring of polluted blood', the idea of 'excess' fluids and the danger that these fluids would 'flow back and pollute the entire system', led to 'new theories of the relationship between the sympathetic and spinal nervous systems, and into physiological theories of the conservation of energy which, regarding the body as a closed system, suggested the ready translatability of emotional and physiological force'.⁵⁴ Women in particular were perceived to be at risk of the body's regulatory systems malfunctioning, leading to dangerous crossover between discrete systems. The fact that Basil's reaction here is again made manifest through a variety of physical responses, then, both engages with and challenges physiological arguments

⁵³ Sally Shuttleworth, p. 56.

⁵⁴ *Ibid*, p. 57.

encoding women's bodies as problematic. As Collins's later exploration of these themes in other novels – and discussions of this in other chapters – demonstrates, more is being done here than simply feminising Basil. Throughout much of his writing Collins frequently returns to the argument that male and female bodies are essentially alike, and the roots of this notion are very much present here.

Collins similarly questions the idea, propounded in particular by Smilesian self-help narratives, that 'the woman, rendered helpless by the tyranny of her body, must resort to external medication and supervision' to control her 'physical and mental health', whilst the man 'needs nothing more than his own internal resources to bring about the requisite self-control that will enable him to climb the social ladder'.⁵⁵ Here, Basil notes how 'the thoughts and sensations which had been more and more weakly restrained [...] now rioted within me in perfect liberation from all control' (40), and it is noteworthy that throughout the novel both Basil and Mannion appear strikingly unable to control or regulate their bodies or emotions, and are subject to the types of problems and weaknesses more readily attributed to women's bodies. Rather than functioning as a simple role reversal however, Collins's exploration of infection and its relation to female and male bodies here and elsewhere in the text again points towards the susceptibility of all bodies to be either carriers or contractors of disease, irrelevant of gender or class. According to Otis, this move towards considering male and female bodies as being connected more equally began to develop from the 1850s onwards due to developments in technological and communicative networks: 'as more and more people began communicating through telegrams, the public – male and female – began to understand themselves as "connected" and to envision

⁵⁵ Sally Shuttleworth, p. 51.

themselves as cross-points in a net'.⁵⁶ Collins depicts connections between bodies in *Basil* in a similar way: irrelevant of gender or class, the bodies in the novel exist and interact as equal objects within the network of the city, with the internal networks of their bodies also functioning in comparable, rather than dissimilar, ways.⁵⁷

The text also shows a clear interest in contemporary scientific understandings of disease transmission, along with its wider exploration of the spread of disease in the city. The doctor at the hospital where Mannion is treated, for example, provides Basil with a detailed explanation of his own interpretation of the spread of infection, the core of his argument being that 'infection is taken in through the lungs; one breath inhaled from the infected atmosphere hanging immediately around the diseased person, and generally extending about a foot from him, being enough to communicate his malady to the breather' (224). His theory is seemingly proven by Margaret's contraction of typhus from one of the men on Mannion's ward, a further aspect of the text contradicting gendered ideas about illness. Not only does Margaret catch the disease as a result of visiting a ward full of ill, injured and infectious male bodies (inverting the idea of the female body as a site of infection) but the description of her slow decline as Basil cares for her, and his own reaction to her illness, similarly challenges the same ideas with which the dream sequence engages. Rather than becoming a realisation of the contaminated female body that the dream hinted at, Margaret is instead an object of pity, and the 'agony' of her suffering is, as Basil describes, 'more than I could endure' (231). Perhaps most significantly, Basil does not contract typhus from Margaret, as she has done from the man on the hospital

⁵⁶ Laura Otis, *Networking*, p. 221.

⁵⁷ For these reasons I would argue against readings such as John Kucich's, which sees Basil succumbing fairly straightforwardly to "effeminate" melancholy. See John Kucich, 'Collins and Victorian Masculinity', pp. 125-138.

ward, reversing the implications of the dream and the notion of the female body as a threatening figure, and pointing instead to male bodies as equally likely carriers of disease.⁵⁸

City streets and 'fever tracks'

Prior to Margaret's illness, both Basil and Mannion are depicted as suffering from illness and mental instability, and in each instance it is linked in particular to the city streets. Visiting the Sherwins' house the night before the marriage can be made public (following Sherwin's stipulation that Basil must marry his daughter but conceal it for a year) Basil finds that Mannion has escorted Margaret to a party at her aunt's and, in irritation, he follows them to the house in a 'populous neighbourhood' on the 'western side of the Edgware Road' (125). Basil is concerned that he shows outwardly 'the fever of joy and expectation' within him, so determines to walk through the 'lonely bye-streets' and 'crowded thoroughfares' to pass the time, his agitation and anticipation growing as he does so (126). The gradual building of connections between illness and the streets that this section of text develops is not only reminiscent of the earlier link between contagion and transport, but also relates to wider projects of social engineering and slum clearance that the creation of city streets were often part of. As Chase and Levenson note, 'one of the most significant urban reconstructions of the first half of the century was the cutting of London's New Oxford Street through the notorious rookeries of St Giles's' whereby the street becomes 'a broad sword slashing through the collective interior of the courts in a gesture widely hailed as a triumph of urban hygiene'.⁵⁹ Such projects were

⁵⁸ In many ways, Collins is ahead of his time in his challenges to the pathologisation of women's bodies. One only need consider the treatment of women as part of the Contagious Diseases Acts, passed from 1864 onwards, to understand the significance of what Collins is arguing here.

⁵⁹ Karen Chase and Michael Levenson, *The Spectacle of Intimacy*, p. 151.

undermined however as streets themselves came to be configured as potentially threatening spaces, 'where the costermonger, the businessman, the prostitute, the clerk, the nanny and the crossing-sweeper jostled for place'.⁶⁰ According to Stallybrass and White, the development and usage of areas of the city constantly troubled the demarcation of spaces and segregation that urban developments sought to define: the streets became 'shockingly promiscuous' with 'fear of that promiscuity' being 'encoded above all in terms of the fear of being touched', as "contagion" and "contamination" became the tropes through which city life was apprehended'.⁶¹ It is therefore fitting that the promiscuous and contaminated space of the streets not only forms the setting for Margaret's elopement with Mannion, but also Basil's violent confrontation with Mannion and later feverish collapse.

As Basil follows Margaret and Mannion – back to her house in Hollyoake Square, as he initially presumes – the cab turns off in the opposite direction before stopping in a 'very lonely place – a colony of half-finished streets, and half-inhabited houses, which had grown up in the neighbourhood of a great railway station', with a 'neglected, deserted, dreary-looking' hotel which Margaret and Mannion enter (128-9). The detail of the 'great railway station' here is particularly significant: not only does it function to evoke the disreputable nature of the suburb forming the backdrop to Margaret and Mannion's encounter (with the sexualised imagery of the train pulling into the station also alluding to this), but the associations between railway lines, poverty and disease also anticipates the illnesses that Mannion and Basil succumb to following their confrontation here. In a similar way to city streets, railways shared a problematic relationship with the health and wellbeing of the city's

⁶⁰ Peter Stallybrass and Allon White, p. 128.

⁶¹ Ibid, p. 135.

inhabitants, with railway lines often functioning as markers of deprivation and fostering the spread of disease and slums.⁶² The description of the engine even mirrors Basil's precarious physical and mental state at this point: the 'fierce scream of the whistle, and the heaving, heavy throb of the engine' replicates his highly-strung state of agitation, the 'thick rapid beating' of his heart and the 'blood' that 'surged and heaved' as he follows Mannion and Margaret into the hotel and discovers their 'foul plot, foully hidden for months on months' (128-9).

The language Collins uses to evoke Basil's reaction is also strikingly similar to contemporary descriptions of cholera; like the 'stagnant blood in a cholera-patient's veins', Basil describes how his 'blood seemed to stagnate on its course', whilst, as O'Connor notes, the disorientating symptoms of cholera were often linked to 'the nerve-wracking effects of sensation fiction, or the giddy speed of the railroad'.⁶³ Linking together a disease which had repeatedly spread through the city's municipal networks, the railway line, and even the genre of the text, Basil's choleraic response connects the infection present under the surface of the city and network of streets and railways with the narrative itself. By aligning the symptoms of cholera with the sensations experienced by the narrator and in turn, the audience, Collins foreshadows the developing role of the narrative as another form of network, similarly to other writers during this period. In addition to forming a backdrop for Basil's increasingly delirious state, the physical matter of the streets becomes a significant part of Basil and Mannion's eventual confrontation: as Mannion exits the hotel Basil attacks him, and as they fight they move out 'into the road' which had 'been newly mended with granite' (132). Realising this, Basil is struck by a 'savage purpose' and throws

⁶² John R. Kellet, *The Impact of Railways on Victorian Cities* (London: Routledge, 1969), p. 342-5.

⁶³ 'Sanitary Consolidation', n.p.; Erin O'Connor, p. 41.

Mannion ‘with the whole impetus of the raging strength that was let loose in me, face downwards, on to the stones’ (132). As Basil later learns from a newspaper report, the ‘recently macadamised’ road leaves Mannion’s face ‘frightfully mutilated’ and with his sight in one eye ‘entirely destroyed’ (145-6).

The reference to the macadamised road here is noteworthy, and, like the railway line, would have held a certain set of associations for a contemporary audience. Most obviously, and most pertinently, given the damage inflicted on Mannion’s body, macadamised roads posed a potential health risk, with articles noting that the ‘constant macadamising of city roads’ contributed to harmful ‘city dust’ or ‘dust-clouds’, which are ‘deposited on our clothes and furniture; on our skin, our lips, and on the air-tubes of our lungs’.⁶⁴ As Wagner notes, the specific reference to the road surface can also be seen as gesturing more broadly to the often detrimental effect building work in areas such as this had, with the ‘newly macadamised road acting out the revenge of building speculation on suburban monstrosities’.⁶⁵ A year before *Basil* was published, an article by George Augustus Sala in *Household Words* describing the lives of the ‘seventy thousand’ homeless in London similarly draws on the negative associations that such materials held, inviting the reader to listen ‘while with “the key of the street” I unlock the stony coffer, and bring forth the book, and from the macadamised page read forth the lore of midnight London Life’.⁶⁶ Not only does the ‘macadamised page’ denote the gritty, harsh nature of the piece to follow, but also

⁶⁴ ‘The Dust of Cities and the Health of Men’, *Glasgow Herald*, Issue 9015, 1869, 31 (p. 31), British Newspapers 1600 – 1900 database, <http://www.bl.uk/eresources/newspapers/colindale2.html> [Accessed 7 September 12]; ‘Sanitary Consolidation’.

⁶⁵ Tamara S. Wagner, ‘Sensationalising Victorian Suburbia: Wilkie Collins’s *Basil*’, in *Victorian Sensations: Essays on a Scandalous Genre*, ed. by Kimberly Harrison and Richard Fantina (Ohio: Ohio State University Press, 2006), 200-211 (p. 204).

⁶⁶ George Augustus Sala, ‘The Key of the Street’, *Household Words*, September 1851, 565-572 (p. 566).

brings to mind the ‘seventy thousand’ sleeping rough on these (macadamised) streets, and the grim, unpleasant realities of urban existence.

Basil and Mannion’s confrontation marks a turning point, coming almost exactly halfway through the text, after which both men are altered physically and mentally. It also marks a point after which the role of the narrative becomes more important; its function as a network in itself becomes increasingly apparent as Basil’s relationship with his own story – and its intersections with the stories of others – becomes increasingly problematic. This shift is particularly noticeable during his description of the delirium which sets in after his fight with Mannion. Basil’s recollection of wandering ‘round and round the same streets, over and over again’ (133) merges with his delirium following this, where he experiences ‘a quick, restless, unintermittent toiling of obscure thought, ever in the same darkened sphere, ever on the same impenetrable subject, ever failing to reach some distant and visionary result’ (137). The sensations and symptoms of delirium are clearly mapped on to the city streets, with the feverish ramblings of Basil’s mind mirroring his dazed circling of the suburb, as his mind replays the sequence of events following Mannion’s first appearance at Hollyoake Square. The sequence in Basil’s mind is disordered however: in contrast to other networks in the novel, his experience of delirium is characterised by formlessness, and a need for structure. As Basil notes, he seeks to control and understand the events that are replayed in his mind by imposing a narrative order onto them, a detail which indicates Collins’s interest in the need for networks and systems of control as well as the threat that they pose: ‘I toiled and struggled back, over and over again, to seek once more the lost events of the End, through the events of the Beginning. How often my wandering thoughts thus

incessantly and desperately traced and retraced their way over their own fever track, I cannot tell' (139).

The reference to the 'fever track' is reminiscent both of the suburban railway line with the 'fierce scream of the whistle' and 'heaving, heavy throb of the engine', as well as Basil's earlier reference to the 'track of fire' along which his thoughts are 'whirling' after discovering Margaret's infidelity, but the 'fever track' which his mind follows here appears to have a nightmarish lack of structure. As the novel progresses, his compulsion to continually re-tell and revisit the narrative becomes obvious, and this issue is anticipated in the microcosm of Basil's delirium. Brooks has argued that 'life in the text of the modern is a nearly thermodynamic process; plot is, most aptly, a steam engine', but the symbol of the engine here, coupled with the 'tracks' which Basil's delirious thoughts follow, seems to allude instead to the narrative's inability to progress.⁶⁷ Providing several examples of nineteenth-century novels which centre on an engine or similar force, Brooks states that, 'not only do these in each case provide the thematic core of the novels in which they figure, they also represent the dynamics of the narrative, furnish the motor power by which the plot moves forwards', yet the engine in *Basil* appears at the very point from which the narrator's difficulty to set events in their right order and drive the narrative forwards becomes increasingly apparent.⁶⁸ It is also during Basil's delirium that he experiences another more lurid dream sequence featuring Mannion and Margaret, which similarly points to several of the narrative's key concerns. Returning to the tensions between shapelessness and structure, Basil sees 'formless masses' materialise into 'monstrous forms', and as each figure raises a 'veil which was one hideous net-work of twining worms' he sees

⁶⁷ Peter Brooks, *Reading for the Plot*, p. 44.

⁶⁸ *Ibid*, p. 45.

through the ‘ghastly corruption of their faces’ to identify Mannion and Margaret (140). As Basil seeks to create a sense of order and form out of his shapeless delirium (an equivalent of the nightmarish ‘formless masses’ in the dream) the ‘hideous network of twining worms’ simultaneously points to the unwanted routes of diseased connections between people and places that such forms of structure in the city and family have so far engendered. As with the concurrent problems of circulation and stagnation discussed earlier, formlessness and structure here are configured as similarly problematic alternatives.

As well as continuing the connections drawn between bodies and streets, the scars on Mannion’s face bring to the surface his own secret past and links with Basil’s family, in addition to serving as a visual marker of the emergence of his latent monomania. In his letter to Basil he relates how Basil’s father brought about the hanging of his own father for forgery, giving him the ‘right to be the enemy of your father, and of every descendent of your father’s house’ (181). Not only does this albeit rather far-fetched connection explain Mannion’s particularly virulent animosity towards Basil, it also marks a return to the theme of lineage and inheritance, as well as alluding to the other narratives created by characters in the novel, with which Basil’s own sporadically intersects. Mannion’s letter to Basil, linking Basil to his own history and family story, comes several pages after Basil has been cast out from his family’s narrative, with his page in the ‘biographical history’ of the family having been dramatically torn out by his father (161). Strengthening the notion that Basil’s narrative – the narrative of the text – begins to appear as a type of network, these details indicate the other family narratives or networks running alongside Basil’s and the connections and points of departure between them. Mannion’s letter also recounts some of his own familial

history, with the detail that his mother ‘died in a public mad-house’ anticipating his later monomaniacal pursuit of Basil (183). The nature of Mannion’s monomania – and the way in which his scars function as a physical manifestation of this – relates to the narrative’s parallel interest in surface appearance and underlying illness, both in the body and the city, as well as introducing a Gothic element to the narrative through the past resurfacing in tainted bloodlines. Earlier in the text, after sheltering at Mannion’s house during a storm, Basil sees Mannion’s face illuminated by a flash of lightning which gives it ‘such a hideously livid hue, such a spectral look of ghastliness and distortion to his features, that he absolutely seemed to be glaring and grinning on me like a fiend’ (106) – a particularly dramatic moment which Basil later interprets not as ‘an illusion produced by a flash of lightning, but as a frightful reality which the lightning disclosed’ (138) – but Collins is careful to align these more Gothic leanings with issues of surface appearance and depth which were also played out in the terrain of the city. The subterranean held a peculiar attraction for many as the city increasingly developed underground spaces: according to David Pike, the ‘technological novelty of its metropolitan railways, tunnels, arches, and embankments’ developed a notion of the city as a ‘vertically divided space’ which began to ‘dominate urban representations’.⁶⁹ By correlating Mannion’s injury – and subsequent physical and mental illness – with the surface of the streets, Collins aligns the Gothicised notions of inheritance and emergence of the past in the present with the vertical space of the city, hinting at the dark depths beneath urban spaces as being comparable to the repressed histories of Basil and Mannion’s families.

⁶⁹ David L. Pike, ‘Sewage Treatments: Vertical Space and Waste in Nineteenth-Century Paris and London’ in *Filth*, ed. by Cohen and Johnson, 51-77 (pp. 51 and 54).

Narratives and networks

Removed from his family's biographical text, Basil finds himself in a 'position of namelessness and placelessness' as Bourne Taylor notes, like the 'formless masses' of his dream, but his impulse to narrate his story cannot be explained as straightforwardly as a need to 'replace the previous structures (or plots) that governed his life by creating his own story', as Thoms argues.⁷⁰ In the final part of the novel, it seems more that Basil's own narrative separates from those of others with which it had previously connected to form a closed loop, which he can neither escape nor control, but onto which he must continually attempt to impose a sense of order.⁷¹ As Frank Kermode notes, 'in the midst, we look for a fullness of time, for beginning, middle, and end in concord', yet as Basil increasingly strives to attain this structure, he loses the ability to do so, and compulsively returns to the events and scenes of the past.⁷² Even as he attempts to narrate his own story, he is unable to govern the points of connection with other narratives, such as Mannion's own history and prophesy that there is something 'which urges me horribly and supernaturally to link myself to you for life' (201). The way in which Mannion describes his pursuit of Basil is particularly interesting in this respect: as he writes in his letter to Basil, 'the terrible secret of your dishonour, and of the atrocity by which you avenged it, shall ooze out through strange channels, in vague shapes, by torturous intangible processes' (200). As well as being strangely reminiscent of contemporary conceptualisations of the sludgy movement of cholera through the city sewers – and the vague, 'monstrous forms' of Basil's dream – the disturbing imagery visualises Basil's inability to control the various networks and 'strange channels' to which he is connected, as well as

⁷⁰ Jenny Bourne Taylor, *In the Secret Theatre of Home*, p. 72; Peter Thoms, p. 22.

⁷¹ For a discussion of Basil as a figure for the male writer, and the influence of the female Gothic on his writing, see Tamar Heller, pp. 58-81.

⁷² Frank Kermode, p. 58.

Mannion's ability to use such connections to his advantage. Basil's guilt will follow him, as Mannion insinuates, until the 'terrible secret' of his dishonour leaks out; a process which, as Mannion's pursuit of Basil demonstrates, utilises the networks of family and city Collins has aligned throughout.

Disinherited by his father, and with the 'dearest and bravest' of his friends and family threatened by Mannion (241), Basil leaves London, in part to prevent Mannion from using the 'moving throng' of 'passing vehicles and foot-passengers' in the streets as a cover as he pursues him, but also to draw Mannion's 'destroying presence' far away from his 'family and home' (245). In the final section of the text, then, the locale of the city is removed altogether as Basil seeks refuge in the rural anonymity of a small Cornish village, and it is here that the function of the narrative as an overarching network becomes increasingly apparent. Although the main portion of the narrative ends as Basil leaves London (this latter part being recorded via journal entries and letters), Basil's compulsion to continue recording events becomes clear as he tries, as with his delirium, to gain control over the 'events of the End, through the events of the Beginning' (139), explaining that 'there remains for me a future which must be recorded, as the necessary sequel to the narrative of the past' (247). The links between Basil's struggle to shape his narrative and his early fever are clear; aptly, Brooks describes plot as resembling 'a diseased, fevered state of the organism'.⁷³ This section echoes Basil's delirium in more ways than one however, as the landscape surrounding him becomes increasingly reminiscent of that in his nightmare, culminating in the setting for his final meeting with Mannion. The 'wilderness' of the dream and 'lake of black waters which heaved up and overflowed' (140-1) becomes

⁷³ Peter Brooks, *Reading for the Plot*, pp. 138-9.

the Cornish coastline of black granite in ‘wild shapes’ and the ‘incessant crashing of the sea’ (256-7). Collins had visited Cornwall shortly before writing *Basil*, publishing the travel book *Rambles Beyond Railways: Notes in Cornwall Taken A-Foot* in the January of 1851, and the fact that Basil travels to a region Collins perceived as ‘beyond railways’ seems particularly apt. However, the rural spaces of Cornwall fail to provide Basil with a safe refuge, and instead propel him back again to re-visit the landscape and encounter of his dream. As Bourne Taylor notes, the ‘wildness of Cornwall’ with its ‘rocks and cliffs, “beyond the railways” of modern civilization, forms a setting where Basil can engage in the final conflict with Mannion that replicates the landscape of the delirium’, whilst the disfigured face of Mannion becomes ‘the monstrous vision of the delirium’.⁷⁴ The similarity and repetition of events – leaving the streets of the city to enter into a nightmarish encounter with Mannion – evokes the same sensations of the delirium itself, as though Basil’s narrative has become a lived delirium from which he cannot escape.

Bourne Taylor argues that the conclusion, which sees Basil living with his sister in a ‘life of retirement’ in the country, situates him in a familial setting which ‘becomes a safe place, an asylum, but also a kind of pastoral stasis – a place outside history, outside narrative itself’.⁷⁵ However, the manner in which Basil frames his narrative, both at the beginning and the end, would appear to contradict this possibility of being ‘outside narrative’, instead placing him within a pattern of telling and re-telling. From the outset, Basil alludes to the fact that the narrative will be re-told, not only by him but by those who find ‘these pages’ after his death and by the ‘children of the next generation of our house’ (7). This reference to the ‘children of the next generation’

⁷⁴ Jenny Bourne Taylor, *In the Secret Theatre of Home*, p. 91.

⁷⁵ *Ibid*, p. 77.

seems particularly jarring however, given Basil's position at the end of the narrative in a strange sexless, quasi-marriage with his sister, fairly conclusively ending their lines on their father's prized family tree. In her discussion of circulation in *Dracula*, Otis notes that Jonathan Harker's disgust at Dracula's hoarding of blood and money highlights the importance ascribed to the circulation of money and inheritance at this time: 'to Victorians, the flow of blood implied the transmission of family traits, family names, and – most importantly – family fortunes, so that biological and economic flow occurred through common channels'.⁷⁶ Basil and Clara's situation at the end of the text is highly problematic, then, and can be seen as linking back to the earlier issues Collins explored in relation to ideas of circulation and stagnation. By disentangling himself from the networks of city and family Basil has removed himself from several forms of circulation but instead appears to stagnate; at the end of his family line and locked in a past which he is repeatedly re-living and re-writing, his existence exemplifies the need for networks and circulation at the point at which he rejects them.

Although he has escaped the networks of city and family, the letter that closes the text compounds Basil's inability to leave behind the narrative which he is still re-living. Written nine years after the main events of the text, and addressed to the family friend who is preparing Basil's story to be published as an autobiography, he admits that 'my story has no real conclusion' (269), and despite avowing that 'to tell you all that had happened to me, with my own lips [...] would be more than I could do now' (268) he closes the letter by adding that 'if there be any further information which you think it necessary to possess [...] come here yourself, and ask of me with your

⁷⁶ Laura Otis, *Networking*, p. 218.

own lips all that you desire to know' (271). Narrating a story with 'no real conclusion', Basil's repeated return to telling his tale in an attempt to end it is not only reminiscent of the networks of the city, as a form of both circulation and stagnation, but alludes to his inherently unhealthy situation. As Brooks notes, 'deviance is the very condition for life to be "narratable" [...] in between a beginning prior to plot and an end beyond plot, the middle – the plotted text has been in a state of *error*: wandering and misinterpretation', yet Basil's inability to reach the end beyond plot situates him permanently in this 'state of abnormality or deviance'.⁷⁷

The path of connections that Basil's narrative forms – part of the wider interconnected network of narratives, written by Basil's father, sister or rival Mannion – repeatedly circles back round and forces him to revisit the faces and places of his past as he tries to both control and escape it. In this sense, the structure of the narrative itself encapsulates many of the essential problems that the novel explores in relation to other networks in the novel, of the city, the body and the family. Just as Basil attempts to escape the city throughout the text whilst being compelled to return, the existence of the narrative itself prompts the repeated re-telling and re-living of the story that he simultaneously tries to resist. As Gilbert notes, the 'mechanisms of circulation' which Snow mapped in tracking the contamination of London's water supply redefined the 'abject' as that which could not 'simply be expelled but forever threatens to reinvade' the body, and the same concept of uncontrollable circulation and return both permeates and creates the narrative. Similarly to *The Law and the Lady* and *Armadale*, Collins draws on both the unrest that abjection causes in a literal sense, here alluding to the disturbing

⁷⁷ Peter Brooks, *Reading for the Plot*, pp. 138-9.

circulation and return of unwanted materials in the city as a counterpart to Basil's state of mind, as well as using this as a way in to considering disease and illness of the body – both mentally and physically. More broadly, Collins's interest in the idea of circulation within narrative could also be seen as indicating his growing interest in the literary marketplace and circulation of texts within it at this time.⁷⁸ As the next chapter will discuss, Collins's keen awareness of (and at times, anxiety concerning) methods of publishing and reading texts recurs throughout his career, and the roots of this can perhaps be seen here with the issues of controlling and disseminating narrative in particular.

By aligning many of the issues and anxieties surrounding the spread of infection through the city and between bodies, Collins is able to not only explore how the city was increasingly imagined as one connected mass, but also the connections between bodies which could no longer be conceived of as functioning in isolation. Like Snow's maps of the city, or Mayhew's charting of the movement of the poor, Collins's text draws on the interconnectedness of the modern city and the – potentially dangerous – links between bodies, spaces, classes and genders that its networks enable, as well as the overarching feelings of ambivalence held towards such networks. Part of this forms the text's challenge to gendered notions about bodies, and female bodies in particular. As discussed in Chapters Two and Three, Collins again here demonstrates the essential similarities and connections between male and female bodies, neutralising the threat of the female and highlighting the vulnerability of the male. As the experiences of Basil and Mannion demonstrate, male bodies in the novel are just as uncontrollable, polluted and susceptible as female. It is

⁷⁸ See Tamar Heller, pp. 69-73 for an analysis of how *Basil* forms a response to the literary marketplace.

also through the male characters that Collins explores most vividly the discrepancies between surface appearance and what is contained or suppressed beneath this surface, a theme which similarly unites issues of lineage and heredity with the spaces of the city and the concurrent fear of, and desire to expose, what lies beneath. Alongside this, other binary relationships are brought to light, as the novel considers the dual problems of circulation and stagnancy, and formlessness and structure. This sense of ambivalence permeates much of the novel, either through Basil's confused relationship with the spaces of the city, or the multiple networks which it contains. The complexity of the various characters' relationships with the forms of networks that the novel explores is perhaps best expressed through Basil's troubled relationship with his own narrative. Trying to resist the connections to the past that his story perpetuates whilst feeling the need to uphold the sense of structure and control that the narrative offers, Basil's position encapsulates many of the problems with the city that Collins explores, as he demonstrates the tensions inherent in reliance on a system of networks which threaten citizens through the same patterns of connection and circulation which sustain them.

Chapter Six

The value of words: challenging physiognomy and vivisection in *No Name* and *Heart and Science*

This final chapter returns in several ways to the concerns of the first two chapters through its focus on reading and writing bodies. The way in which Collins complicates the act of reading in *No Name* (1862), heralded by the title of the text itself, has often been commented on, but fewer responses have linked it to medical practises of reading bodies or, in particular, Collins's later text *Heart and Science* (1883), which explores the connections between reading texts and bodies in a similar manner. Both novels respond to branches of medicine discussed frequently during the periods in which they were published; *No Name* can be read, as Mangham and Cox have noted, in relation to the interest in physiognomy during the 1860s, whilst *Heart and Science* is a vocal response to ongoing debates over vivisection in the 1880s.¹ By aligning these, the chapter will demonstrate how Collins's comparisons between acts of reading texts and reading bodies draws his audience to consider the validity (and, in *Heart and Science*, morality) of physiognomy and vivisection. By demonstrating the manifold ways in which bodies, texts and even illustrations can be interpreted, both novels question the notion that there is one "correct" or accurate way of reading and analysing the body which has primacy over other approaches. However, the way in which Collins uses the concept of reading for this purpose shifts slightly over the gap of twenty years separating the texts, not only demonstrating how he modified his approach when attacking vivisection, but also revealing his own uncertainties about issues of reading and authorship at the close of the century. Whilst *No Name*

¹ See Andrew Mangham, *Violent Women and Sensation Fiction*, pp. 185-8 and Jessica Cox, pp. 114-6.

confidently and boldly problematises processes of reading and analysis, the polemical *Heart and Science* is actually more cautious in its approach, arguing for the value of distanced, textual research in the face of the damaging, penetrative practice of vivisection, and ultimately seeking reassurance and resolution in literature. By using reading itself as a way in to exploring such issues, Collins poses a challenge to these branches of medicine in a way which his audience – as readers – can both relate to, and engage with. More broadly however, these novels continue and consolidate the work that many of the texts discussed across this thesis carry out, encouraging a thoughtful reconsideration of how ideas about bodies are conceptualised and created, and how such forces can be questioned or resisted.

The unnameable book: reading skins and texts in 'No Name'

No Name was written during a decade when the pseudo-science physiognomy, based on the premise that external physical features provided information about a person's character, was a popular topic for discussion and regularly featured in the types of periodical publications alongside which the novel was serialised. Physiognomy could be broken down into several subgroups as Flint outlines, demonstrating the appeal of analysing and scrutinising the body: 'not only faces in their entirety offered themselves up to be read, but facial expressions (pathognomy), lines of the forehead (metoscopy), lines on the hand (chiromancy and chirognomy), and moles (neomancy) were all available for deciphering'.² The theory that bodies could be read in this way stemmed from the work of Johann Kaspar Lavater and his text *Essays on Physiognomy*, first published in 1774 and in demand until the late 1800s.³ From Lavater's initial publication of his text, discussion of physiognomy slowly filtered

² Kate Flint, *The Victorians and the Visual Imagination*, p. 14.

³ *Ibid.*, p. 15.

down to the ‘polite shilling monthlies of the 1860s’ where it was repeatedly discussed throughout the decade.⁴ According to Mangham, the ‘wave of psychological interest in obscure mental disease’ may have ‘influenced the renaissance’ of the science, whilst for the critic E.S. Dallas, a renewed interest in physiognomy was prompted by the ‘advent of photography’, which provided physiognomists with countless copies of faces and profiles to study.⁵ Physiognomy certainly appeared to be a recurring topic of interest in the years surrounding the serialisation of *No Name*: E.S. Dallas ‘wrote two essays (“On Physiognomy” and “The First Principle of Physiognomy”) in William Makepeace Thackeray’s *Cornhill* in 1861; *Temple Bar* published a little piece on “Noses: a Chapter out of Lavater” in 1862; the *Dublin University Magazine* had a very thorough review, “Phases of Physiognomy”, in 1866; and *Once a Week* had an article on “Women’s Faces” in 1868’.⁶

Physiognomy similarly infiltrated fictional writing in the 1860s, connecting the ideas of writing and reading texts and bodies Collins addresses. As Flint notes, an article by Dickens in *Household Words* highlighted connections between writing, reading and physiognomy, as he asserts that ‘nature [...] never writes a bad hand. Her writing, as it may be read in the human countenance, is invariably legible, if we come at all trained to the reading of it’, and authors regularly inscribed their characters with features and expressions that could be physiognomically decoded, enabling audiences to read characters’ bodies as they read the text.⁷ Collins’s use of physiognomy is not so straightforward however, and observations such as Kathleen O’Fallon’s, that he regularly ‘lets physical appearance disclose important character traits’ are somewhat

⁴ Jeanne Fahnestock, ‘The Heroine of Irregular Features: Physiognomy and Conventions of Heroine Description’, *Victorian Studies*, 24 (1981), 325-250 (p. 338).

⁵ Andrew Mangham, *Violent Women and Sensation Fiction*, p. 185.

⁶ Jeanne Fahnestock, p. 338.

⁷ Kate Flint, *The Victorians and the Visual Imagination*, p. 15.

over-simplified.⁸ Collins also manipulated theories of physiognomy to subvert readers' expectations by providing 'descriptions of characters which did not necessarily tally with their subsequent behaviour' and as Flint comments more generally, 'it would be wrong to assume an absolute acceptance by mid-Victorians' of the tenets of physiognomy.⁹

Collins's contrasting use of physiognomy has been discussed in detail by Cox, but whilst she notes that this tactic works to 'confuse readers' expectations', she does not consider the effect this would have had beyond surprising or confusing them, or the deeper motives that Collins might have had in inciting this response.¹⁰ In her discussion of *No Name*, Melynda Huskey asserts that 'externals do not, in this fictional world, ever lie; they only need the correct interpretation, the vision which incorporates every fact in its proper place', yet a closer reading of Collins's novel, its illustrations, and the texts which accompanied its original serialisation in *All the Year Round* suggests instead that nothing in the novel can be read or decoded easily – a problem extending to the novel itself.¹¹ As the first half of this chapter will argue, Collins goes beyond using physiognomy as a simple tool for confusing the reader and instead employs methods of reading and writing to not only expose the concept of physiognomy as a deeply flawed and unreliable science, but also to challenge the reader's belief that bodies (or texts) can be reliably read, decoded and understood.

⁸ Kathleen O'Fallon, 'Breaking the Laws about Ladies: Wilkie Collins's Questioning of Gender Roles', in *Wilkie Collins to the Forefront – Some Reassessments*, ed. by Nelson Smith and R.C. Terry (New York: AMS Press, 1995), pp. 227-239 (p. 227).

⁹ Jessica Cox, p. 110; Kate Flint, *The Victorians and the Visual Imagination*, p. 15.

¹⁰ Jessica Cox, pp. 115-6.

¹¹ Melynda Huskey, 'No Name: Embodying the Sensation Heroine', *The Victorian Newsletter*, 82 (1992), 5-13 (p. 8).

As Bourne Taylor observes, the bodies of several characters in the text can be seen as visually betraying weaknesses, both physical and mental, and she argues that Norah, Frank and Noel in particular ‘apparently manifest’ the ‘process of wearing out through genealogical transmission’, an appearance which is reliant on the connection between ‘femininity’ and ‘organic and moral decline’.¹² Crucially, however, Magdalen is, according to Bourne Taylor, the “wild type”, the healthy strain in the family, who can only be defined by difference, the absence of any fixed characteristics, transparency’.¹³ Whilst I intend to argue that Magdalen does have fixed characteristics underneath her changeable appearance – and indeed that Collins believes in an essentially unchangeable self – she provides a clear example throughout of the amorphous nature of the body’s exterior, and other minor figures also challenge the premise that physical appearance forms a key to unlocking details of character. Collins’s depiction of Miss Garth, Norah and Magdalen’s governess, is particularly noteworthy for the way in which he directly alludes to the idea that faces and expressions can be read (in a similar way to Dickens’s evocation of nature’s handwriting) whilst inherently problematising the concept: ‘[her face] looked older than her years: the hard handwriting of trouble had scored it heavily at some past time’.¹⁴ Initially it seems Miss Garth is perfect for physiognomical analysis; previous experiences have marked her features so clearly and indelibly that the ‘handwriting’ of past troubles is visible, turning her face into an anatomical text waiting to be read. As Collins notes, however, her face is also ‘older than her years’, meaning that the same readable marks distort any accurate analysis of Miss Garth’s body, aging and changing her appearance to provide a false set of signs.

¹² Jenny Bourne Taylor, *In the Secret Theatre of Home*, p. 141-3.

¹³ *Ibid*, p. 143.

¹⁴ Wilkie Collins, *No Name*, (London: Penguin, [1862] 2004), p. 5. All further references to this edition are given in parentheses after quotations from the text.

Furthermore, the reference to handwriting is telling as it reminds us, surreptitiously, that we are not reading Miss Garth's face directly, but reading a description of a reading of her face. This doubling of the distance between Miss Garth's "face" and the eyes of the reader challenged to decode it amplifies the likelihood of inaccuracy and the difficulty with which appearances can be read physiognomically, as well as highlighting that the relationship between exterior and interior is more convoluted than physiognomy maintains. Similarly, Mangham explores Collins's interest in the relationship between exterior and interior in his analysis of Mrs Lecount (Noel Vanstone's housekeeper and Magdalen's arch-enemy) and her dark aquarium: 'in addition to having a certain "something in the expression of her eyes", references to Lecount's "fair and smiling surface" link her to the hideous aquarium she keeps [...] With its "slippery efts and slimy frogs" twining beneath the surface, the aquarium is an apt metaphor for its owner'.¹⁵ Like Magdalen, Lecount's steely interior is masked by surface appearance, but Collins is again interested by how the relationship between exterior and interior is problematised and obfuscated. As both examples illustrate, Collins initially encourages his audience to read the surface appearances of these characters (the 'handwriting' on Miss Garth's face; Mrs Lecount's 'fair and smiling surface') before refuting the legitimacy of exteriors and alluding to hidden depths beneath.

Following Magdalen's disappearance, then, Miss Garth's reliance on finding her 'by personal description – we can trace her in no other way' (*NN*, 144) seems doomed to fail but, more generally, the assumption that any character can be discovered, traced

¹⁵ Andrew Mangham, *Violent Women and Sensation Fiction*, pp. 187-8.

or identified by appearance alone is drawn into question. Despite this, Magdalen, as Cox argues, is not unreadable in physiognomical terms:

While her light brown hair, low forehead, the ‘true delicacy of form’ of her lips, the ‘lovely roundness’ of her cheeks and ‘creamy fairness’ of her complexion all recall the figure of the idealised feminine [...] other features are indicative of her transgression. Her grey eyes, like those of Mercy Merrick and Anne Silvester, warn the reader acquainted with physiognomy of the deceitful aspect of her character, and hint at possible sexual deviancy.¹⁶

Similarly, as Cox continues, ‘her mouth “too large and firm”, and chin, “too square and massive for her sex and age”, recall Collins’s description of Marian Halcombe [...] intimating her determined and resolute disposition’.¹⁷ Conversely, however, as Mangham notes, the same facial features Cox draws on were considered by some to be ‘the most deceptive’, according to Dallas in the *Cornhill*: ‘The truth is, that sometimes there is a show of contradiction between the solid and mobile parts of the body, between the bony structure and the fleshy tissue’.¹⁸ Dallas adds that, ‘as mobile components of the countenance [...] the eyes and lips provide misleading and inconclusive physiognomic evidence’.¹⁹ The same features considered to be physiognomical markers were, at the same time, capable of deception and disguise, a point proven by the failure of the handbill advertising Magdalen’s disappearance to effect her return, and her own ability to further disguise and distort her appearance. Kylee-Anne Hingston has noted that identities and appearances in *No Name* seem remarkably nebulous and uncontrollable, as ‘all bodies and identities elude characters’ grasps, and attempts to pin down either through naming or narrative fail to

¹⁶ Jessica Cox, p. 115.

¹⁷ Ibid, p. 115.

¹⁸ Andrew Mangham, *Violent Women and Sensation Fiction*, p. 185.

¹⁹ Ibid, p. 185.

keep their tenuous hold'.²⁰ Hingston's analysis of the novel – and argument that the atypical bodies within it served to remind readers that the “abnormal” body is, in reality, wholly normal – stems from the field of disability theory, yet it seems clear that Collins is more interested in how the changeable nature of the body's exterior enables the evasion of physiognomical analysis, rather than atypical bodies themselves. Magdalen's shapeshifting, coupled with her acting talent, not only assists her to escape identification but also guarantees the success of the 'Entertainment', a show devised by her roguish relative Captain Wragge which provides for them financially, as well as funding Magdalen's attempts to reclaim her inheritance from her cousin, Noel Vanstone (*NN*, 191). Wragge marvels that 'her knack of disguising her own identity in the impersonation of different characters, so completely staggers her audiences, that the same people come twice over, to find out how she does it' (*NN*, 198), yet his lists of identities to assume ('Skins to Jump Into' (*NN*, 263)) indicate that the novel's exploration of disguise is more than a plot device to facilitate Magdalen's pursuit of Noel. As he explains to Magdalen, these notes provide a 'list of individuals retired from this mortal scene [...] I am in Mr Bygrave's skin at this moment – and it fits without a wrinkle' (*NN*, 263). In one respect, Wragge's set of identities compound the link between corporeality and character – the description of the 'skin' which fits 'without a wrinkle' vividly evokes the fleshy surface of the bodies Wragge imagines himself as inhabiting and the new identity attached to each skin – yet at the same time, his methods of disguise assert the dislocation of body from identity, and the ease with which he can inhabit false, misleading “skins”. Similarly, when Magdalen switches places with her maid Louisa, character and identity are shown to not even be skin deep, as she states, 'Shall I tell you what a lady

²⁰ Kylee-Anne Hingston, ““Skins to jump into”: the slipperiness of identity and the body in Wilkie Collins's *No Name*”, *Victorian Literature and Culture*, 40 (2012), 117-135, <http://literature.proquest.com/> [Accessed 25 September 2013].

is? A lady is a woman who wears a silk gown, and has a sense of her own importance' (*NN*, 503). Here, the focus again is very much on disjunctions between the external and internal, and the ease with which appearances can be transformed. Hingston sees 'the ubiquity of slippery bodies belonging to apparently "normal" characters' as reassuring Collins's audience 'of their own bodies' changeability', yet it is debatable how reassuring such messages of bodily transmutability would be, coming only several years after Charles Darwin's *The Origin of Species* (1859). *No Name*'s stream of disguises and identity-swapping perhaps instead functions to show Collins's audience how medical powers of observation can be resisted and outwitted, alongside the text's core argument that exterior appearance can be changed and disguised to protect an unchanging and private interior.²¹

As Mangham notes, elsewhere in the text Collins draws comparisons between tactics of disguise, 'certain branches of scientific investigation and the supposedly hideous realities they were preoccupied with observing', developing one aspect of Hingston's argument that readers would correlate their reading of the text with their own concerns about medicine and their bodies, and feel an affinity with characters' resistance to invasive investigations.²² Mangham focuses in particular on Magdalen's first visit to Noel Vanstone's house in Vauxhall Walk, in disguise as her governess Miss Garth, and the manner in which Mrs Lecount penetrates the layers of Magdalen's assumed identity. After discussing her aquarium with Magdalen, and her scientific interest in the creatures within it ('Properly dissected, the reptile creation is instructive in the last degree' (*NN*, 228)), Lecount proceeds to "dissect" Magdalen's disguise. Pretending to leave the room, Lecount returns and kneels behind Magdalen,

²¹ Kylee-Anne Hingston, n.p.

²² Andrew Mangham, *Violent Women and Sensation Fiction*, p. 188.

‘softly’ cutting away ‘a little irregular fragment of stuff from the inner flounce’ of her dress and smoothing ‘the outer one over it again, so as to hide the gap’ (*NN*, 237). As well as foreshadowing connections drawn in *Heart and Science* between the dissection of animals and medical mistreatment of women (and aligning Magdalen with *Heart and Science*’s Carmina), Mangham reads elements of the scene as a direct reference to contemporary gynaecological practices. He argues that aspects of this type of surgery (the patient’s ‘unawareness and passivity’ as a result of chloroform use, lack of eye contact and the use of scissors in particular) correlates with Collins’s description of the scene (Magdalen’s obliviousness of Lecount’s actions; the lifting of her skirts; the use of scissors to cut through the fabric) to present it as akin to a ‘surgical procedure’.²³ Lecount’s actions are an attempt to discover Magdalen’s identity via medical intervention and observation, and form a parallel with Collins’s treatment of physiognomy, furthering the dichotomy set up in the text between the actions of the medical profession (represented here by Lecount) and the efforts of the layperson in resisting such analysis.

Elsewhere however, Magdalen actively uses medical knowledge and the manifestation of illness on the surface of the body to disguise herself, particularly when faced again with Lecount’s scrutiny. Confined to a carriage with Noel and Lecount and in character as Miss Bygrave, Magdalen pretends to suffer a neuralgic attack to avoid Lecount’s questions and barbs, designed to provoke Magdalen into betraying her true identity through reactions and facial expressions. With ‘her eyes closed and her veil down’ she uses the faked illness as a screen to prevent Lecount’s ‘hard black eyes’ from reading her body, making her body and appearance complicit

²³ Andrew Mangham, *Violent Women and Sensation Fiction*, pp. 189-190.

in her resistance of Lecount's observation, rather than letting them become a means of betraying her (*NN*, 317). Magdalen also, unsurprisingly, uses cosmetics to disguise the marks on her body by which Lecount and Noel attempt to determine her identity, in particular the 'two little moles close together on the left side of the neck' which Miss Garth mentions in her letter to Lecount as one of Magdalen's distinguishing features (*NN*, 323). Anticipating Lecount's plan and obtaining the letter in advance from Noel, Wragge deftly applies 'layers of colour on the moles' which, 'as if by magic, disappeared from view' (*NN*, 337).

In her discussion of cosmetics usage in the text, Talairach-Vielmas argues that, 'as nobody's daughter', Magdalen is 'nameless [...] a social void and a representational blank, a signifier lacking a signified', therefore 'grounding female identity on make-up and beauty accessories [...] The female character's identity thus stems from signs on the surface of her body and lies in representation, in letters on her underclothing or dots on her body which may be erased'.²⁴ However, Talairach-Vielmas's poststructuralist approach would seem to overlook Collins's own argument that surface appearances can be changeable, whilst identity or character remains constant beneath the exterior, in a way which can facilitate the complete detachment of external appearance from personality. Collins instead implies repeatedly that character, personality and identity (beneath the markers of appearance, skin, clothes and even name) are unchangeable, but it is everything else about Magdalen which constantly shifts and metamorphoses. Although, at times, Magdalen's character may seem to become buried under the multitude of disguises and fronts she appropriates, her underlying qualities, beliefs and aims remain the same throughout; indeed, it is the

²⁴ Laurence Talairach-Vielmas, *Moulding the Female Body*, pp. 137-8.

persistent nature of her interior personality which ultimately drives the plot. Instead of alluding to the shifting nature of bodies, Collins makes visible the multiple ways of reading bodies that the novel explores. According to the novel, it is our manner of reading, and the layers of signs or texts that are read, which fluctuate and shift rather than the concealed, unchanging personalities of the characters, and this central point forms Collins's argument against physiognomy.

The fact that Collins is interested in the practice of reading itself, rather than the instability of bodies or female identity as surface, is signalled by the novel's problematisation of a straightforward reading of itself as text. Not only does Collins build up the narrative from multiple, overlapping texts which at times obliquely refer to their own artificiality and fictionality (such as Wragge's instruction to readers to view attached handbills which aren't present), but the text's original mode of publication in *All the Year Round* allowed Collins (and Dickens) to manipulate the audience's reading of the text, further challenging the premise that observation and reading a body can be correlated with a dispassionate, scientific form of analysis. As mentioned, the very title of the text – *No Name* – intimates the issues with reading, and particularly reading as a means of uncovering identity, that the narrative explores. As Amy Leal remarks, 'Collins called his unnameable book *No Name*, a title that is both a play on the absence of a proper name for the book and a comment on the function of names and their removal in the narrative'.²⁵ By immediately indicating the inability of language to name and fix objects reliably and accurately and, on a more obvious level, separating Magdalen and Norah as referents from the "text" that is their family name, Collins indicates his interest in problems associated with reading and

²⁵ Amy Leal, 'Affirmative Naming in *No Name*', *Names: A Journal of Onomastics*, 52 (2004), 3-19 (p. 5).

interpreting text and, by implication, bodies. As Sundeep Bisla remarks, it is the gaps that emerge when texts are separated from objects, appearances from identities, that the novel explores, arguing that *No Name* is ‘interested in the “space between”, so to speak – that is, in the distance between thought and action, between word and deed, between motivator and actor’.²⁶ More precisely it could be argued (similarly to the points made in Chapter Three) that for Collins it is the emergence of this “space between” which separates exterior from interior, or text from body, and makes visible the manifold contradictions and complications which practices such as physiognomy sought to compress.

According to Philip O’Neill, the novel’s opening pages remind us ‘that names should have a degree of appropriateness, that proper names, ideally, should give us some indication of the character or thing they nominate’, yet the novel instead perhaps does more to suggest that names are entirely arbitrary.²⁷ Names here are divorced from character, a point that the narrative is at pains to illustrate in relation to Magdalen: ‘Surely, the grand old Bible name – suggestive of a sad and sombre dignity; recalling, in its first association, mournful ideas of penitence and seclusion – had been here, as events had turned out, inappropriately bestowed?’ (*NN*, 9). Like Magdalen’s clothes, appearance and hair colour, her name not only changes several times under the guises of different characters, but her family name is lost altogether, forming part of the novel’s exploration of the divide between external texts or surfaces and the interiors to which they correspond. The novel’s conclusion, which acknowledges Norah’s marriage and anticipates Magdalen’s, implies both sisters will assume new surnames

²⁶ Sundeep Bisla, ‘Over-doing things with words in 1862: pretense and plain truth in Wilkie Collins’s *No Name*’, *Victorian Literature and Culture*, 38 (2010), 1-19, <http://literature.proquest.com/> [Accessed 25 September 2013].

²⁷ Philip O’Neill, *Wilkie Collins: Women, Property and Propriety* (New Jersey: Barnes and Noble, 1988), p. 153.

and ultimately confirms the lack of attachment between name and character, cementing Collins's argument that Magdalen retains her personality and selfhood without the legal trappings of name, status and family ties.

This undermining of the trustworthiness of text is reinforced by the opening scenes of the novel and Collins's use of the seemingly idyllic setting of the Vanstone's family home, Combe-Raven. As Bisla notes, this parody of the Victorian country home was misinterpreted by critics such as Walter C. Phillips, who asserted in his 1919 text *Dickens, Reade, and Collins, Sensation Novelists: A Study in the Conditions and Theories of Novel Writing in Victorian England* that he had, as Bisla summarises, 'caught the last of his novelists in a moment of artlessness' in his creation of a 'comforting and seemingly-conformist opening'.²⁸ The fact that Collins is, according to Bisla, 'directly parodying (or impersonating) in the First Scene the "homely" style of the domestic novel' was missed by some, but more interestingly it suggests that, like Magdalen, even Collins's text is occasionally disguised as something else.²⁹ Functioning both as a trap to trick the unwitting reader – and as a reminder of the ease with which appearances can be misleading – from the outset the text resists straightforward reading and interpretation, with surface appearances of narrative, text and bodies alluding to the multiplicity of possible readings.

The intertextual nature of the novel's original mode of publication in *All the Year Round* allows Collins to complicate and manipulate his audience's reading of the text further. As Wynne demonstrates in her study of the serialisation of sensation fiction, 'Dickens juggled texts in such a way as to encourage intertextual readings' and he

²⁸ Sundeep Bisla, 'Over-doing things with words in 1862', n.p.

²⁹ Ibid, n.p.

‘also understood the effectiveness of providing regular support for the serial’s themes’.³⁰ An accompanying piece to an early instalment is an interesting example of this, and it also hints at the narrative trap Collins sets in the first chapters of his text. The beginning of ‘Pinchback’s Cottage’, coming after the second instalment of *No Name*, most obviously relates to the development of the amateur dramatics in the novel and wider themes of theatricality, but also alludes more subtly to the novel itself as an artificial – and potentially misleading – construct:

The stage English cottage and the real English cottage are two very different things. The canvas fabric – over-dressed with painted roses, at whose door the rustics who are perpetually striking work in order to come forward and sit down, and sing gaily about Annette at a little flimsy three-legged green table – bears very little resemblance to poor Pinchback’s cottage in Downshire. There are no flowers near it, but a good deal too much of dung-heap; it is not a bower of roses; it is a nest of rheumatism and a den of ague and low fever. But then the stage world, it may be said, is not meant to represent English life exactly [...].³¹

As Pykett and Bisla have commented, *No Name* is self-consciously theatrical: as Pykett notes, ‘the novel’s preoccupation with theatricality and performativity is underscored by its organisation as a series of directly narrated “Scenes” and sections made up of letters and extracts from journals, entitled, “Between the Scenes”’, whilst Bisla highlights that ‘the fact that all the action in this narrative filled with impersonations is taking place so to speak “on stage” puts into effect from the beginning a mechanics of “doubled imitation”’.³² Much as Collins and Dickens do elsewhere in *All the Year Round*, ‘Pinchback’s Cottage’ covertly comments on, and shapes, our reading of *No Name*, and perceptive readers may well have noted the

³⁰ Deborah Wynne, p. 100.

³¹ ‘Pinchback’s Cottage’, *All the Year Round*, March 1862, 31-34.

³² Lyn Pykett, ‘Collins and the Sensation Novel’, in *The Cambridge Companion to Wilkie Collins*, ed. by Bourne Taylor, pp. 50-64 (p. 60); Sundeep Bisla, ‘Over-doing things with words in 1862’, n.p.

commonalities alluding to both the representation of Combe-Raven as an ‘over-dressed’ domestic backdrop, and the wider implication that the text as a whole is another version of the artificially created ‘canvas fabric’.

This type of intertextual reading is encouraged throughout the novel’s serialisation. As the text builds to reveal that Mr and Mrs Vanstone are not legally married, accompanying articles such as ‘A Curious Marriage Ceremony’ and ‘Mrs Mohammed Bey “At Home”’ discuss weddings in other countries and cultures, hinting at the plurality of such traditions and, in keeping with several of the text’s key themes, the notion that the fixed concept, ritual, words and phrases associated with the English marriage ceremony are essentially meaningless.³³ Other pieces are clearly intended to allude to Magdalen’s unconventional behaviour, such as ‘The Polite World’s Nunnery’, which comes after Magdalen’s escape and details an alternative way of life for unmarried women of high status in modified nunneries in Germany, or ‘Gone to Jail’, outlining the harsh conditions and treatment in a women’s prison and presumably intended to shock readers into feeling sympathy for Magdalen, and to distance her from “real” female criminals.³⁴ As Wynne comments, other articles such as ‘Paint, and No Paint’, responding clearly to Magdalen’s use of cosmetics, similarly shaped reader responses: ‘Magdalen’s deceptive strategies to adapt and disguise her appearance are, in the light of this article, not so much a characteristic of the sensation novel’s heroine but a normal part of feminine behaviour’.³⁵ According to Hingston, similar interaction between instalments and surrounding text is in evidence

³³ ‘A Curious Marriage Ceremony’, *All the Year Round*, April 1862, 80-3; ‘Mrs Mohammed Bey “At Home”’, *All the Year Round*, April 1862, 97-102. For further discussion of Collins’s attack on the emptiness of the marriage vow, see Sundeep Bisla, ‘Over-doing things with words in 1862’.

³⁴ ‘The Polite World’s Nunnery’, *All the Year Round*, May 1862, 246-250; ‘Gone to Jail’, *All the Year Round*, August 1862, 487-493.

³⁵ ‘Paint, and No Paint’, *All the Year Round*, August 1862, 519-521; Deborah Wynne, p. 110.

in the American serialisation of *No Name* in *Harper's Weekly*, where accompanying elements of the publication 'participate in dialogue with the novel by highlighting in its articles, advertisements, and illustrations fears concerning social and physical impermanence'.³⁶ As well as, on a basic level, boosting interest in the novel and improving sales, such strategies bolster Collins's point that multiple readings can exist alongside one another, as well as alluding to the wider framing structures influencing and distorting the supposedly dispassionate act of reading. As part of his challenge to physiognomy, his text poses a challenge to his own readership to negotiate the elements of the text encouraging alternative readings and interpretations, implicitly questioning physiognomy's argument that signs and markers can be read reliably and accurately as a means of accessing an underlying "truth".

Mirroring its wider place within *All the Year Round*, the text itself is also built up of multiple narratives which encourages readers to negotiate and piece together dissimilar pieces of writing: in the same way that the novel 'spills over into an interaction with its host magazine', the third person narrative voice is 'regularly interrupted' by 'other narratives made up of letters, newspaper clippings, and journal entries'.³⁷ In particular, the narrative provides multiple ways of reading Magdalen's body, extending the external, accompanying pieces' shaping of readers' impressions, as well as exemplifying how the varying textual representations of her mirror her various disguises. Following the initial description of Magdalen – and discussion of her ill-fitting name – comes the handbill advertising her disappearance, publishing a detailed account of her body and appearance in 'pitiless print, like the description of a

³⁶ Kylee-Anne Hingston, n.p.

³⁷ Deborah Wynne, p. 101.

strayed dog' (*NN*, 156). Apart from reducing Magdalen to a series of signs (the 'mark' of her name on her 'under clothing'; the 'two little moles' on her neck' (*NN*, 151)) the description Miss Garth creates of her former pupil is somewhat different from the earlier depiction of Magdalen, who dashes 'headlong' down the stairs with 'the suddenness of a flash of light', takes a 'reckless delight in bright colours' and has 'electric, light-grey eyes' (*NN*, 8-9). In the handbill, Magdalen 'walks with remarkable grace' and has 'the manners and habits of a refined, cultivated lady', a character which seems at a variance to the earlier depiction, and an example of the plurality of surface impressions, characteristics and identity that the two texts create (*NN*, 151).

Furthermore, the role Magdalen plays in Wragge's Entertainment calls for her body to be yet again encapsulated in print, advertising another, different aspect of her character. Wragge provides her 'with appropriate dresses for different characters' and then 'advertise[s] her as A Young Lady at Home' (*NN*, 191), instructing the reader of his diary, forming the narrative here, to '(see advertisement)' (*NN*, 194). Not only does Wragge's advertisement reproduce another facet of Magdalen as a piece of text to be read, but his aside for readers to see the attached advertisement reminds the audience that they are piecing together for themselves a set of disparate texts to form their own, individual reading which is personal and subjective, rather than dispassionate and objective. Talairach-Vielmas notes that the advertisement also works more specifically to highlight Magdalen's identity as a fictional construct within the text: 'the fictional handbill, which has no reality in the text and is naturally nowhere to be found, mirrors Magdalen's own artificiality – her body is a series of

fictions'.³⁸ However, Talairach-Vielmas goes on to argue that this 'commodification and fictionalisation of the female character' reveals Wragge's power in 'managing transgressive femininity, in controlling Magdalen's finances and economic weight, and in pulling the strings of Magdalen's fictional characters as her personal stage manager [...] In short, Wragge is the patriarch incarnate, devising fictions and maintaining women under his control', an assertion which seemingly contradicts Magdalen's ability to evade many of the patriarchal forces (law, family, society) which try to put her in her nameless, disinherited place.³⁹ Although Wragge does seek to make money for himself out of Magdalen's performances, the assistance he provides in terms of jumping into new "skins" surely instead lays bare the fact that feminine identity can be appropriated as a series of appearances and acts which are used to Magdalen's advantage, rather than being an exercise in power and control. Indeed, Wragge's lack of control is seemingly emphasised by the fact that Magdalen is so successful in manipulating her many personalities and keeping her own one hidden that even Wragge is frequently unable to read her, a point which serves to reinforce the argument that Collins is keen to stress Magdalen's agency and clear sense of self.

As others have pointed out, there are also intriguing similarities between the ways in which Wragge and Collins manipulate and use language: Deirdre David, for instance, interprets Wragge 'as stage manager [and] omnipotent string puller'.⁴⁰ Likewise, O'Neill argues that Wragge 'is master of rhetoric and can use language in such a

³⁸ Laurence Talairach-Vielmas, *Moulding the Female Body*, p. 138.

³⁹ *Ibid.*, p. 138.

⁴⁰ Deirdre David, 'Rewriting the Male Plot in Wilkie Collins's *No Name* (1862): Captain Wragge Orders an Omelette and Mrs Wragge Goes into Custody', in *The New Nineteenth Century: Feminist Readings of Underread Victorian Novels*, ed. by Barbara Leah Harman and Susan Meyer (New York: Garland Publishing, 1999), pp. 33-44 (p. 38).

fashion that there is a gulf between his meaning and a more general appreciation of language', a point which is reminiscent of Collins's broader interest in separating underlying meaning from misleading exteriors and exploring the relationship between the two.⁴¹ Collins's multiple use of texts, then, and of Wragge as stage manager, string puller, and manipulator of text and language mirrors Collins's own tactics of managing his audience's various readings of the text, as well as encouraging them to be aware, at specific points, of the whole piece as fictional construct.

One of the clearest examples of how effectively Collins and Dickens managed the serialisation of *No Name* and audiences' reactions to it is exemplified by the differing responses to the text as instalments in *All the Year Round* and as a complete, published volume. According to Wynne, 'reviewers who admitted to reading *No Name* as a magazine serial tended to produce favourable reviews of the novel, while those who waited to read the volume edition were more condemnatory'.⁴² Not only does this demonstrate the effectiveness of Dickens's publishing tactics, but also highlights how audiences could be manipulated to react to texts in certain ways. Moreover, whilst the volume form of the novel may have lacked the accompanying pieces that *All the Year Round* provided, Collins was proactive in arranging for the published volume to be illustrated, which, as Clare Douglass and Ira Nadel have shown, could be just as powerful in shaping audience responses. As Nadel comments, as 'the son of a painter and himself a student of art', Collins was astutely aware of the impact illustrations could have, and took a proprietary pride in how his work was illustrated.⁴³ Drawing on correspondence between Collins and the publisher Richard

⁴¹ Philip O'Neill, p. 164.

⁴² Deborah Wynne, p. 100.

⁴³ Ira B. Nadel, 'Wilkie Collins and his Illustrators', in *Wilkie Collins to the Forefront – Some Reassessments*, ed by Smith and Terry, pp. 149-164 (p. 151).

Bentley, Douglass similarly notes that ‘Collins shows not only an interest in who illustrates his work but how it is accomplished’, concerns which indicate ‘his acknowledgement of the power of an illustrator to shape the experience of the reader’, and it is perhaps significant that, for his next novel *Armadale*, Collins would move to the illustrated *Cornhill*.⁴⁴ Providing a ‘frame for the reader’s entrance into the work [and] creating a structure as well as an image through which he views the text’, illustrations could be highly influential in shaping readers’ reactions to texts, as well as having ‘the power to subvert the text’ altogether.⁴⁵ In her reading of John Everett Millais’s frontispiece to the one-volume edition published in 1864, which depicts Magdalen contemplating suicide, Douglass argues that ‘Millais’s drawing increases the suspense of this episode in its minor deviations from the text’, as Magdalen ‘appears in the process of reaching for the poison’ rather than ‘simply waiting and watching [with] her head against the window’, as she is described in the text.⁴⁶ Like the pieces printed alongside the narrative in *All the Year Round*, the illustration encourages audiences to read Magdalen (and the narrative) in a certain way, potentially as more impulsive or shocking, with the tension of the tale amplified and the more sympathetic reading encouraged by *All the Year Round* being absent.

It is noteworthy that responses to the volume do seem to focus on its more implausible and unpleasant aspects, in contrast to more favourable reviews which emerged at the end of the serialisation. In early January 1863, an unsigned review in the *Reader* commented that it is ‘no small triumph to have constructed a story which, week after week, for nearly a year, defied the divining powers of the most acute of

⁴⁴ Clare Douglass, ‘Text and Image Together: the Influence of Illustration and the Victorian Market in the Novels of Wilkie Collins’, in *Wilkie Collins: Interdisciplinary Essays*, ed. by Mangham, pp. 56-73 (p. 61).

⁴⁵ Ira B. Nadel, p. 150; Clare Douglass, p. 61.

⁴⁶ *Ibid*, p. 64.

novel readers, and surprised everyone at the end’, whilst Henry Chorley’s review in the *Athenaeum*, despite criticising the conclusion, noted that the serialisation had ‘for some nine months past [...] fixed and retained curiosity in no common degree’.⁴⁷ Conversely, responses such as Henry Mansel’s coming several months later in the *Quarterly Review* roundly criticised the text, whilst Alexander Smith in the *North British Review* argued that ‘the incidents follow each other rapidly’, are ‘generally of the most improbable description’ and that ‘everything is tense, strained, and unnatural’.⁴⁸ The serialised and bound versions of the text, then, seemed to provoke markedly different responses and through his manipulation of different intertextual media, Collins demonstrated the manner in which readers’ responses could be shaped, to give credence to his plot and a sympathetic angle to the characters, or to highlight the more dramatic and shocking aspects of the narrative.

According to Noel Vanstone, ‘the most dreadful consequences sometimes happen from not knowing the value of words’ (*NN*, 441) and as O’Neill advises, ‘It is worth keeping this caveat in mind when reading the novel’.⁴⁹ In both forms of publication and throughout the narrative itself, *No Name* highlights the frequency with which appearances and texts can be read and interpreted in a variety of (often conflicting) ways, at the same time as inviting audiences to try to understand and piece together the texts and characters with which they are presented. Collins goes beyond confusing the reader with contrasting physiognomical signs and extends his exploration of the science to a consideration of whether any body, appearance, text or word can be read as an accurate expression of the object, identity or interiority that it is supposed to

⁴⁷ Unsigned Review, *Reader*, 3 January 1863 and H.F. Chorley, *Athenaeum*, 3 January 1863 in *Wilkie Collins: The Critical Heritage*, ed. by Norman Page (London: Routledge, 1974), pp. 136 and 131.

⁴⁸ H.L. Mansel, *Quarterly Review*, April 1863 and Alexander Smith, *North British Review*, February 1863, in *Wilkie Collins: The Critical Heritage*, ed. by Page, pp. 138-140 and 141.

⁴⁹ Philip O’Neill, p. 170.

convey. By deliberately invoking the concept of physiognomy through descriptions of the text's characters, Collins sets up the common literary trope that appearances and characters can be read and interpreted as types, before unravelling this to challenge the audience into questioning their own reading of the text itself.

Dissecting bodies and books in 'Heart and Science'

Collins revisits these concepts, and puts them to a moral purpose, in his later text *Heart and Science*, published some twenty years after *No Name*. Although the gap between the two is considerable, the fact that Collins returns to exploring issues of reading, and reading bodies in particular, demonstrates how he repeatedly used the notion of reading as a method of engaging his audience's interest in contemporary medical developments. In addition to this, as Graham Law has noted, Collins's later texts also betray his own uncertainty about his place in the literary marketplace in the early 1880s, and this preoccupation with the process of reading – as well as how and what different audiences read – can be viewed at this point as the manifestation of a very personal concern.⁵⁰

Serialised in 1882 in *Belgravia* and published in 1883, during a period when the debate surrounding vivisection was particularly fierce, *Heart and Science* functions on one level as a fairly straightforward diatribe against vivisection and vivisectors. The piece's villain, Dr Benjulia, assumes many of the characteristics vivisectors were perceived to have, and in his cold, immoral pursuit of scientific discovery he turns his attentions from animal to human experimentation, a concern frequently raised by anti-vivisection protestors. Beyond this however, the text carries out an intriguing

⁵⁰ Graham Law, 'Yesterday's Sensations: Modes of Publication and Narrative Form in Collins's Late Novels', in *Reality's Dark Light: The Sensational Wilkie Collins*, ed. by Bachman and Cox, pp. 329-360.

exploration of the perceived gap between the arts and sciences, the practices of reading and the surfaces which are read, and ultimately works to guide Collins's audience in ways of reading, and reading "well". Like *No Name*, then, *Heart and Science* uses concepts of reading and the analysis of texts and appearances as a way of attacking a divisive branch of medical science, but it is important to note that *Heart and Science* does not go as far as the earlier text in problematising the act of reading. Instead, here Collins seems keener to provide a sense of common ground between science and the arts as a means of offering an alternative to practices such as vivisection, and to distance vivisection as an isolated and objectionable extreme. Collins also uses reading as a way of distinguishing between methods of medical research. Ovid Vere, the novel's compassionate and humane physician interprets and uses a variety of texts and manuscripts to gather knowledge, and is clearly able to assimilate information from a variety of sources at a remove from the patient's body, whilst Benjulia's research is wholly dependent on cutting into and observing bodies as a supposedly more direct route to medical discoveries. In championing the value of textual sources of information, Collins manages to condemn vivisection whilst promoting the importance of literature, as well as making his argument relevant to his readers on multiple levels.

Vivisection's practice of tracing connections between animal and human bodies strangely finds an echo in the origins of physiognomy: 'The first treatise on [physiognomy], *De Physiognoma*, is attributed to Aristotle, [and] is in part based on the rather circular process of reading human character in animal analogies which are themselves projections of human character'.⁵¹ Furthermore, debate surrounding the

⁵¹ Jeanne Fahnestock, p. 334.

societal position of women, which permeated much of the nineteenth century but in particular came to the fore at the time of *No Name*'s publication, similarly resurfaced in the 1880s with vivisection, linking the subjects of medicine, observation, and – in particular – female bodies that both texts are attuned to. As Wynne outlines, the figure of the 'redundant' unmarried woman 'featured widely in the literature of the period', especially so during the serialisation of *No Name* when 'two influential articles' were published which 'raised the issue of the social and economic position of "surplus" women'.⁵² Amongst those who engaged with the debate over the position of unmarried women was Francis Power Cobbe, the writer and campaigner who became one of the foremost anti-vivisection activists. Collins, as Coral Lansbury and Bourne Taylor note, corresponded closely with both Cobbe, from whom he 'received a great deal of material', and the 'Surgeon-General Charles Gordon' whilst writing *Heart and Science* in 1882, as well as having the finished 'manuscript read by doctors of his acquaintance'.⁵³ C.S. Wiesenthal notes that *Heart and Science* 'has been repeatedly criticised on grounds of its technical superficiality', yet Collins clearly stressed the lengths to which he went in order to gain an understanding of the topic, as well as intimating that other non-medical readers could do the same, a point which the novel is keen to make.⁵⁴ The thorough gathering and verification of facts on his part not only demonstrates his desire for accuracy and precision when weighing in on the vivisection debate, but also relates more widely to the process of acquiring and creating knowledge that arguments over vivisection and scientific progress were, in part, responding to. Paraphrasing an argument of Cobbe's, Christine Ferguson

⁵² Deborah Wynne, p. 102.

⁵³ Coral Lansbury, *The Old Brown Dog: Women, Workers, and Vivisection in Edwardian England* (Madison: University of Wisconsin Press, 1985), p. 135; Jenny Bourne Taylor, 'The Later Novels', in *The Cambridge Companion to Wilkie Collins*, ed. by Bourne Taylor, pp. 79-96 (p. 90); Coral Lansbury, p. 135.

⁵⁴ C.S. Wiesenthal, 'From Charcot to Plato: The History of Hysteria in *Heart and Science*', in *Wilkie Collins to the Forefront – Some Reassessments*, ed. by Smith and Terry, pp. 257-266 (p. 258).

comments that ‘the veneration of observation and facts (the prime feature of the scientific method) over sentiment and feeling’ leads to ‘a disruption of “the deepest foundation of morality”’, and it is the act of giving primacy to one mode of investigation (the ‘veneration of observation and facts’) rather than retaining a balanced view encompassing a range of approaches which is at the heart of Collins’s argument against vivisection and branches of experimental science.⁵⁵

More obviously, Cobbe’s involvement also points to *Heart and Science*’s interest in the female body as a topic of investigation, a quality it shares with *No Name* as noted above. Anticipating that experimentation on animals could easily, and surreptitiously, be transferred to humans, Cobbe and her supporters argued that women would be ‘the most likely victims’.⁵⁶ Her interest in campaigning for women’s rights and against vivisection led Cobbe to link ‘the medical mistreatment of animals with the legal exploitation of married women, comparing neglected and abused wives to caged birds, workhorses, and beaten dogs’.⁵⁷ Cobbe was by no means the first to make this connection however; the link had endured from the eighteenth century to the very end of the nineteenth. As Lansbury illustrates, ‘the progress from cruelty to animals to the dissection table in Surgeons’ Hall had been horrifyingly depicted by William Hogarth in his *Four Stages of Cruelty*’ in 1751, in which the ‘persecutor of animals’ was also ‘the murderer of women’, whilst at the far end of the nineteenth century in 1888, one of many theories circulating about Jack the Ripper was that he ‘was a vivisectioning surgeon of London University who had extended his research from dogs to prostitutes’.⁵⁸ In one sense, as Greta Depledge argues, medical experimentation on

⁵⁵ Christine Ferguson, ‘Decadence as Scientific Fulfilment’, *PMLA*, 117 (2002), 465-478 (p. 468).

⁵⁶ Jessica Straley, p. 358.

⁵⁷ *Ibid*, pp. 358-9.

⁵⁸ Coral Lansbury, pp. 52-3, and 141.

women had already begun with the range of invasive treatments intended as ‘possible “cures” for hysteria’ and other ‘feminine maladies’ that emerged as part of the increasing ‘pathologisation of women’s behaviour and bodies’.⁵⁹ It was, as Depledge, describes, this ‘vogue of “cutting to cure”’ that characterised ‘experimental gynaecological surgery’, and as with the references to gynaecology that Mangham identifies in *No Name*, Collins again demonstrates in *Heart and Science* an interest in the position of women and the treatment some of them received at the hands of medical professionals.⁶⁰

The links between humans and animals that anti-vivisectionists sought to make are referenced from the first few pages of *Heart and Science*. After witnessing a cab accident which leaves a stray dog dead, the timid and impressionable Carmina refuses the ‘bare idea of getting into a cab’, claiming that ‘we may run over some other poor creature [...] if it isn’t a dog, it may be a child next time’, and it is perhaps unsurprising that after this initial comparison (and her nervous over-reaction) it is Carmina herself who becomes the human focus of Benjulia’s experimentation into neurological disease.⁶¹ Carmina’s response to the dog’s death, the ensuing connection between animal and human she creates, and the wider implications of this link bears interesting similarities with the way in which Magdalen is reduced to a set of physiognomical markers by the handbill in *No Name*. When she sees her body reproduced in ‘pitiless print’, Magdalen’s incensed response likens the handbill to the ‘description of a strayed dog’ (*NN*, 156), and in both instances the powerlessness of the human likened to the animal is clear. Elsewhere in the text, Collins alludes more

⁵⁹ Greta Depledge, p. 150.

⁶⁰ *Ibid*, p. 150.

⁶¹ Wilkie Collins, *Heart and Science* (Toronto: Broadview, [1883] 1996), p. 58. All further references to this edition are given in parentheses after quotations from the text.

blatantly to crossover between vivisection and treatment of humans, particularly in the interactions Benjulia has with acquaintances and patients. Playing with the ten-year-old Zoe (half sister of colleague and rival Ovid), Benjulia tickles her and observes her ‘with as serious an interest as if he had been conducting a medical experiment’ (*Heart and Science*, 96), as well as demonstrating elsewhere his ability to make both Zoe and her dog writhe under his touch by pressing on specific points on their spines (*HS*, 243). In his professional capacity his mind similarly flits from animal to (female) patient, as he idly mentions to Ovid his interest in one of monkeys at the zoo which has contracted ‘brain disease’ before asking ‘have you been thinking lately of that patient we lost?’ (*HS*, 99).

Collins’s interpretation of “heart and science” is not so simplistic as to pit the overly emotional responses of characters such as Carmina against the scrutinising, scientific gaze of Benjulia however, and its complication of the methods of scientific observation and analysis is bound up in the novel’s exploration of reading texts and bodies. Unlike in *No Name*, where reading any body or text is complicated, Collins instead calls for a need to interpret a variety of surface appearances in a measured and objective way, in keeping with his argument for medical research which draws on a range of resources instead of one damaging one. The family outing to the zoo, where Benjulia first appears, makes a point of exploring these different types of observation and interpretation. Whilst Ovid watches Carmina, Miss Minerva is sent to watch Ovid ‘in his mother’s interest’, Ovid’s ‘eyes’ follow Miss Minerva ‘compassionately’, Benjulia observes Carmina and Zoe, and ‘while Carmina had been studying Miss Minerva, Miss Minerva had been studying Carmina’ (*HS*, 91-96). Collins makes a clear distinction, however, between the ways in which the various characters watch

one another, and their reasons for doing so. Whilst the majority of these observations are rooted in an emotional response or interest in the individual, Benjulia's are connected only to his interest in the physiological structures of those he observes; it is here, for example, that he first makes Zoe wriggle by pressing 'two of his soft big finger-tips on her spine' (*HS*, 96). Benjulia's actions typify what was, for many, particularly unpleasant about vivisection, in his reduction of the young girl's body to a study of form and function. As James Mussell notes, underpinning physiological research were 'principles of abstraction [...] in which an individual specimen became representative of a biological function', and it was the 'loss of humanity' that this implied which rendered research of this kind particularly problematic.⁶²

Unlike Benjulia's observation of Zoe, which signals his overriding and reductive interest in the interior structures of the body, it is Carmina's astute observation of Benjulia's hands that leads Ovid to realise Benjulia is practising vivisection rather than chemistry alongside medicine, as Benjulia claims. Carmina's previous knowledge of a chemist whose hands were stained from the chemicals used in his experiments contrast with the 'purity of [Benjulia's] hands', leading Ovid to make 'some irrational connection' between the doctor's 'attention to the monkey' and cleanliness of his skin (*HS*, 123). This ability to compare and analyse aspects of surface appearance plays an important part in Collins's attack on the medical argument that cutting the skin and observing under the surface is a necessary and superior means of gathering knowledge. As Straley argues, drawing on the comparisons made between Zoe and her dog:

⁶² James Mussell, 'Private Practices and Public Knowledge: Science, Professionalisation and Gender in the Late Nineteenth Century', *Nineteenth-Century Gender Studies*, 5 (2009), <http://www.ncgsjournal.com/issue52/mussell.htm>, [Accessed 3 January 2014].

Heart and Science seeks a language of expression shared by humans and animals by which emotion can easily and benignly be read – more in line with the practice of comparative anatomy than with dissection [...] If faces tell the story of our deepest emotions, and we all share the same clearly visible indicators, then both heart and brain are openly accessible to the careful observer. There is no need for invasive surgery to cut below the surface.⁶³

Collins reverses, to a certain extent, his earlier problematisation of the surface appearance of bodies in *No Name*, as here he must present this as a desirable alternative to physically cutting into bodies to see below surfaces. However, alongside the novel's tentative suggestion that the exterior of bodies can, or perhaps should, be read as an alternative to dissecting and observing the interior is the important point that knowledge cannot be gleaned by this method in isolation, and that textual study (distanced further from the physicality of anatomical dissection) is a necessary accompaniment.

As with *No Name* Collins works his interest in the role of reading into the novel, and both his writing of the novel and the way in which he intended it to be read relate back to the text's main concerns. The title of the text is more complex than it would appear, and similarly to *No Name* provides a prompt for the type of reading in which Collins wants his audience to engage. Otis states that, 'from the title, it would appear that Collins is creating a dichotomy, his characters falling into either the "heart" or the "science" camps' yet as she, and several others note, it is more complicated than the deceptively simple title suggests.⁶⁴ Whilst, in a fairly basic way, the novel does

⁶³ Jessica Straley, pp. 363-4.

⁶⁴ Laura Otis, 'Howled out of the Country: Wilkie Collins and H.G. Wells Retry David Ferrier', in *Neurology and Literature, 1860-1920*, ed. by Anne Stiles (Basingstoke: Palgrave Macmillan, 2007), pp. 27-51 (p. 38). See for example Tabitha Sparks, 'Surgical Injury and Narrative Cure', pp. 14-15 and Christine Ferguson, p. 472.

function to distance the cold clinical science of Benjulia from the compassionate work of Ovid, a more nuanced reading brings to light the argument to read widely, perceptively and carefully at which the title hints – a revelation that rewards those most perceptive of readers. The title refers less to separating dichotomies and binaries than it initially seems and instead points towards the text’s argument to read contrasting texts alongside one another, as well as its urging for scientific and medical pursuits to combine textual reading alongside a reading of the body. It is noteworthy, for instance, that Collins names his text heart “and” science rather than heart “or” science.

Like *No Name, Heart and Science* is also a departure from Collins’s more familiar brand of sensation fiction, a decision which reveals the connections Collins makes between his audience, reading and vivisection. As David notes, ‘*No Name* discloses no secrets, rattles no nerves with sensational excitement’, and *Heart and Science* similarly eschews sensational tactics to resist the comparisons that were made between the genre and the practice of vivisection.⁶⁵ Critics argued that ‘both scientific and literary practices operated to the same effect: vivisection exposed the brains of immobilised animals, boiled their skins, and galvanised their spinal cords, while Sensation writers stood likewise accused of “Harrowing the Mind, making the Flesh Creep ... [and] Giving Shocks to the Nervous System” of the captive reader’.⁶⁶ In order to propose textual sources (either scientific or literary) as alternative ways of formulating knowledge to vivisection, and as a useful companion to the sciences, Collins crafts his narrative in a careful and knowing way, distancing the text from any

⁶⁵ Deirdre David, p. 35.

⁶⁶ Jessica Straley, p. 350.

previous associations that his writing might have had with vivisection and offering a novel which comments on this practice, without engaging in its literary equivalent.

In his aim to align science and literature Collins is at odds with many of his contemporaries, who more often thought of the two disciplines as contradictory. This split in opinion became apparent even within the medical community, which ‘debated the extent to which medical training should embrace experimental, scientific ideals, or ratify gentlemanly ideals, in the place of “dispassionate” science’.⁶⁷ Writing in *Nineteenth Century* in 1882, Matthew Arnold’s response to the debate was to argue that ‘the great majority of mankind [...] would do well, I cannot but think, to choose to be educated in humane letters rather than in the natural sciences’, although, as Ferguson paraphrases, he does move to connect the two areas, arguing that an individual ‘devoid’ of the instinct for knowledge as well as beauty ‘becomes exiled from the realm of the human, occupying the shadowy territory between humanity and bestiality’.⁶⁸ Rather than following Arnold in lauding literature over science however, as might be expected, Collins takes a different approach in reconciling the two by demonstrating the commonalities and processes they share. This desire to find similarities and connections rather than division and tension may also have had a more personal echo for Collins, who, as Law has shown, struggled with shifting genres and developments in literary production in the 1870s and 1880s. Collins was, according to Alexis Weedon, a ‘keen observer of the publishing scene’ with a good understanding of markets and audiences (as his adroit management of *No Name* indicates), yet by the later stages of his career Law sees Collins as being ‘increasingly

⁶⁷ Tabitha Sparks, ‘Surgical Injury and Narrative Cure’, p. 14.

⁶⁸ Matthew Arnold, ‘Literature and Science’, *Nineteenth Century*, August 1882, 216-30, pp. 228-9, <http://aleph0.clarku.edu/huxley/comm/19th/Arnold.html> [Accessed 12 December 2013]; Christine Ferguson, p. 469.

uncertain of his status and his audience in the rapidly changing Victorian marketplace'.⁶⁹ Law goes on to argue that his later novels respond not only to 'the growing divide between romantic and professional views of authorship, and between "gentlemanly" and "commercial" modes of fiction production' but also to 'Collins's growing confusion as to which side of the divide he was on'.⁷⁰ Peters similarly points to Collins's confusion over the 'rift' between 'serious' and 'popular' writing at this time, particularly as he had 'always believed passionately that the two could and should be combined'.⁷¹ His desire to unite the dichotomies that *Heart and Science* explores, then, also speaks of a private need to reconcile apparently conflicting areas, and it seems fitting that he confronts these deeper issues of uncertainty regarding textual production in the very process of writing and producing a literary text.

Collins appears particularly keen to tackle (or perhaps mask) this uncertainty about his changing audiences in his Preface to the novel, which is addressed 'To Readers in General' (those who 'form the majority of buyers and borrowers of novels' and see 'Character and Humour' as the two most important qualities in fiction) and 'To Readers in Particular' who 'habitually anticipate inexcusable ignorance' and 'thoroughly enjoy convicting a novelist' of 'having made a mistake' (*HS*, 37-9).

Collins not only responds to the qualities of the text both sets of readers will be looking for but, at the same time, instructs them in what to look for and how to read it. Readers in General are told that they will find characters that have been drawn with 'a vigour and breadth of treatment' and are derived from 'Nature', whilst Readers in

⁶⁹ Alexis Weedon, 'Watch This Space: Wilkie Collins and New Strategies in Victorian Publishing in the 1890s', in *Victorian Identities: Social and Cultural Formations in Nineteenth-Century Literature*, ed. by Ruth Robbins and Julian Wolfreys (Basingstoke: Macmillan, 1996), pp. 163-186 (p. 164); Graham Law, p. 330.

⁷⁰ *Ibid.*, p. 330.

⁷¹ Catherine Peters, p. 395.

Particular are spared from ‘a long list of books consulted’ but assured that the manuscript was ‘submitted for correction to an eminent London surgeon’ and ‘subjected to careful revision’ (*HS*, 37-9). Similarly to *No Name*, the text alludes to the multiple ways in which it can be read and interpreted, as well as forming a guide as to how it should be read, reprising Collins’s interest in encouraging his audience to read perceptively. The Preface also subtly hints at Collins’s other aim for the novel by simultaneously highlighting the enforced separation of science and literature at the same time as outlining the similarities between the two. Readers in General, those who read and enjoy literature for its own sake, are clearly (and typographically) separated from Readers in Particular, Collins’s scholarly and scientific audience, yet they are contained together within the Preface as a whole, which also confidently argues that both will enjoy the text.

It is in this second half of the Preface, for Readers in Particular, that Collins introduces reading as a comparable, and preferable, way of collecting and generating information and knowledge in comparison to vivisection, and as a useful companion to more compassionate scientific study. In defending the medical and scientific elements of the text he alludes to the voluminous amount of research he has carried out in preparation, adding ‘let me spare you a long list of books consulted, and of newspapers and magazines mutilated for “cuttings”’ (*HS*, 39). The language of the section is clearly a reference to vivisection, but the object for dissection here is the paper of magazines and newspapers, rather than the skin and flesh of an animal; it could even be argued that Collins posits the substitution of the “body” of a text for that of an animal. Unlike aspects of medicine which cut and dissected with the aim to cure, vivisection was condemned in particular for the perceived lack of reason behind

its treatment of live animals, along with its reductive attitude towards bodies as mere examples of form and function. As Otis notes, vivisectors were often seen as trying to ‘win fame for themselves or to promote their own theories over those of rival investigators’ as much as trying to make genuine medical advances.⁷² Furthermore, the image of the ‘cuttings’ scattered across Collins’s desk links to the novel’s call for balanced reading of a wide array of sources, as well as indicating Collins’s own awareness of *Heart and Science*’s position as one of a multitude of texts discussing vivisection. As Lansbury describes, ‘the war was not fought simply by means of pamphlet, poster, and essay’, but alongside this novelists too ‘used the special power of fiction to move the hearts of their readers’.⁷³ Much as the serialisation of *No Name* knowingly used the accompanying articles in *All the Year Round* as important intertextual elements, *Heart and Science* similarly positions itself self-consciously as one of many responses to the topic – with the ability to read and interpret a variety of texts being a crucial element of the narrative.

This need for reading, and reading widely, is introduced in the first few pages of the novel with Ovid’s journey from his consulting room to the Royal College of Surgeons to collect information for his manuscript (*HS*, 45-6). As Ferguson notes, Ovid is one of the text’s few scientific figures ‘who escapes the dehumanizing ravages of his profession only through continual self-banishments from the laboratory’, and his connection with both reading and writing, and distance from the practice of the consulting rooms, initiates the novel’s examination of a more balanced way of practising medicine and research.⁷⁴ Further to his initial excursion to escape the oppressive air of the consulting rooms, Ovid later travels to Canada for prescribed

⁷² Laura Otis, ‘Howled out of the Country’, p. 32.

⁷³ Coral Lansbury, p. 131.

⁷⁴ Christine Ferguson, p. 472.

rest away from medical practice, a detail which helps to develop Collins's argument that research and knowledge can be gained at a distance from bodies and anatomical specimens, exaggerated here by the geographical distance. The point is enforced with the medical discovery Ovid is able to make through use of the manuscript bequeathed to him by the dying doctor he cares for in Montreal, the 'mulatto' medic from the 'Southern States of America' (*HS*, 159). Upon reading the manuscript, Ovid discovers that 'he, and he alone, has solved a problem in the treatment of disease, which has thus far been the despair of medical men throughout the whole civilised world' (*HS*, 160), whilst the written declaration at the start of the manuscript denotes the doctor's privileging of compassionate 'bedside practice' over vivisection (*HS*, 307). Stating that he is 'innocent, in my professional capacity, of ever having perpetrated the useless and detestable cruelties which go by the name of Vivisection', he goes on to argue for the value of making medical discoveries through 'indirect and unexpected means' and being open to forms of investigation which enable knowledge and understanding more circuitously than the direct, invasive and harmful practice of vivisection (*HS*, 307-8).

The doctor's discovery is generated by his treatment of two young girls with similar symptoms of hysteria, his successful treatment of one, and post-mortem examination of the other after her eventual death. (The detail of the post-mortem here is presumably intended to highlight when invasive medical techniques are permitted: here, it is after the patient's death, and with the clear aim of saving the other girl, as opposed to the unnecessary experimentation on healthy, living animals that vivisection involves). The process of medical treatment, palliative care and investigation also contrasts sharply with Benjulia's treatment of Carmina, who lapses

into a state similar to that of the girls described in the manuscript. Carmina's situation presents Benjulia not only with 'new ideas' (*HS*, 255), but also with an opportunity to experiment on the brain and nervous system of a living human, by allowing (even encouraging) and observing her decline. Rather than treating Carmina or attempting to alleviate her discomfort, Benjulia instead repeatedly visits and watches Carmina, noting the 'trifling inequality in the size of the pupils of the eyes, and a slightly unequal action on either side of the face' as her body slowly slips into paralysis (*HS*, 280). For Benjulia, Carmina's illness is his 'reward for sacrificing the precious hours which might otherwise have been employed in the laboratory', and she takes 'her place, along with the other animals, in his note-book of experiments' (*HS*, 280). Predictably, Ovid returns with the manuscript in time to treat Carmina and prevent her death. However, aside from ensuring the text's conventional ending, the use of the manuscript – recovered not only from a doctor who practises a very different type of medicine to Benjulia, but also at a distance from the sick body of Carmina – clearly makes the argument for the more rounded type of medical treatment and research that both Ovid and the anonymous doctor champion over Benjulia's very proximate and damaging method of investigation.

The comparison made here between reading texts and reading bodies is fairly obvious, but on closer inspection Collins emphasises Benjulia's inability to read, interpret or appreciate textual forms of information throughout. Most seriously for Benjulia, his apparent inability to use and interpret language frustrates his attempts to learn of Ovid's discovery in Canada. Reading irritably through a letter from Mr Morpew, one of their colleagues with whom Ovid is staying, Benjulia is exasperated by the compliments Morpew pays Ovid at the expense of detailing the work he is

doing, which is, to him, ‘wasting paper on smooth sentences, encumbered by long words’ (*HS*, 183). As Sparks comments, Benjulia’s attitude towards these ‘long words’ contain a ‘double slur: they depict Benjulia as a bad reader and a doctor divested of the human element of medicine’, adding that ‘in Collins’s novel, the former insult almost necessarily signifies the latter’.⁷⁵ Sparks also recognises the significance this holds for Collins’s audience and the function that it performs in his aims to encourage his audience to be “good” readers in contrast to Benjulia as ‘bad reader’.⁷⁶ Moreover, it is these same ‘long words’ which threaten to destroy Benjulia’s career. In addition to (unintentionally) frustrating Benjulia by withholding information about Ovid’s medical work, Morphew intends to expose his colleague’s use of vivisection in a book with which Benjulia’s brother, a publisher’s clerk, is assisting. Here, not only does Benjulia’s inability to manipulate and appreciate literature gesture towards his downfall, but – crucially – it is the meeting of literature and medicine which will tarnish Benjulia’s career and reputation. As Benjulia’s brother gleefully tells him, ‘I can lay my hand on literary fellows who will lick [Morphew’s] style into shape’ (*HS*, 186).

Before this can be realised however, Benjulia brings about his own demise, also a result of his inability to read “well”. Anticipating Ovid’s publication of the discovery he has been able to make, Benjulia subscribes to ‘every medical publication in England’ but does not read them. Instead he scans the pages, ‘apparently in search of some announcement’ that never appears, before disposing of the ‘unread periodicals [...] as waste paper’ (*HS*, 317). Benjulia’s actions are markedly different to Ovid’s, who reads the manuscript he is entrusted with carefully, despite initially setting ‘no

⁷⁵ Tabitha Sparks, ‘Surgical Injury and Narrative Cure’, p. 21.

⁷⁶ *Ibid.*, p. 21.

sort of value' on it (*HS*, 160), as well as contrasting with Collins's description of his own reading and the painstaking collection of 'cuttings' he uses to educate himself. Highlighting the value that literature and textual research can hold – and condemning those who (quite literally) cannot see this value – Benjulia's obsession with medical research, and inability to envision this as anything other than experimenting with living bodies, impedes his progress and ensures his failure. As one of his staff observes, 'whatever the master's working at [...] he's farther away from hitting the right nail on the head than ever' (*HS*, 317-8). Significantly, the eventual announcement of Ovid's text presents itself in the narrative as a version of one of Collins's 'mutilated' cuttings, found discarded on the floor by a servant and containing an extract from the Preface of Ovid's publication. Just as Collins presents the cuttings of text and papers in his Preface as means of learning about areas of medicine and science, it is one such cutting which heralds Ovid's victory over Benjulia, positioning texts and literature not only as the key that Ovid uses to cure Carmina, but also as the means by which Benjulia learns of his failure. Like Collins's Preface, the extract from Ovid's Preface quoted in the cutting similarly aligns literature and science: for the footman who discovers it and reads it, the Preface is 'almost as interesting as a story' (*HS*, 318). Benjulia reads Ovid's text through the night and, finding himself and his research thwarted by Ovid's more distanced pursuit of knowledge, (and still unable to accept text as a valuable source of such knowledge) he locks himself in his laboratory and commits suicide.

Straley comments that 'the final restitution of the rightful couples [Carmina and Ovid] occurs when the characters reject the illusory attractions of "science" and reaffirm the superior literary value of "heart"', but as the earlier discussion of

Collins's treatment of these apparent dichotomies demonstrates, the novel does not seek such a straightforward resolution.⁷⁷ Conversely, it is the meeting of two divergent domains – the compassionate and moral terrain of literature and the clinical approaches of science – which it champions, a point clearly proven by the detail that it is Ovid's published medical text which cures Carmina and ruins Benjulia, whilst being as 'interesting as a story' (*HS*, 318). Instead of arguing that 'vivisection – both surgical and narratological is unnecessary', the novel posits the use of narrative, text and literature as a necessary alternative to vivisection, and promotes the reading, analysis and dissection of texts over bodies.⁷⁸ The image of Collins in the Preface, poring over a desk full of 'mutilated' cuttings, not only self-consciously foreshadows this claim, but also heralds both the text and Collins's interest in, and awareness of, the multiplicity of potential readers and audiences. Sparks argues that Collins 'recovers the split between morality and medicine (by addressing two separate audiences – those seeking entertainment, and those knowledgeable about science) and in his novel, attempts to close that gap', yet again the use of two groups as binary opposites here perhaps simplifies Collins's understanding of his market.⁷⁹ Rather than merely recognising two discrete groups of readers, Collins's Preface can instead be seen as acknowledging two out of many groups of readers and the way in which these groups overlap, as well as the multitude who fall somewhere in between, such as the footman who is intrigued by Ovid's text, or even Collins himself – a literary writer with a clear interest in science and medicine. By drawing these two disparate groups together, and alluding to a spectrum of audiences and consumers of texts, Collins also implicitly addresses the uncertainties Law highlights with regard to knowing which "side" he is on. This method of charting a common ground or middle path enables

⁷⁷ Jessica Straley, p. 361-2.

⁷⁸ *Ibid*, p. 365.

⁷⁹ Tabitha Sparks, 'Surgical Injury and Narrative Cure', p. 26.

him to reconcile a variety of dyadic pairings, paving the way for his own attack on vivisection, as well as demonstrating a deeper understanding of his own readership and position in the Victorian literary marketplace.

By reading these two novels together and alongside texts and excerpts against which they were positioned – as well as highlighting the similarities which reoccur despite a gap of more than twenty years – Collins's interest in the concept of reading, and how it can be put to use to encourage his audience to interrogate medical practices, become clear. In his attacks on physiognomy and vivisection, Collins illuminates many of the concerns and fears that his audience may have felt or experienced with regard to these particular branches of medicine, before using the texts as a way of discrediting, problematising or condemning such practices. In challenging physiognomy, his audience is not only put in the place of the physiognomist, confronted with a set of characters and appearances which seem almost impossible to read accurately or reliably, but they are also implicitly reassured that identity, appearance and character can not be read in such a straightforward way as physiognomy attempts to assert. Similarly, whilst Collins clearly plays on anxieties regarding experimentation on animal and human bodies in *Heart and Science*, the text not only provides the reassuring downfall of the vivisectionist, but also seeks to offer a viable alternative, again centred on the act of reading. Collins may modify his approaches to, and representation of, reading texts and bodies across the two novels, but his tactic of engaging and interacting with his audience through the act of reading remains the same, as does his acute awareness of how his own texts were situated alongside others. Both narratives show a clear understanding of their intertextuality and place within a multitude of texts; a knowledge which Collins draws on to

strengthen his argument in both instances. In *No Name*, illustrations or accompanying articles are used to problematise the act of reading, whilst *Heart and Science* self-consciously alludes to the vast array of publications, magazines and articles on vivisection, and the way in which making use of such a range of materials can form an important source of knowledge in itself. As well as demonstrating Collins's engagement with contemporary developments in medicine, then, both texts emphasise his understanding of his audiences, their reading habits, and the literary marketplace as well as his position in it. Moreover, they form important examples of the connections between literature and medicine of which he was aware, and the manifold ways in which he put this connection to use in his own writing.

Conclusion

In 'Literary History as a Challenge to Literary Theory', Hans Robert Jauss describes literature in the following terms:

A literary work is not an object that stands by itself and that offers the same view to each reader in each period. It is not a monument that monologically reveals its timeless essence. It is much more like an orchestration that strikes ever new resonances among its readers and that frees the text from the material of the words and brings it to a contemporary audience.¹

For Jauss, the complexity of texts can be revealed through a consideration of their various audiences, with literary works displaying different facets of themselves to different communities of readers across different periods of time. Not static, one-dimensional or unchanging, texts divulge varying meanings, connections and influences dependant on the perspective or angle from which they are viewed. In many respects, the overarching aim of this thesis has been to reorientate the point of view from which we approach Collins's texts, both for what this reveals about him as a writer as well as the lives of his readers. In bringing to light the types of texts Collins's readers might have read alongside his own, the letters and diaries they wrote, the urban and suburban spaces through which they travelled and the structures of the rooms and buildings around them, the discussion has in turn been able to reveal new dimensions and significances in Collins's writing. As Jauss elaborates, the way in which texts interact with their audiences is largely linked to the connections or associations they make, by awakening 'memories of that which was already read', and

¹ Hans Robert Jauss, 'Literary History as a Challenge to Literary Theory' in *The Norton Anthology of Theory and Criticism*, ed. by Vincent B. Leitch (New York: W.W. Norton & Company, [1969] 2001), pp. 1547-1564 (pp. 1552-3).

through ‘overt and covert signals, familiar characteristics, or implicit allusions’.² Any reconstruction of the horizons of expectation held by Collins’s audiences and the manner in which his texts were received therefore requires that they be foregrounded ‘against those works that the author explicitly or implicitly presupposed his contemporary audience to know’, and it is only through building up a picture of these points of resonance or shared connections that a new perspective of Collins’s work can be brought into view.³ For sensation fiction in particular, identifying and using such connections was key: as Flint has demonstrated, sensation fiction was a particularly perceptive and self-aware genre, with authors who were acutely alert to how their work interacted with contemporary topics of interest and other texts that their audiences would have been reading.⁴ In bringing this range of contemporary documents, discourses, events and perspectives to bear on Collins’s work, then, this thesis has not only illuminated the extent to which Collins’s writing responds to topics of medicine and illness, but also the multiplicity of ways in which these areas were experienced and encountered in everyday life.

In so doing, the complexity of the interaction between lay and professional knowledge has also been stressed, providing a way of approaching Victorian medicine which allows for a more nuanced understanding of relationships between medical professionals and the wider public at this time, as well as a new appreciation of how Collins’s work both speaks of and engages with this. As Kennedy notes, whilst the period’s ‘movement towards increased professionalism in medicine’ has received a significant amount of attention, it is also vital to recognise that this was by no means a

² Hans Robert Jauss, p. 1554.

³ Ibid, p. 1559.

⁴ Kate Flint, *The Woman Reader*, pp. 286-293.

straightforward process.⁵ Rather, as Kennedy argues, the ‘combination of the radical changes in medical practice and their expanded visibility in periodical publishing allowed the new medicine to become a significant current of discussion among Victorians’.⁶ In part, the texts used throughout this thesis (fictional or not) attest to the fact that layperson knowledge of, and interest in, medicine at this time was thriving. Furthermore, aspects of medicine and interests in illness and sick bodies spilled over into other professional spheres, influencing and interacting with areas such as architecture, advertising and the legal profession, as various chapters have demonstrated. Victorians not only read about medicine, but devoured accounts of courtroom testimonies which shaped perceptions of medical prowess and the bodies under scrutiny, lived in cities conceptualised in terms of physiological networks, and stressed their own authorship and ownership of medical knowledge and terminology in treating friends and family.

The work of Foucault has formed a backdrop to much of the subject matter discussed here, and whilst the material covered occasionally problematises the developing power relationship between doctor and patient that he outlines in *The Birth of the Clinic*, the way in which he considers the interactions between power and points of resistance, as well as the productive capabilities of this, has been particularly valuable in rethinking and complicating the types of engagement with the medical profession that Collins outlines. In this respect the thesis also takes a markedly different approach to other critical work on Collins and medicine. As outlined in the Introduction, much of the recent work on this topic often focuses on connections to more professional or clinical areas, or links Collins’s use of these themes with other

⁵ Meegan Kennedy, ‘The Victorian Novel and Medicine’, in *The Oxford Handbook of the Victorian Novel*, ed. by Rodensky, pp. 459-482 (p. 459).

⁶ *Ibid.*, p. 460.

genres, such as Talairach-Vielmas's work on his appropriation of Gothic figures and settings, for instance.⁷ In so doing however, such studies are not able to consider in as much detail how Collins's use of medical subject matter would have been meaningful to an audience, or to reflect more broadly on how his work speaks to everyday issues of health and medicine during the nineteenth century.

The frequency with which Collins's texts draw on lived experiences of medicine or illness – and indeed, the fact that this is a sustained quality of his fiction throughout much of his writing career – is demonstrated by the range of texts discussed throughout this thesis, as well as the variety of topics covered over the six chapters. By focusing on aspects of health and illness such as concerns over cosmetics and poisons, sanitation in the city, or medical roles appropriated by women, the aim has been to return continually to issues, materials, figures or concepts with which a contemporary audience would have been broadly familiar, as well as to demonstrate the importance of some of the more unassuming aspects of Collins's work. Whilst many of these individual topics could easily have filled multiple chapters rather than one, the intention has been to demonstrate the spread of medical and health-related themes across Collins's body of work, as well as to go into detail in considering six key areas which are particularly prominent and important. The texts used here have also been selected to demonstrate the extent to which aspects of medicine and illness permeate both Collins's major and lesser-known novels, and that these issues repeatedly recur throughout most of his writing career: from *Basil* (1852) to *Heart and Science* (1883), which form the borders of Collins's work discussed here. Within

⁷ For examples, see Laurence Talairach-Vielmas, *Wilkie Collins, Medicine and the Gothic*, Tabitha Sparks, *The Doctor in the Victorian Novel*, Andrew Mangham, *Violent Women and Sensation Fiction*, Jessica Cox, 'Reading Faces', and Greta Depledge, 'Heart and Science and Vivisection's Threat to Women'.

this three-decade span, the texts chosen are intended to strike a balance between Collins's well-known novels and those which tend to be overlooked, but also comprise the strongest examples of the issues and themes discussed. *Poor Miss Finch*, with its confident and knowledgeable female narrators, provides a useful focus for rethinking women's engagement with medicine, whilst *Basil*'s use of the city as a backdrop for the majority of the novel is an obvious choice for a discussion of public health and the urban environment. Where more well-known texts have been used, such as *The Moonstone* and *The Woman in White*, a clear aim has been to approach these texts from a fresh perspective, demonstrating that they still have new and vital contributions to make to Collins scholarship.

The lack of scholarly work to date on Collins's attention to non-professional medicine, combined with the current wealth of research on Collins and medicine more broadly, also goes some way towards indicating how fitting his work is for this particular research. As the key texts mentioned in the Introduction demonstrate – in addition to the wide range of critical work on which the thesis draws – Collins's use of medicine and themes of health and illness in his writing is a rich and substantial area of investigation, and seemingly more so than the work of his contemporary sensation writers, having attracted a great deal of attention in recent years. More specifically however, the genre of which Collins is a part, in addition to the clear biographical and autobiographical evidence of his use of his own experiences and those of friends and family, make his writing particularly suited to a study of lived experiences of health and medicine. Often taking a more unsettling and complex approach to spaces such as the sickroom, in comparison to many other Victorian texts, as well as occasionally prefiguring the anxieties and interests of fin-de-siècle

literature, sensation fiction is well-placed to expose a new dimension to experiences of medicine and illness at this time.⁸ Rooted in the everyday, the mundane and the familiar – indicating its links to realist traditions, against which the genre is more frequently positioned – sensation fiction through its very nature is required to make connections with its audience in a straightforward way, before building to the more far-fetched and implausible elements of its narratives, and it is important to recognise the worth of works such as Collins’s in this respect. Peters, in her biography of Collins, notes that these novels now have ‘an added value’ in giving us ‘access to the oddity and passion that lay beneath the surface of Victorian life’ and ‘glimpses into the secret places of his time’ and, whilst Peters is no doubt referring to the more scandalous ‘secret places’ that his texts open up, the intention here is much the same: to bypass the sensational veneer of his writing and read it for ‘glimpses’ into what illness and healthcare meant for him and his readers.⁹

Through considering how Collins’s writing reveals and responds to everyday experiences of medicine, the thesis has enabled a deeper understanding of Collins’s own relationships with aspects of medicine, illness and the body, as well as providing an insight into that of his audiences’. It is perhaps useful, then, to consider in more detail the contributions that the research has been able to make in terms of these three strands: Collins’s engagement with medicine; layperson relationships with medicine; and conceptualising bodies, spaces and illness. As this thesis has shown, in many ways these three strands are intricately interrelated. Collins’s own process of considering and responding to changes in medical practice, as well as the clear demonstration of his own interest in the field, feeds in to his representations of

⁸ See Miriam Bailin, *The Sickroom in Victorian Fiction*.

⁹ Catherine Peters, *The King of Inventors*, p. 434.

layperson experiences as he seeks to bolster the value of this knowledge, and public interaction with the professional. Moreover, his interest in how and where these interactions and engagements take place, and the way in which this shapes and controls bodies, comes across through the spaces and places in which he sets his narratives; settings which not only give a flavour of how medicine and illness were experienced in a physical and spatial way, but indicate Collins's understanding of how these topics permeated disparate domains and discourses. Combined, they give a powerful sense of how many Victorians lived with and through periods of health and illness, and the way in which it surrounded them in their everyday lives.

Collins's engagement with medicine

As well as elucidating broader lived experiences of illness at this time, the thesis has, in particular, brought to light Collins's own interest in medicine, and the often complex relationship with it that his writing appears to convey. In many respects, his own grappling with the changing nature of medical practice can be seen as representative of the more sophisticated layperson engagement with medicine that this thesis points towards. This is a relationship which appears more as a relentlessly shifting dialogue between lay individuals and professionals than a one-way flow of power, in which ideas about bodies and the treatment of bodies are constantly being reconceptualised and questioned, and professional medicine itself is challenged and meets points of resistance as much as it imposes new forms of power or control. His novels frequently interrogate the changing ways in which medicine could represent and classify bodies, and detail how medical knowledge or techniques could be appropriated and adopted. Collins's work speaks of his own ideas about bodies and the ways in which they can be understood, as well as repeatedly probing the ability

and authority of medicine to instigate and entrench these shifts in knowledge and understanding.

One of the clearest ways in which Collins problematises professional medicine's treatment of the body is through his arguments that the body's surfaces cannot always be read accurately as a sole means of gathering medical knowledge or information. Against the backdrop of medicine's move towards privileging the diagnostic power of sight and the "gaze", Collins deliberately and antagonistically queries the efficacy of this approach, as well as creating a variety of scenarios in which medicine's abilities in this respect are shown to be ineffective or inaccurate. Chapters Three and Six cover this aspect of Collins's work in most detail, discussing either branches of medicine premised on the ability to observe and analyse appearances (physiognomy, for example) or ways in which bodies sought to cover or disguise external appearances, such as the issues of aging and cosmetics application. As the discussion of *Armadale* illustrates, Collins's characters frequently defy and complicate the notion that outer appearances betray the nature of the bodies underneath, an assertion which is then applied to more overtly medical topics in *The Law and the Lady* and *Jezebel's Daughter*. Here, rather than merely confusing ideas about age or gender, bodies pose a direct challenge to medical professionals, who are frequently unable to make diagnoses about the states of bodies based on external signs and symptoms alone. As the chronological spread of texts discussed in Chapter Three demonstrates (1866, 1875 and 1880, respectively) this was an argument to which Collins returned repeatedly.

Chapter Six's discussion of physiognomy and vivisection in *No Name* and *Heart and Science* extends and embeds Collins's view that medical knowledge should not be based on observation alone. This standpoint most obviously threatens the tenets of physiognomy, which stems entirely from the notion that external appearances are reliable physiological markers and sources of knowledge; an idea that Collins clearly counteracts in *No Name*, which builds to problematise the concept of reading more widely as part of this argument. More complex however is his adaptation of these ideas in *Heart and Science*, which sees him modifying this view to propose a more tempered approach to medicine that draws on a range of sources as a means to knowledge, but again returns to the central notion that bodies alone should not be scrutinised and treated as surfaces that can be straightforwardly read and analysed. Across these five texts, this aspect of Collins's response to medicine is substantial and sustained, and whilst he moves towards recognising the value of certain types of medical research in *Heart and Science*, his overall resistance to the notion of the medicalised gaze and the power that it holds is clear.

As well as addressing this emerging quality of nineteenth-century medical practice, Collins responds to the shift towards compartmentalising and defining both medical practice and the body. The branches of medicine considered in Chapters Three and Six (forensic medicine; toxicology; pathology; vivisection and physiognomy) were becoming distinct specialties, and with this came developments in breaking the body down into areas for specialist attention. What many of the characters in Collins's novels are able to do however, in contrast to medicine's increasingly specific dismantling of the body, is to view bodies from a variety of viewpoints or perspectives – finding information that medical practitioners overlook – as well as,

most importantly, forming a holistic view of the body as a result. For Collins, reducing the body to separate parts or functions for analysis leads to narrower and more restrictive ways of understanding, with the premise of visual readings of the body being one such example of this. To illustrate how these ideas are present in Collins's texts, one only has to think of Lucilla Finch's innate understanding of her own body and her superior analysis of the condition of Oscar's epilepsy, which occurs entirely without the use of sight. This reductive approach to medicine and the body, which professional practice moves towards, therefore repeatedly appears to be a limitation in Collins's texts, whilst a broader, holistic approach to the body and its workings yields more reliable and accurate information. In this respect, Collins's own engagement with medicine as a layperson become clear, and his attitudes suggest the ways in which processes of medicalisation during this period were received and responded to, as well as resisted.

Layperson relationships with medicine

A large part of Collins's own engagement with the aforementioned aspects of medicine involves his promotion of layperson knowledge either alongside or in place of that of medical professionals; his novels frequently seem to promote scenarios where a variety of figures have agency in discussing, understanding and defining the body, in contrast to the overwhelming shift towards professional medicine which is often seen as characterising the period. Thomas argues, for example, that Collins's plots often depend 'upon reading, in the body-in-question, physiological information that can be made legible only by professional experts and can be made legitimate only by the official documents they generate', yet as the discussion above, and indeed the thesis as a whole suggests, bodies alone are often not the sole sources of information,

and it is experts who are frequently unable to recognise this.¹⁰ As Collins's argument in *Heart and Science* makes clear, it is instead the ability to comprehend a variety of texts and sources which produces new understanding and knowledge, and crucially – as his own preface to the novel makes clear – this is a type of learning and expertise available to the lay public as much as clinicians. Rather than doctors 'diagnosing and prescribing proper care of the body' or 'making the crucial determination of whether persons are capable of acting for themselves or even when they are dead or alive', medical figures in Collins's texts are just as often incapable of identifying the states of bodies or their internal condition (for example, in *Jezebel's Daughter*, *Poor Miss Finch* or *The Law and the Lady*), whilst layperson figures (Valeria Macallan, Jack Straw, Walter Hartright and Lucilla Finch, to name a few) use their deductive skills, reasoning, intuition or intelligence to see vital information that medical professionals overlook.¹¹

The skills of non-professionals in providing medical care or in acquiring medical knowledge perhaps come across most strongly in *Poor Miss Finch*, as outlined in Chapter One. Not only does Lucilla's careful control over how and when her body becomes a form of medical spectacle relate back to Collins's argument against the medicalised gaze (with Lucilla in many ways finding her double in Magdalen Vanstone's defiance of physiognomical principles) but her and Mme Pratolungo's appropriation of medical knowledge and skills make a strong argument for layperson involvement in the profession in the face of increasing exclusion. Most importantly, this is a process which appears to be reflected in the multitude of archival materials that the chapter uses as part of its discussion, which clearly demonstrate both

¹⁰ Ronald R. Thomas, *Detective Fiction and the Rise of Forensic Science*, p. 63.

¹¹ *Ibid*, p. 70.

layperson and – particularly significantly – female engagement with the overwhelmingly male domain of professional medicine. These texts not only stand for a form of interaction with the profession in themselves (particularly so in the case of the writing of Harriet Martineau) and hint at how these power struggles appropriated a variety of forms and points of resistance, but also indicate the way in which Collins's text too is part of this dialogue. Collins very consciously highlights the voice of the women in the text – granting them narratorial control as well as centre stage in proceedings – and the work he does here in promoting the characters' knowledge and intuition as both non-professionals and women reveals and responds to the significant (and often overlooked) female engagement with medicine at this time.

The second chapter's consideration of *The Moonstone* takes a different approach in highlighting the layperson experiences to which Collins can be seen as responding, here exploring medical scrutiny of the body from the viewpoint of the scrutinised, and charting Franklin Blake's troubled response to his position as an object of medical enquiry. Here, it is medicine's interest in removing masks, reading symptoms or even analysing the hand(writing) that troubles, although it is worth noting that layperson involvement in the process (in the form of Betteredge, Bruff and, although somewhat reluctantly, Blake) maintains Collins's argument for non-professional knowledge and skills. By again drawing on a wide range of supporting texts, such as newspaper articles, letters and Ruskin's fascinating delirium notes, the chapter is able to consider the ways in which men conceptualised their bodies, as well as how they responded to instances when their bodies were subject to examination or scrutiny. Simultaneously, and as a product of this, the discussion is able to promote the view that women's bodies were not always the focus of medical investigation. However, the chapter also

shares clearer similarities with that which precedes it with its account of male layperson medical care for other men. The diaries and letters that this part of the chapter considers, coupled with their connections with parts of *The Moonstone* (Jennings and Candy's relationship, for example), not only indicates areas of layperson medical care such as male nursing roles which are seldom highlighted, but also bears testament to how Collins's writing utilises relatable layperson engagement with medicine as part of its narratives. Whilst the support and care offered between men that *The Moonstone* gestures towards is in itself a point of interest, it can be seen as part of a wider theme in Collins's work that alludes to the value of medical work carried out by non-professionals.

By considering the male body as an object of medical enquiry as well as the capacity for men to assume lay medical roles, the chapter is also able to reassess many contemporary notions about gender in relation to medicine and bodies. Here, male bodies are just as weak, permeable and vulnerable as the female bodies that were commonly described as such in medical discourse, but rather than hinting at effeminacy, Collins's aim seems more to set all bodies on a level plane, and to indicate the realities – that layperson care could be as effective as professional, or that male and female bodies were alike rather than dissimilar – that the medical profession often sought to obscure. Building on his own multilayered response to medicine, and indicating his interests in sparring with medicine's move to compartmentalise and distinguish bodies from one another, Collins's exploration of these complexities brings to light the aspects of layperson engagement with medicine which invalidate its claims; demonstrating how women and men interacted with, or experienced medicine and illness in perhaps unexpected ways.

Conceptualising bodies and spaces

Collins's move to rethink notions surrounding gender and bodies is part of a wider exploration on his part into how bodies are conceptualised and organised, both in terms of the "spaces" between bodies (separating male from female, young from old, the living from the dead) as well as the physical spaces of built environments which literally separate and distinguish types of bodies. Much of this seems to feed off Collins's questioning of medicine's role in compartmentalising bodies or dividing them into groups or types, and he is particularly interested in the "gaps" between bodies that are created through these processes of separation, division and classification. As much of Chapter Three discusses, for example, these liminal spaces between life and death, or youth and old age are problematised by Collins, with the clear distinctions between these states enforced by medical knowledge being shown to be impossibly indistinct and imprecise. Rather than bodies being organised, separated and defined, Collins's approach to bodies, whether of different genders, ages or states of being, seems to argue for viewing bodies across a spectrum, acknowledging that differences between bodies cannot necessarily be enforced or defined with clarity, and perhaps also that they need not, or should not be. In many ways this approach clearly links back to Collins's suggestion of an alternative layperson conceptualisation of the body which views it holistically, without need for the regimented breakdown of bodily parts or functions that medicine was moving towards. This attitude, in itself, privileges an understanding of the body that was available and accessible for non-professionals.

Collins's interest in these conceptual separations between bodies plays out in his use of space and illness in his novels, particularly in works that consider the place of sick

bodies in buildings or cities. Whilst much existing work on Collins has focused on his appropriation of the asylum as a backdrop in his texts or similarities between asylums and other buildings or houses, there is scope for much more work in this area, as Chapter Four demonstrates. This element of Collins's writing is, in fact, deceptively complex, and reveals much of interest regarding Victorian organisation and control of sickness, particularly in domestic spaces. As companion pieces such as the architectural drawings and plans used in this chapter show, the medical profession's need to organise and define bodies was mirrored by other responses to illness that developed similarly regimented ways of separating bodies as a means of managing periods of sickness, or bodies which were perceived as falling beyond the bounds of normality; ways of treating bodies which come across particularly clearly in texts such as *The Law and the Lady* and *The Woman in White*. In setting up the ways in which certain areas or spaces were designated as containing or controlling illness, however, the chapter also elucidates how Collins's challenge to compartmentalisation extends to the built and physical environment, drawing attention to points at which bodies and illnesses overrun these thresholds or liminal spaces.

Basil anticipates many of these concerns, as well as Collins's interest in the relationship between physical spaces and sickness with its exploration of the city and matters of public health; a topic and environment that would most likely have been particularly relevant to the everyday lives of large sections of Collins's readership. As one of Collins's early texts, and indeed the earliest text that the thesis considers, it is in many ways quite different to his work from the 1860s onwards and, in places, his ideas about bodies seem less considered and complex. Early on in the novel he clearly draws on physiognomy as a means of reading Basil's family and the taints of illness

therein; a branch of medicine that he moves to complicate later on. However, elsewhere the seeds of his ideas about similarities between bodies, and particularly between male and female bodies, are already evident. Anticipating the work he does in drawing male and female bodies closer together in novels like *Armadale* and *The Moonstone*, *Basil* acknowledges various ideas regarding the threatening nature of the female body, for example, and reverses them, instead making male characters the carriers of sickness, or those who harbour hidden taints of disease. In this sense, the chapter also prefigures Collins's later return to the concept of reading surfaces, although again these ideas in *Basil* are more straightforward than in later texts. Here, his interest in this topic is played out both with the physical environment of the city he uses as a backdrop and the forms of infection that spread through its subterranean spaces, as well as the bodies of the characters who either hide or reveal their physical and familial weaknesses. The way in which Collins progresses to complicate the ease with which these surfaces can be read in later writing can be seen by comparison with the following chapter and its discussion of *No Name* in particular.

The themes of compartmentalisation and separation of bodies in a physical sense – as well as the way in which such divisions appear to be ineffective – explored by the fourth and fifth chapters run parallel to the same ideas highlighted in relation to bodies, and the separations of bodily states, genders and ages, that the first three address. Not only does this demonstrate the various ways in which Collins's interest in closing the gaps between bodies manifested itself in his writing – as well as the wider arguments he was making across these texts – it also exemplifies how he drew on topics that would have been familiar to his audience in doing so. By writing about parts of the city, matters of public health, and even homes and recognisable suburban

spaces, he draws on physical environments which would have been immediately relatable, encouraging his readers to consider how such spaces are used in controlling and defining bodies. Whilst less overtly medical, Collins's ideas here still clearly link to his underlying interest in the work that notions about illness and the spread of disease could do in managing and manipulating bodies; a connection which becomes clear when teasing out these strands over a range of texts that span much of his career.

Bodies of writing

Running throughout all of the chapters, and indeed perhaps one of the clearest ways in which Collins responds to his audience and encourages their response in return, is the emphasis he places on the importance of reading, writing and narrative. By repeatedly highlighting the value of the layperson narratives that so frequently structure his novels – providing valuable alternative forms of knowledge and often more productive approaches to bodies than that of the professionals – Collins's texts in themselves form a sophisticated response to medicine which not only questions and interacts with the progression and professionalisation of medical practice, but encourages his readers to do the same. In novels such as *The Woman in White* and *The Law and the Lady*, as the third and fourth chapters outline, Collins indicates the multiplicity of perspectives and ways of viewing and recounting information, inviting his audience to question both the veracity and authority of various medical or legal discourses with which they might be presented, and promoting the value of their own viewpoints. Similarly, in *No Name* and *Heart and Science*, as Chapter Six details, Collins's allusions to the skill of reading and "reading well" puts the tools for engaging with medical processes and knowledge even more firmly in the hands of his audience. Likewise, he clearly draws on the concept of narrative itself as a way in to

understanding how medicine succeeds in creating and legitimating its own authority and knowledge. As Chapter Three's discussion of *The Law and the Lady* outlines, for example, Collins evidently recognised the way in which professions such as medicine and the law constructed narratives about bodies or events which entrenched knowledge and information as being "true" or accurate. By drawing attention to this, as well as the plurality of possible narratives as demonstrated by Valeria's investigations, Collins is able to bring into view the way in which, if unchallenged, these professional narratives could function to exert power or control over bodies.

More interesting for Collins, however, is the role that writing could play in responding to, or undermining these processes. As demonstrated in *The Law and the Lady* with Valeria's rewriting of Eustace's trial (a rewriting which, of course, forms the narrative of the novel itself), medicine's use of such techniques exposes it to the non-professional's ability to respond and to use the same method of communication in disproving or contradicting medical knowledge. As with much of Collins's engagement with medicine, he highlights the fact that this was a way for many of his middle-class readers to respond to and participate in debates or discussions about a profession from which they were becoming increasingly isolated. As Chapter One indicates, writing could not only act as a form of caregiving in itself, but also provided a domain in which women could share knowledge and information, appropriating and using medical terminology and treatments. The most explicit example of writing's ability to enable a dialogue between lay and professional persons, of course, can be seen with the experience of Harriet Martineau, who clearly created her own written account of her sickness and treatments as a direct response to her physician's attempts to write a very different story. Whilst it was a battle that

Martineau ultimately lost, the potential for writing to serve such a purpose becomes apparent, and one that Collins evidently recognised. It is worth noting, for example, that in many ways the various texts analysed over the course of this thesis bear testament to the level at which Collins felt narratives and other forms of writing could react to and engage with medicine.

Collins's consideration of the uses of writing extends beyond its role in forming a challenge or response to medicine however, as he goes some way towards complicating the very idea of reading and trusting narratives in particular. Whilst, in part, this forms his method of encouraging readers to question and interrogate the "truths" or forms of knowledge they encounter, he also frequently problematises the process of reading any narrative. As Chapter Four's discussion of *The Woman in White* indicates, for instance, our own reading of the novel is affected when we are made to consider the accuracy not only of the medical and legal narratives that state the circumstances of Laura's death, but even Walter's own account of events and the various viewpoints with which he presents us. This reveals another level at which Collins's interest in narrative is working, which goes beyond simply pointing out the weaknesses of professional discourse and instead forms a move towards questioning the authority of any type of narrative, in an attempt to encourage his readers to do the same – a quality of his writing which reiterates the complexities and intricacies of how the lay public received and responded to medical professionals. Elsewhere, he also acknowledges that writing as a form of empowerment is not so straightforward; as the second chapter's discussion of *The Moonstone* charts, here writing creates vulnerability, opening individuals (and bodies) up to investigation and causing authors to lose, rather than gain, control.

Ultimately, it seems that Collins comes to seek some form of resolution with regard to these issues, and particularly the ways in which medicine and literature can be aligned in a manner that is productive and valuable, as Chapter Six suggests. As the closing arguments of this last chapter propose, at this late stage in his career there seems to be a concerted effort on Collins's part to consider how literature and medicine can work together. It is a fitting point for him to move towards and, for an author with an acute awareness of how conceptualisations of illness and health could filter through many different discourses, and control bodies through different domains and structures, wholly appropriate that he should eventually seek resolution between his own profession and that of medicine. It is his appreciation of the complexity of this relationship – and understanding that literature and medicine form just two of multiple strands engaging with matters of health and illness – which enables him to give voice to the tensions, interactions and encounters comprising the essence of layperson experiences of medicine, in the process illuminating and communicating these to audiences, both then and now.

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