

THE SECRET VICE
MASTURBATION IN VICTORIAN FICTION AND MEDICAL CULTURE

DIANE ELIZABETH MASON

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For my Father,
George Selwood
(1919-1961)

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Abstract

This dissertation considers the representation of masturbation in medical and fictional texts between the mid-Nineteenth Century and the first decade of the Twentieth. Discussion of masturbation in this period has been dominated by the writings of medical historians such as Paula Bennett and Vernon A. Rosario II, and Jean Stengers and Anne van Neck, who make but passing reference to the wider cultural manifestations of the practice. This dissertation goes beyond the pioneering work of these writers in order to address how the symptomatology and prognoses associated with the medicalised practice of masturbation are manifested in the fiction of the period.

The dissertation addresses both clinical and popular medical writings on the subject, and makes reference to ephemeral as well as canonical fictions. Among the issues which are discussed during the six chapters of the dissertation are the distinctive issues of male and female masturbation, the association of masturbation with male homosexuality and lesbianism, the representation of masturbation in pornography and the symptomalogical congruence between masturbation and other pathological disorders. The latter has implications for the boundary between diagnosis and misdiagnosis, and the dissertation addresses this particular point through a reading of two fictional characters who have, effectively, been misdiagnosed by the assumptions of twentieth-century criticism.

The Introduction reviews the critical issues raised by masturbation. Chapter One examines the symptoms and medical literature of male masturbation in the Victorian period, paying particular attention to the manner in which such writings play upon the anxieties of the male subject aspiring to a conventional, conjugal relationship, and to the symptoms associated with the habitual onanist. These symptoms, and their implications, are discussed with reference to Latimer, the debilitated narrator of George Eliot's *The Lifted Veil* (1859). Chapter Two complements the first chapter by way of an investigation of the largely overlooked discourse on female masturbation. Reference is made to a wide range of clinical and popular medical works, and the symptomatology of the female onanist is clarified with reference to Bram Stoker's *Dracula* (1897) and an anonymous pornographic novella, 'Lady Pockingham', first published in 1879. Chapter Three expands on one of the issues raised in its immediate predecessor, namely the congruence between the symptoms of masturbation and those of other disorders. Making particular reference to the fictional representation of consumption, the chapter considers the erotic implications of J.S. Le Fanu's novella 'Carmilla' (1871), and notes also the connections between masturbation, consumption and female same-sex desire. Chapter Four continues the theme of homosexual desire by considering the manner in which the discourse on masturbation impacts upon the representation of sodomy and male sexual inversion. This chapter makes extensive use of the anonymous homosexual novella *Teleny* (1893), and notes in particular how the work is influenced by clinical medicine. Chapter Five explores the connection between masturbation and obsessive behaviour, making particular reference to Dickens' *Our Mutual Friend* (1865). The central character of the novel, Bradley Headstone, is further analysed in order to consider the representation of epilepsy, and the symptomalogical connection between this disorder and masturbation. The final

chapter compares the pathology and symptoms of opium addiction and masturbation. Chapter Six examines the portrayal of Dorian Gray, alleged to be a masturbator by some modern critics, but whose condition may more accurately be seen to conform to that of the opium abuse he is also associated with in Wilde's 1890 novella. The chapter's revisionist response to this assumption is echoed by a subsequent analysis of John Jasper in Dickens' *The Mystery of Edwin Drood* (1870). Nominally an opium smoker, Jasper is a character who also displays the stigmata of the onanist. The Conclusion recalls the issues examined in the Dissertation, before considering the persistence of the discourse on masturbation in the later Twentieth Century, with particular reference to Philip Roth's *Portnoy's Complaint* (1969) and Willy Russell's *The Wrong Boy* (1999).

Material from this dissertation has appeared in a slightly different form in the following refereed academic journals and peer-reviewed publications.

Chapter One

'Latimer's Complaint: Masturbation and Monomania in George Eliot's *The Lifted Veil*', *Women's Writing* 5/3 (1988) 393-403.

Chapter Two

'“Un-like a Virgin”: Female Masturbation and Virginité in Fin-de-Siècle Popular Medical Advice Literature', in Nickianne Moody and Julia Hallam, eds, *Medical Fictions* (Liverpool: MCCA, 1998), pp. 213-225.

Chapter Three

'“A very devil with the men”: The Pathology and Iconography of the Erotic Consumptive and the Attractive Masturbator', *Gothic Studies* 2/2 (2000) 205-17.

Introduction

For a long time, the story goes, we supported a Victorian regime,
and we continue to be dominated by it even today.¹

Michel Foucault's introduction to the first volume of his *History of Sexuality* might serve as an emblem of the problematic relationship of medical thought – or medical history – to literary and cultural criticism. Proclaiming that the twentieth and twenty-first centuries have both the right and the ability to vocalise the hidden sexualities of the nineteenth century, criticism can never evade, because of the very evidence it brings forth in argument, the notion that the sexualities of the period record, through certain sexual and social institutions, what Foucault terms 'the right to speak while retaining the principle of secrecy.'² There is, in essence, no novelty in what the twentieth and twenty-first centuries have to say about this period in which, allegedly, 'silence became the rule', other than in the vehemence with which criticism may declare itself as strident, progressive and radical: 'to speak of sex in terms of repression is ... to speak out against the powers that be ... to link together enlightenment, liberation, and manifold pleasures....'³ The paradox is, as Foucault's playful rhetoric reminds us, that sex was spoken about and acknowledged, as much in the nineteenth century as it had been in the seventeenth century, and as much as it would be again in the twentieth century. The crucial issue, therefore, is not *whether* sex was spoken, but *in what form* it was articulated and encoded.

The ongoing debate on Victorian sexuality encloses the related issue of autoerotic behaviour, a field which is both problematic in terms of extent and implication, and dogged by a certain humorous – and at times, almost apologetic – mode of discourse. There has been an unfortunate tendency to treat Victorian popular medical and sexual advice works as little more than a rich repository of ironic laughter in twentieth-century surveys by authors such as Alan Rusbridger. In his summation of what nineteenth and early-twentieth century manuals had to say on the topic of ‘onanism’, Rusbridger asserts ‘If a hundredth of the diseases it was said to cause were really linked with the act the entire Western world would long ago have been populated by blind, impotent, bald, dwarf, epileptic cowards.’⁴ Rusbridger’s comedic assessment of these publications may be interpreted as an endorsement of Foucault’s vision of the perceiving society as “‘We Other Victorians’”.⁵ It reflects the mocking disregard of the views of one society by another which deems itself to be more sophisticated and liberal in its outlook. More disturbingly, it diminishes the ‘serious’ nature of masturbation as a facet of sexuality. Masturbation becomes neither truly sexual, nor as important a point as the Victorians seemingly regarded it.

The problem here, though, remains a lack of empathy with the temporally distant discourse, and an elitist dismissiveness of, in particular, the popular guides and cyclopedias by nineteenth-century practitioners such as R.V. Pierce, E.B. Foote and J.H. Kellogg that transmitted clinical dogma to a non-medical audience. These works were heavily marketed and widely consulted, having an influence over and above that of treatises produced solely for a specialist medical readership.⁶ It is a significant aspiration of this dissertation not only to recover and restore these texts to a place of central cultural importance but also to subject them to appropriately serious examination. With regard to my use of popular works by transatlantic physicians,

such as Pierce, Foote and Kellogg, it should be noted that American publications were frequently distributed worldwide and were readily available on this side of the Atlantic.⁷ It is important to note overall that the ‘secret’ vice remained a symptomatological vice, and thus may be read by those who had an entry – however colloquial – to the discourse.

Rusbridger’s acerbic and populist remarks, though, are but one aspect of the twentieth- and twenty-first century discourse on Victorian sexuality, and its specific focus on autoeroticism. The rise of a distinctive and discrete body of scholarly knowledge with regard to medicine and morbid psychologies typified by the twentieth-century work of Ilza Vieth and Vieda Skultans has similarly inhibited what may be said about the practice of masturbation.⁸ Recent considerations of what has been termed ‘the anti-onanism phenomenon’ have, as Paula Bennett and Vernon A. Rosario II suggest, ‘narrowed its cultural significance’.⁹ As Bennett and Rosario observe, the auto-erotic practice of masturbation, its symptomatologies, diagnosis, prognoses, and alleged consequences, have become subject to a restricted and restrictive discursive complex emphatically centred upon the history and cultures of medicine. In consequence, masturbation is doubly marginalised, particularly in its nineteenth-century manifestation: not only is the practice removed from the broader context of culture, but it is dismissed as little more than a titillating historical curiosity, ‘a mere medical delusion or else a sinister conspiracy on the part of the medical profession.’¹⁰ In *Solitary Pleasures* (1995), Bennett and Rosario endeavour ‘both to recognise the damage that masturbation phobia has done and acknowledge masturbation’s and autoeroticism’s continuing power to enrich a wide variety of cultural forms’.¹¹ The work, which includes contributions by literary critics, art and cultural historians and medical historians, although laudably broad in its aim,

nevertheless, remains restrictive in its scope. The essays cover a wide chronological period ranging from sixteenth-century images of witches and prostitutes to the late-twentieth-century films of Spanish director, Pedro Almodóvar. Masturbatory discourse is thus located – and contained – within a limited range of specific, albeit disparate, contexts within this historical period. Novels, in particular, are under-represented in this collection. In Bennett and Rosario's book, the novel is represented by Eve Kosofsky Sedgwick's article 'Jane Austen and the Masturbating Girl'; the works considered in this dissertation were all written in the period after Austen.¹² Despite their serious remit though, and as if to recall the work of Rusbridger, Bennett and Rosario admit that 'the mere mention of the word "masturbation"' still has the power to 'raise eyebrows and evoke titters'.¹³ Any discussion of the subject, however scholarly the context, is still attended with a degree of embarrassment.

There has, until recently, largely been a sustained failure on the part of literary critics and medical historians to recognise the interdisciplinary possibilities presented not simply by anti-masturbatory discourse, but by the, in effect, overwhelming medicalisation of a problem which has been viewed at various times as being subject to religious and social censure as well as medical control. The vast majority of modern studies on the phenomenon of masturbation in the nineteenth century are located within the fields of medical history or the history of sexuality. Though this twentieth-century work provides a valuable and, frequently, fascinating resource for the scholar, it does, nevertheless, isolate the practice as an issue of purely medical concern and, thus, appears to impose limits on what can be said about it. Much modern criticism on the masturbatory hypothesis can also be viewed as problematic in its inclination to focus on certain issues to the exclusion of others. This is particularly apparent in the predominant emphasis on male masturbation in the work of authors

such as Lesley Hall (1992) and Alan Hunt (1998).¹⁴ Equally, though, on the infrequent occasions where female masturbation has been considered, notably in the earlier work of G.J. Barker-Benfield (1976) and Jeffrey M. Masson (1986), the presentation of the phenomenon can be seen as, at best, unbalanced and, at worst, distinctly one-sided.¹⁵ As Bennett and Rosario point out, Barker-Benfield and Masson fix their attention on a limited ‘selection of particularly lurid cases’; they depict ‘doctors as wholesale practitioners of medical atrocities against women’ whilst ‘virtually ignor[ing]’ that ‘male onanists’, too, ‘suffered horribly from the worst excesses of the anti-onanism campaign’.¹⁶ It is pertinent here to recall that the discourse on masturbation, initially popularised and promoted by the highly influential (though anonymously authored) pamphlet, *Onania*, first published in London in 1715, was aimed at readers of *both* sexes. The first sentence of Chapter I in the 1724 Tenth Edition of *Onania* commences with the legend, ‘SELF-POLLUTION is that unnatural practice by which perfons of either sex, may defile their own Bodies’.¹⁷ This dissertation, whilst it retains an awareness of the importance of male masturbation, also represents the first detailed and, more crucially, balanced study of the mostly overlooked literature on masturbation as it pertains to women in clinical writing and in popular medical works aimed at the female reader.

Within the medico-historical locus of contemporary studies on masturbation, further problems occur inasmuch as the ‘solitary’ vice seems to be sequestered or compartmentalised as a disorder that stands alone, an affliction that is anomalous to any other medical condition. Significantly though, the pallor, languor and sunken eyes of the masturbator, just three of the highly visible signifiers of the condition in the Victorian period, were symptoms not confined exclusively to the pathology of self-abuse. A close examination of more general nineteenth-century medical texts reveals

that these facial and physical codes functioned (admittedly, consistently as negative signs) across a variety of other afflictions. To paraphrase the words of Roland Barthes, this dissertation aims to acknowledge this, and ‘to live the plurality of the discourse’, the point being that the plurality of discourse leads us to a conclusion that pathological signifiers – and the negative morbidities associated with them – may cross the boundaries of associated disease or disorder.¹⁸ As I shall demonstrate throughout the main body of this dissertation, masturbation was not only implicated in the progress of other, often serious, diseases, but also, the symptoms of the practice were readily open to misdiagnosis. To cite but one example, the signifiers of masturbation could easily be read as those of consumption, and vice versa. This dissertation is unique in that it recognises the plurality and play of these symptoms within Victorian medical discourse and discloses that, rather than being a monolithic entity, the masturbatory hypothesis could well have had a greater significance than a phenomenon that could otherwise be dismissed as simple concern over youthful sexual precocity. The current research also differs markedly from the work of other literary critics in that it represents the first sustained and concentrated examination of the discourse on masturbation in the Victorian period, the era which not only consolidated masturbation’s status as a condition of grave scientific and medical importance but during which the paranoia about the practice was at its height. In consequence, whilst it retains an awareness of the persistent and sometimes highly influential presence of a clinical medico-sexual discourse on masturbation, the dissertation charts linkages – reciprocal, at times – between this professional rationalisation and more popular manuals aimed at the general public.

As Foucault asserts, ‘discourses are objects of appropriation’, and the educated Victorian artist or reader did not operate in a vacuum.¹⁹ Though Jane Wood

argues that ‘Victorian fiction writers were active participants in the discourses of medical science’ and suggests that ‘Medicine and literature looked to each other for elucidation and illustration’, critics have nevertheless been slow to take up the specifically medical potential of nineteenth-century fiction.²⁰ Notably, Wood utilises an elitist and largely clinical frame of reference in her revisionist study of nineteenth-century neurological theories and disorders and their impact on literary productions of the day. The popular medical frame remains a neglected area and but a narrow compass of texts has historically been used in this investigative field. Wood’s proposition does, however, open up the intriguing prospect that many nineteenth-century authors could have appropriated other, perhaps more readily accessible, prognostic and pathological models in their work.

In the most recent publication on masturbation, *Masturbation: The History of a Great Terror* (2001), Jean Stengers and Anne Van Neck draw attention to the fact that onanism was used as a motif in fictional works by Leo Tolstoy and August Strindberg.²¹ Their selection of literary texts largely excludes adult anglophone writing, and restricts commentary to works largely to be accessed only by educated readers and theatregoers. Theirs is an eclectic and small sample which marginalises the place of more readily available or popular fictions in nineteenth-century masturbatorial discourse. Stengers and Van Neck do, however, include the significant English example of Dean Frederick W. Farrar’s boarding-school tale *Eric, or Little by Little* (1858) as ‘a novel in which masturbation is never named, although it is present, and present in a terrifying way’ for those who can read the signs.²² Importantly, though, Stengers and Van Neck fail to expand on the way these masturbatory codes can be seen to operate in Farrar’s work. They quote a section of the headmaster’s

sermon from *Eric* and leave it hanging, offering the reader nothing by way of explanation or analysis.²³ There is clearly more to be said.

In *Eric*, the eponymous hero, ‘a young, handsome, and vigorous boy’, is gradually corrupted into sin and misbehaviour by some of his less salubrious schoolfellows.²⁴ One such bad influence, Ball, a boy who had ‘tasted more largely of the tree of the knowledge of evil than any other boy’, is ‘Backward in work’ with a ‘feeble intellect’ and ‘cursed with a degraded and corrupting mind.’²⁵ He ‘Secretly, gradually’ taints his dormitory mates; Eric included, with ‘the poison of his immorality.’²⁶ Ball is first introduced into the story in chapter nine. The selfsame chapter pertinently concludes when ‘The headmaster preaches against “it” [implicitly, masturbation] in an awful sermon on Kibroth-Hathaavah – the “graves of lust”’.²⁷ Based on the Old Testament text of Numbers II: 33-35, the graves were the ‘burial place for the children of Israel who were struck down as a punishment for their craving’ for meat.²⁸ The consequences of giving in to the ‘burning marle of passion’ which the headmaster thunders against, however, intimate that he is alluding to rather baser sensual appetites.²⁹

Kibroth-Hattaavah! Many and many a young Englishman has perished there! Many and many a happy English boy, the jewel of his mother’s heart – brave, and beautiful, and strong – lies buried there. Very pale their shadows rise before us – the shadows of our young brothers who have sinned and suffered. From the sea and the sod, from foreign graves and English churchyards, they start up and throng around us in the paleness of their fall. May every schoolboy who reads this page be warned by the waving of their wasted hands,

from that burning marle of passion where they found nothing but
 shame and ruin, polluted affections, and an early grave.³⁰

This is a dense, ambiguous and literary passage, which is overlaid with a multiplicity of discursive signifiers, and it is, thus, rewarding to examine Farrar's words in greater detail. Note the emphasis on pallor and 'paleness'. Pallor is conventionally ghostly, and the repetition of 'shadow', a word often used to mean a ghost or spirit, links with the Classical interpretation, 'shade', a dweller in Hades, the abode of the dead and a term 'often used as a euphemism for Hell'.³¹ Although, on the surface, this can be taken to imply that the young men the headmaster inveighs about have already passed away (they are ghosts, possibly residing in hell as a punishment for their unnamed 'sin'), these 'shadows' nevertheless 'rise before us' and 'throng around us in the paleness of their fall.' In this sense, the 'shadow' can be read as a kind of living death or death in life, a reductive signifier, 'representing the form of a body' but 'a slight or faint appearance' of the original.³² This is best illustrated by the figure of speech 'a shadow of his former self', usually used to describe the diminution of illness or physical/mental impairment on a person. The term, essentially, pertains to a loss of substance. The individual still lives, but what remains is a vague or flawed imitation of the person he or she once was. The reference to the 'paleness of their fall' adds a further and compelling Biblical gloss to the headmaster's sermon, connected closely with the notion of transgression and consequential torment – 'our young brothers who have sinned and suffered'. These 'fallen' beings may be deathly pale but his words also imply that there is something involved in the process of their 'fall' (from grace into 'sin') which makes them pale or gives them their cadaverous appearance. In his later work, *Lights and Shadows of New York Life* (1872), James D. McCabe Jr. describes the life of a prostitute in what he terms 'the houses of ill-fame', namely

bordellos or brothels.³³ McCabe asserts that, after a year of such work, a 'woman's freshness' and 'beauty' has 'faded', in other words she has become an insipid and washed-out shadow of the belle she may once have been.³⁴ As the whore's career progresses downwards, 'Disease of the most loathsome kind fastens itself upon her' and, thereafter, in her death-in-life existence, 'you must seek her among the living corpses' that inhabit the city's lowest dens.³⁵ First quoting Romans 6:23, McCabe issues the stark warning that 'The wages of sin is death!' and 'there is no escape from the doom of the fallen woman'.³⁶ The point I make here is that McCabe associates pallor with a specifically sexual intemperance, in this instance the licentiousness of prostitution. The so-called 'Social Evil' was not the only perceivable sexual 'sin' of the Victorian era however and, as can be seen throughout this dissertation, one of the most frequently noted external signifiers of masturbation is the pale face of the individual who indulges in the intemperant vice.

That notion that some form of immorality or immoral action is implicated in the 'fall' of which the headmaster speaks is recalled in the description of Ball that precedes the sermon. The Fall of man is recorded in the Book of Genesis, Chapter 3, after Eve tempts Adam with fruit from 'the tree of the knowledge of good and evil'.³⁷ This is directly paraphrased in the depiction of the corrupting 'tempter' Ball, a boy who had not only 'tasted more largely of the tree of the knowledge of evil than any other' but who also 'claimed his guilty experience so often as a ground of superiority'.³⁸ Though the precise nature of Ball's 'guilty experience' is never explicitly articulated, his demeanour is reminiscent of Henry Maudsley's 1868 depiction of the male masturbator. As Maudsley asserts, 'The miserable sinner whose mind suffers by reason of self-abuse becomes offensively egotistic'.³⁹ Note here the way in which Biblical discourse overwrites the medical within the context of

the masturbatory hypothesis. The masturbator is not seen merely as the victim of a physical affliction but is morally branded as a 'miserable sinner'.

The conclusion of the headmaster's sermon in *Eric* serves as a stern warning to boys against 'that burning marle of passion' which brings 'nothing but shame and ruin, polluted affections, and an early grave'. There is a plethora of signification encoded in these words as well as an allusion to John Milton's pseudo-Biblical epic in verse, *Paradise Lost* (1667). 'Burning' has connotations of feverishness and disease but also, in a Miltonic sense, recalls the 'burning marl' of hell – arguably, the ultimate destination for the boy who gives in to his base desires.⁴⁰ 'Marl[e]', more commonly spelt without the concluding e, is a 'kind of clay.'⁴¹ In the Biblical tradition, clay signifies flesh, the human body. In Genesis, 'the Lord God formed man of the dust of the ground' – earth or clay – and this notion is reflected in Victorian dictionary definitions of 'Clay' as 'the material part of the human organism'.⁴² In addition to the suggestion of clay as flesh, however, clay in the specific form of 'Marl' is a material 'much used for manure.'⁴³ This very precise reference to a particular type of clay may therefore hint at an association with the somewhat cruder substances utilised as 'Manure', faecal and waste matter 'such as guano, dung, [and] bonedust'.⁴⁴ These articles of bodily detritus can be seen to link with ideas of dirt, pollution and uncleanness which carry both physical and moral implications. If cleanliness is supposedly next to Godliness, it is highly probable that the 'burning marle' alluded to may represent the complete opposite. Whatever the case may be, the headmaster's words can be seen to imply that the nature of the 'passion' he speaks of is distinctly 'impure' – to indulge it leads only to 'polluted [or, unclean] affections' and an 'early grave'. One popular term for masturbation in the Victorian period was 'self-pollution' and a decaying sense of personal hygiene was thought to be one of the

outward signs of the condition.⁴⁵ In *The Functions and Disorders of the Reproductive Organs* (1857), first published in the year before *Eric*, British physician William Acton explicitly describes the masturbator as ‘uncleanly in person’.⁴⁶ As for the notion that masturbation leads to an ‘early grave’, this was a consistently cited consequence of self-abuse in Victorian medical writing. In the words of Stengers and Van Neck, ‘*Death*: this word, evoking the final outcome, resonates in the [medical] literature of the time’, and examples of these grave warnings can be found throughout the main body of the dissertation.⁴⁷

In summing up the content of the headmaster’s sermon in *Eric* then, it is compelling to note the way that Classical, Biblical and medical signifiers slide over one another. Although, as I have demonstrated, there is ample evidence to suggest that Stengers and Van Neck are quite correct in identifying masturbation as a motif in Farrar’s novel, the sermon is, nevertheless, a locus of intersecting discourses, often intriguingly ambiguous and open to a plurality of interpretations – rather like the symptoms of masturbation itself – as I will seek to show later in this dissertation. While it is laudable that Stengers and Van Neck acknowledge the presence of the masturbatory hypothesis in a wider cultural context, the single example from English literature that they provide can itself be seen to place constraints and limitations on the discourse. Farrar’s *Eric, or Little by Little* is a book written for boys (perhaps, those attending boarding school themselves), and these according to Alan Hunt are the central target of ‘antimasturbation panic’.⁴⁸ If one accepts Hunt’s assessment, *Eric*, a widely ‘read and admired’ book which had ‘taught a lesson to several generations of English children’ would thus seem to be an obvious and unsurprising choice.⁴⁹

The presence of masturbatory discourse in an English language novel aimed at adults though not considered by Stengers and Van Neck, is acknowledged by Steven Marcus in his 1966 work, *The Other Victorians*. That being said, the point is made so briefly that one could be forgiven for missing it. Marcus merely quotes William Acton's description of the habitual masturbator and follows it up with the throwaway remark that 'masturbation was unquestionably at the bottom of all Uriah Heep's troubles'.⁵⁰ No further attempt is made to qualify this assessment of Heep, nor indeed to analyse Heep's symptoms. That being said, Marcus' idea has recently been ably and convincingly developed and built up on by Colin Buckle. Pertinently, Buckle views bachelor clerks as 'the target of' much popular anti-masturbation literature which he refers to as an 'apparatus of fear'.⁵¹ Heep, a character from Dickens' *David Copperfield* (1850), is himself a single male clerk and, given Buckle's perceived audience for anti-onanism texts, would thus appear to provide a highly appropriate case for examination. I will refer to Buckle's work again in Chapter Five below. Notably though, my readings of characters from Charles Dickens' late novels, Bradley Headstone and John Jasper, in chapters five and six go significantly beyond the remit of Buckle's project. Buckle concentrates on Dickens' works from an earlier chronological period and his interest in the 'manhood genre' and masturbation does not encompass cross-symptomatology.⁵²

What the literary examples of both *Eric* and *David Copperfield* seem to infer and reinforce is the notion that masturbation was viewed as a largely male phenomenon. Moreover, where Marcus again makes brief references to masturbation in conjunction with English literature in *The Other Victorians*, he concentrates on a limited range of pornographic works produced during the Victorian period – scarce and hardly widely-read or easily available texts. It is my contention that other

nineteenth-century works of fiction may provide more fruitful examples of the way the discourse on masturbation – and medical conditions allied with the ‘secret vice’ – can be seen to inform Victorian literature.

Although, like Marcus, I make reference to Victorian pornography in my dissertation, my work differs inasmuch as the primary focus of my attention is for the most part readily accessible fictional productions by authors such as George Eliot, J.S. Le Fanu, Oscar Wilde and Bram Stoker. I also consider the constructions of both the male *and* female masturbator within these literary texts. The factor that links my choice of relatively mainstream works is that they all contain elements which modern literary critics would identify as generically Gothic or partaking of a fantasy tradition. While I make no claims that my chosen authors self-consciously produced these texts within a specifically Gothic genre, it is useful here to recall the words of Victor Sage. Although, as Sage asserts, by the mid nineteenth-century ‘the Gothic Novel as a genre was apparently dead.... The Gothic mode had become ... a register available for writers of many different kinds’.⁵³ Therefore, it is probably more correct to say that my chosen texts reflect some of these Gothic influences. The other crucial aspect of the novels under consideration in this dissertation is, to borrow the terminology of Barthes, that they are largely popular, ‘readerly’ works, many first published or serialised in periodicals, rather than what could be described as ‘writerly’, high-art scripts.⁵⁴ Notably, ‘magazines’ were a particularly good source of sub-Gothic narratives in the Victorian period.⁵⁵ That such narratives form the backbone of my study seems particularly appropriate if one takes on board the words of Dani Cavallaro. According to Cavallaro, part of the ‘enduring hold of Gothicity’ is that ‘It exposes areas of otherwise inhibited expression.’⁵⁶ It could thus be argued that, in the nineteenth century, the more obviously Gothic or fantastic the context or plot, the

more freedom it gave the author to articulate the presence, albeit encoded, of otherwise unacceptable or morbid pathologies, such as masturbation, in the content. An extreme and overtly pathological narrative voice such as Eliot's Latimer – unexceptionable within the context of *The Lifted Veil* – could hardly be deemed the appropriate vehicle through which to relate the sober events of her later, and *perhaps* more acclaimed novel, *Middlemarch* (1871-2).

Alongside its examination of medical themes in fiction, this dissertation identifies and acknowledges the existence of fictional modes in medical writing. Medical casework is, in effect, a form of narrative, a medical fiction, even. The process of diagnosis involves an analysis of the patient's condition, often through a series of external signifiers or symptoms, just as, in fiction, the reader's initial assessment of a character's personality or nature is motivated and formulated by the description of their physical and facial characteristics. The prognosis that follows the primary diagnosis in medical writing is frequently a projection of what is likely to happen to the patient as a result of his or her disease, a deduction based on the severity, or otherwise, of their outward symptoms. In other words, it is the *likely* story of the progress of a disease, supported, perhaps, by the observation of previous cases, rather than a true account of one single person's experience of the disorder. In a similar way, in fiction, when a character is described or otherwise marked out as physically and/or morally weak or unprepossessing, the reader half expects that the character will eventually meet with a sorry end, possibly as a result of villainous activities. In the words of Nickianne Moody, what she terms 'Medical Fiction', 'thrives because its narratives encompass many genres and modes of fiction' including 'melodrama and romance' and 'horror'.⁵⁷ Horrific and melodramatic modes are particularly well represented in this dissertation and, as I shall demonstrate, seem to

provide an exceptionally rich source of medical themes. Moody further deems 'Medical Fiction' a 'useful term' inasmuch as 'it emphasises what popular fiction actually does, that is its production of common sense ways of thinking about and understanding the complexity of everyday life and experience.'⁵⁸ Popular fiction not only communicates social and cultural anxieties but also mediates and offers a mode or filter through which to perceive these anxieties. Although the likely influence of onanism as a model for the construction of characters in Victorian Gothic fiction has recently begun to be explored by Robert Mighall (1999), this dissertation goes beyond the scope of Mighall's project. Mighall focuses on the alleged presence of masturbatory signifiers in a single character, Wilde's *Dorian Gray*. Mighall neglects Gray's cross-symptomological potential, a subject I will investigate fully in Chapter Six. This dissertation is the first sustained study of the discourse on masturbation – and its associated pathologies – as it is disseminated throughout a broader range of Victorian fiction than that envisaged in the work of earlier critics.

In each of the six chapters that follow I shall interrogate the work of contemporary critics and medical historians, thereby integrating the conventional critical survey into the main body of the dissertation. I shall consider the construction and presentation of the masturbator in nineteenth-century fiction and medical writing, and his or her implication in a paradoxically 'secret' vice, made visible to the Victorians through a range of bodily signifiers yet invisible when perceiving the bodies of the late-twentieth and twenty-first centuries. In the process of my investigation I shall demonstrate how the symptoms of solitary self-abuse may be seen to disclose other textual vices and pathologies.

In Chapter One, I consider the discourse on masturbation as it pertains to men. Utilising Lesley Hall's model of the 'normal male', the first section examines the way that popular medical writing on masturbation preyed on the sexual anxieties of heterosexual men who aspired to marry and have children. According to much of this literature, indulgence in the 'secret vice' could have a devastating impact on one's personal appearance as well as reproductive capabilities. The ability to father children and the capacity to exercise sexual and personal self-control were promoted as the most essential qualities of true manhood. Giving in to masturbation was thought to damage the former and preclude the latter and medical writing seems to emphasise that the man who has fallen sway to the vice – even if he later stops – will always be somehow flawed. In the second section of the chapter, I study the construction of Latimer, male narrator of George Eliot's *The Lifted Veil* (1859). Although Latimer is set up as a diseased character from the outset (he suffers from *angina pectoris*), when read through the filter of nineteenth-century writings on male masturbation, Eliot's 'half womanish, half ghostly' creation unerringly exhibits all the classic symptoms of the latter condition.⁵⁹ True to the prognosis in Victorian medical discourse for the man who masturbates, Latimer endures a short, unhappy and childless marriage and, at the conclusion of the novel, he contemplates a lonely and premature demise.

In Chapter Two I begin to take a broader look at the way the symptoms of masturbation can be seen to map over those of other conditions. The chapter commences with a detailed consideration of Victorian medical writing on female masturbation. Although twentieth-century authors and sexologists such as Betty Dodson and Nancy Friday promote masturbation as a positive sexual activity for women, the message was very different a century before. Like nineteenth and early-twentieth-century medical writing on onanism for men, works aimed at women can

also be seen to play on the fears of the heterosexual female who desires marriage and children. Masturbation in women was not only frequently associated with nymphomania and prostitution but was also said to impair or destroy a woman's childbearing capabilities. A close reading of popular medical texts for female readers further discloses an equation between the practice of masturbation and the loss of virginity. Pertinently, many of the symptoms of masturbation in women replicated or mirrored those of pregnancy – a distinctly un-virginal state. I compare the symptomatology of the two conditions and demonstrate the way that the predominantly male-authored writings on pregnancy and motherhood – the so-called 'normal' expression of a woman's sexuality – reflect a wider unease about female sexuality in general. Societal fears about the diseased and sexually rapacious woman could possibly be perceived to motivate the constructions of Lady Pockingham, eponymous protagonist of an erotic novella first serialised in *The Pearl* (1879) and Lucy Westenra in Bram Stoker's *Dracula* (1897), the literary case studies examined in the second part of the chapter. In this section of the chapter I reveal how masturbation was associated with consumption, itself a disease frequently allied with sexual licence, in Victorian medical discourse. In juxtaposing the symptoms exhibited by Lady Pockingham, a self-proclaimed 'poor consumptive', with those manifested by Lucy Westenra, victim of the vampire Count and, arguably, a masturbator, it is possible to disclose how the signifiers of the two afflictions perceptibly overwrite one another.⁶⁰

I continue to build on this work in Chapter Three with a consideration of the relationship between Laura, the narrator, and Carmilla, her vampire predator, in the supernatural tale, 'Carmilla', by J.S. Le Fanu (1871-2). I examine the way in which the medical pathologies of masturbation and consumption can be seen to map over the

occult pathology of vampirism, concentrating particularly on the face as a locus of signification as to an individual's health and character. I also explore the relationship between masturbation, consumption and female same-sex desire, and show how these lesbian liaisons were often described in predatory or vampiric terms in both pornographic and mainstream Victorian literature.

Chapter Four continues the theme of homosexuality with a consideration of the way masturbation impacts on sodomy and male sexual inversion in nineteenth-century medical discourse. The literary focus of this chapter is the erotic novel, *Teleny, or The Reverse of the Medal* (1893), a work currently celebrated primarily for its putative associations with Oscar Wilde. My reading, however, puts aside this speculation as to the book's authorship and concentrates instead on the constructions of, and relationship between, the eponymous concert pianist, René Teleny, and his male lover, Camille Des Grieux. I demonstrate how these characters, when examined through the medico-sexual discourses of masturbation, degeneration and sexual inversion/perversion, appear rather to conform to the models presented in the case studies of practitioners such as Richard von Krafft-Ebing than to function exclusively as propagandistically 'homosexual' figures. My reading not only analyses the medical and fictional portrayal of the late-Victorian homosexual but also discloses the heavily medicalized character of much nineteenth-century erotic fiction.

Relationships between men again form the backdrop for Chapter Five of the dissertation. In this chapter, I concentrate particularly on the way the discourse on masturbation appears to inform Dickens' construction of Bradley Headstone, protagonist of the author's penultimate novel, *Our Mutual Friend* (1865). In Dickens' evocation of a society where the appearance of respectability was of paramount importance, it is my contention that Headstone's 'secret past' and 'guilty

secrets' are manifested in and recounted through the pathology and imagery of onanism. I study the importance of the hand both as an indicator of the possessor's character and as a diagnostic aid in cases of masturbation in the Victorian period, and I show how masturbation was implicated in the production of monomania and epilepsy in medical discourse. I also analyse the complex pattern of doublings that occur within the novel. Headstone is not merely associated with Eugene Wrayburn through their erotic rivalry for Lizzie Hexam but also inasmuch as Wrayburn, too, exhibits many of the classic symptoms of masturbatory disorder. Although, in Victorian medical terms, both Headstone and Wrayburn could be perceived as 'weak' men – which would seem to militate against them seeing each other as any kind of 'threat' – through the demonstrable presence of a shared affliction, each knows the strength of the other's lustful obsession with Lizzie Hexam. The split between them occurs only when Headstone attacks Wrayburn and stops him in his, arguably masturbatorial, tracks. Following this incident, Headstone increasingly doubles with Rogue Riderhood while the recovering – and newly married – Wrayburn doubles with his former, diseased self.

Another Dickens character comes under investigation in Chapter Six in which I compare and contrast the pathology and symptoms of opium addiction with those of masturbation. Pertinently, opium addiction and masturbation share a strikingly similar symptomatology within Victorian medical literature and, in writing about these afflictions, physicians and authors employ a register of language which is, in many ways, identical. In this chapter I explore these correspondences and demonstrate how the symptoms of masturbation and opium abuse can be seen to inform each other. In the first part of the chapter I examine Oscar Wilde's construction of Dorian Gray, eponymous protagonist of *The Picture of Dorian Gray* (1890). A recent reading of

the character by Robert Mighall suggests that ‘onanism’ provided a ‘likely candidate’ for the ‘imaginative model’ of Wilde’s creation.⁶¹ Mighall’s study, however, chooses to overlook Gray’s textually explicit ‘hideous hunger for opium’.⁶² My analysis will illustrate the way in which opium addiction may provide a more accurate medical model in the depiction of Gray’s physical deterioration. In the second part of this chapter I return again to Dickens to consider the case of John Jasper, the ‘solitary’, and, until now, undisputedly opium-addicted, choirmaster in the author’s final, unfinished novel, *The Mystery of Edwin Drood* (1870). Although Jasper’s opium habit is fully and openly exhibited in the text, the character manifests some subtle – and, at times, not-so-subtle – nuances within the symptomatology of addiction which suggests that his drug abuse could, more correctly, be described as over written with the pathology and signifiers of self-abuse. His sexually motivated and monomaniacal obsession with Rosa Bud (which intensifies as the novel progresses), has more in common with the symptoms of Headstone and Wrayburn than those of Dorian Gray. Gray’s sexual desire diminishes as Wilde’s text proceeds, as is entirely accurate within the prognosis of opium addiction in nineteenth-century medical writing.

As an Afterword to this dissertation I reflect on the abiding nature of Victorian masturbatory discourse and examine the way the discourse is utilised and modified in the work of contemporary authors with specific reference to Willy Russell’s *The Wrong Boy* (2000).

Notes

- 1 Michel Foucault, *The History of Sexuality*, Vol.1 (London: Penguin Books, 1990), p.3.

- 2 Ibid., p.3.
- 3 Ibid., pp.3, 7.
- 4 Alan Rusbridger, *A Concise History of the Sex Manual 1886-1986* (London: Faber and Faber, 1986), p.41. The joking treatment of these popular medical and sexual advice works is emphasised in Rusbridger's book with the inclusion of illustrations by cartoonist Posy Simmonds.
- 5 Foucault, *The History of Sexuality*, Vol.1, p.1.
- 6 As an example, for more on the influence and availability of Kellogg's works see: Simon Andrae, *Anatomy of Desire: The Science and Psychology of Sex, Love and Marriage* (London: Little, Brown and Company, 1998), p.126.
- 7 For example, Foote's *Home Cyclopaedia of Popular Medical, Social & Sexual Science* (1900) was available in German, Spanish, Swedish and Finnish translations. The copy I now have in my possession was purchased by its original owner from The Hygienic Stores, Ltd., 95 Charing Cross Road, London.
- 8 Ilza Vieth, *Hysteria: The History of a Disease* (Chicago: Chicago University Press, 1965); Vieda Skultans, *Madness and Morals: Ideas on Insanity in the Nineteenth Century* (London and Boston: Routledge & Kegan Paul, 1975).
- 9 Paula Bennett and Vernon A. Rosario II, 'Introduction' in Bennett and Rosario II (eds), *Solitary Pleasures: The Historical, Literary, and Artistic Discourses of Autoeroticism* (New York and London: Routledge, 1995), pp.1-17, at p.6.
- 10 Ibid., p.6. cf. Alex Comfort, *The Anxiety Makers* (London: Nelson, 1967), pp.69-113.

- 11 Bennett and Rosario, 'Introduction', p.11.
- 12 Ibid., pp.133-53.
- 13 Ibid., p.2.
- 14 See: Lesley Hall, 'Forbidden by God, Despised by Men: Masturbation, Medical Warnings, Moral Panic and Manhood in Great Britain, 1850-1950' in John C. Fout (ed.), *Forbidden History: The State, Society, and the Regulation of Sexuality in Modern Europe* (Chicago and London: University of Chicago Press, 1992), pp.293-315. Alan Hunt, 'The Great Masturbation Panic and the Discourses of Moral Regulation in Nineteenth- and Early Twentieth-Century Britain', *Journal of the History of Sexuality*, .8 (1998), 575-615.
- 15 G.J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes Towards Women and Sexuality in America* (New York: Harper and Row, 1976). Jeffrey M. Masson, *A Dark Science: Women, Sexuality and Psychiatry in the Nineteenth Century* (New York: Farrar, Straus and Giroux, 1986).
- 16 Bennett and Rosario II, 'Introduction', p.6.
- 17 Anonymous, *Onania; or the Heinous Sin of Self-Pollution, And all its Frightful Consequences, in both Sexes, Considered* (London, 1724), p.1.
- 18 Roland Barthes, 'Textual Analysis: Poe's "Valdemar"' in, David Lodge (ed.), *Modern Criticism and Theory: A Reader* (London/New York: Longman, 1994), pp.172-95, p.173.
- 19 Michel Foucault, 'What is an Author?' in David Lodge (ed.), *Modern Criticism and Theory: A Reader* (London/New York: Longman, 1994), pp.197-210, at p.202.

- 20 Jane Wood, *Passion and Pathology in Victorian Fiction* (Oxford: Oxford University Press, 2001), p.1.
- 21 Jean Stengers and Anne Van Neck, *Masturbation: The History of a Great Terror*, trans. Kathryn A. Hoffmann (New York: Palgrave, 2001), p.102-3.
- 22 Ibid., p.105.
- 23 Ibid, pp.105-6.
- 24 Ibid., p.105.
- 25 Frederic W. Farrar, *Eric, or Little by Little* (London: A. & C. Black, 1905 [1858]), pp.93, 91, 93.
- 26 Ibid., p.93.
- 27 Stengers and Van Neck, *Masturbation: The History of a Great Terror*, p.105.
- 28 Ibid., p.105.
- 29 Farrar, *Eric*, p.102.
- 30 Ibid., p.102.
- 31 See: Ivor H. Evans, *The Wordsworth Dictionary of Phrase & Fable* (Ware: Wordsworth Editions, 1993), pp.987, 499.
- 32 Rev. James Wood, *Nuttall's Standard Dictionary of the English Language* (London: Frederick Warne and Co., 1898), p.596.
- 33 James D. McCabe Jr, *Lights and Shadows of New York Life; or, The Sights and Sensations of the Great City* (London: André Deutsch, 1971 [1872]), p.580.
- 34 Ibid., p.582.
- 35 Ibid., p.583.
- 36 Ibid., p.583.

- 37 Genesis 2:9.
- 38 Farrar, *Eric*, p.93.
- 39 Henry Maudsley, 'Illustrations of a Variety of Insanity', *Journal of Mental Science*, 16 (1868), 149-62, at p.153.
- 40 John Milton, *Paradise Lost* (London: Penguin Popular Classics, 1996 [1667]), Bk.I, L.296, p.15.
- 41 Rev. John Davis, *Walker's Pronouncing Dictionary* (London: William Tegg and Co., 1859) p.339. The inclusion of the 'e' in 'marle' indicates the Old French form of the word.
- 42 Genesis 2:7. Wood, *Nuttall's Standard Dictionary*, p.122.
- 43 Davis, *Walker's Pronouncing Dictionary*, p.339.
- 44 John Ogilvie and Charles Annandale (ed.), *The Student's English Dictionary* (London: Blackie & Son, Ltd., 1903), p.440.
- 45 R.H. Allnatt, 'Case of Atrophy of the Testicle from Excessive Masturbation', *Lancet* (1843), p.654.
- 46 William Acton, 'The Functions and Disorders of the Reproductive Organs' [1857], extract reprinted in Regina Barreca (ed.), *Desire and Imagination: Classic Essays in Sexuality* (New York: Meridian, 1995), pp.260-308, at p.273.
- 47 Stengers and Van Neck, *Masturbation: The History of a Great Terror*, p.3
- 48 Hunt, 'The Great Masturbation Panic', p.576.
- 49 Stengers and Van Neck, *Masturbation: The History of a Great Terror*, p.106.
- 50 Steven Marcus, *The Other Victorians* (London: B.C.A., 1970 [1966]), p.19.

- 51 Colin Buckle, “‘The Defence Set Up by the Male Kind’: Male Masturbatory Pathology Versus Safer Sex in Early Victorian England’, in Nickianne Moody and Julia Hallam (eds), *Medical Fictions* (Liverpool, MCCA, 1998), pp.188-200, at p.193.
- 52 Ibid., p.190.
- 53 Victor Sage, ‘Gothic Novel’ in Marie Mulvey-Roberts (ed.), *The Handbook to Gothic Literature* (Basingstoke: Macmillan, 1998), pp.81-9, at p.85.
- 54 cf. Ross Murfin and Supryia M. Ray, *The Bedford Glossary of Critical and Literary Terms* (Boston and New York: Bedford Books, 1997), p.302.
- 55 Ibid., p.85.
- 56 Dani Cavallaro, *The Gothic Vision: Three Centuries of Horror, Terror and Fear* (London and New York: Continuum, 2002), p.12.
- 57 Moody, ‘Introduction’ in, Moody and Hallam (eds), *Medical Fictions*, pp. 9-22, at p.9.
- 58 Ibid., p.9.
- 59 George Eliot, *The Lifted Veil* (London: Virago, 1985), p.1, 20.
- 60 Anon., ‘Lady Pockingham or They All Do It’ [1879-1880], in *The Pearl: Three Erotic Tales* (Ware: Wordsworth Editions Ltd., 1995), p.11.
- 61 Robert Mighall, *The Geography of Victorian Gothic: Mapping History’s Nightmares* (Oxford: Oxford University Press, 1999), p.195.
- 62 Oscar Wilde, *The Picture of Dorian Gray* (Ware: Wordsworth Editions Ltd , 1992 [1908]), p.146.

Chapter One

‘It is more than blackguardly, it is deadly’:

Masturbation in the Male

In Dean Farrar’s 1858 children’s novel, *Eric; Or, Little by Little*, the eponymous schoolboy Eric approaches Russell, ‘an honourable, pure-hearted’ boy, for advice as to what to do about Ball, a fellow pupil who is corrupting others in his dorm with ‘the poison of his immorality’.¹ Russell reminds Eric of the headmaster’s sermon ‘on Kibroth-Hattaavah’ and alerts him to the dangers of indulging in the ‘evil’ that Ball is communicating to his fellows: ‘It is more than blackguardly, it is deadly ... my father said it was the most fatal curse which could ever become rife in a public school.’² Although, in *Eric*, the exact nature of ‘It’ is never explicitly identified, given the evidence of the headmaster’s sermon (which I analyse in the Introduction), there are ample grounds to suggest that the ‘evil’ which Dr Rowlands (Eric’s headmaster) railed against was masturbation. The practice of ‘*Secret sin*’ was notably condemned in the later work of J.A. Conwell as ‘the greatest curse of blossoming manhood’.³ Indeed, in his 1897 article, ‘Immorality Among Schoolboys’, M.C. Hime advocates that pupils should be forewarned about the ‘unnatural’ practice of ‘secret, unmentionable sin’ in order to enable them to recognise and avoid it.⁴ Nineteenth-century dictionary definitions of ‘Secret’ include not merely that which is ‘unknown’ but also implicate ‘something studiously concealed’.⁵ Such definitions disclose a paradox, and one not solely contained in Hime’s words but occurring in the wider discourse on masturbation itself. Masturbation is an ‘unnatural’ practice that appears

to be undertaken seemingly naturally; that is without initiation. It is an 'unmentionable sin' that *has* to be mentioned in order to identify it. Masturbation is also frequently referred to as the 'solitary vice', a term which, again, seems to be somewhat misleading. As early as the publication of *Onania* (1715), the prospect was raised that youth 'have learn'd to Pollute themselves [sic]' by following 'the Example of their Intimates'.⁶ That anonymous author's opinion was still being enthusiastically endorsed in works produced by practitioners over a century later. Writing in 1870, American physician Nicholas Francis Cooke asserts:

Onanism, though called the solitary vice, is essentially gregarious in its origin. It is, indeed, by unrestrained intercourse with each other that boys are taught and encouraged to pursue this destructive practice.⁷

Although mixing with others was by no means thought to be the only cause of self-pollution in the Victorian period, the notion that young people, here notably 'boys', freely pooled their knowledge and experience of the vice with their fellows further highlights this contradictory tension within a discourse which is ostensibly about solitary or secret sin. Far from taking pains to 'studiously conceal' the fact that they indulged in onanism, it would seem that existing masturbators were more than willing to initiate and foster the habit in others.

Furthermore, this essentially private or 'solitary' sexual practice was said to be highly visible, and attended by signifiers of disease displayed in the public arena. Cooke warns that masturbation, 'if persevered in, must reveal itself'.⁸ Indeed, he claims that he is able to 'select the onanists of a school by a walk among the pupils'.⁹ The disorder was manifested in a range of physical symptoms which were widely broadcast in clinical and popular medical writing, through periodical advertising and

publications by quack practitioners and, more spectacularly, as waxwork exhibits in anatomical museums.¹⁰ The concept of onanism as a ‘secret’ vice therefore appears to be something of a misnomer. Arguably, masturbation can more correctly be perceived as a ‘secret’ vice that is, in effect, no secret at all.

Taking on board the prevalence of this discourse, it is fruitful to explore some further aspects of the masturbatory hypothesis as it pertains to men in nineteenth and early-twentieth-century clinical and popular medical advice works. As to the intended market for these popular anti-masturbation texts, I am using Lesley A. Hall’s model of the ‘normal male’ – ‘a man who would define himself as heterosexual, [who] wants to marry and lead a conventional conjugal life, and [who] has no “deviations of object” in his sex-life’.¹¹

In her 1991 book, *Hidden Anxieties: Male Sexuality, 1900-1950*, Lesley A. Hall’s assertion that “‘Normality’ [in the male] does not exclude sexual anxiety’, and her subsequent study of these male anxieties, acknowledge the existence of a now-eclipsed consensus about the ‘monolithic’ or ‘unproblematic’ nature of masculinity.¹² Although Hall’s research into male sexual anxieties is based largely on the copious correspondence received by Marie Stopes from male readers following the publication of *Married Love* in 1918, masculine concerns about sexuality and perceived sexual problems are by no means the exclusive preserve of twentieth-century ‘Agony Aunts’.¹³ Similar worries are reflected in the published replies to the (presumably, male) correspondents writing to *The Boy’s Own Paper* in the late nineteenth century.¹⁴ A selection of these replies appearing in the periodical in August 1891 discloses enquiries about ‘EVIL HABITS’, ‘NERVOUSNESS’,¹⁵ ‘WEAKNESS’,¹⁶ and the most effective way to use ‘BROMIDE OF POTASSIUM’; a drug often utilised to subdue the sexual impulse.¹⁷ Not surprisingly, perhaps, the most

emphatically condemnatory reply is meted out to ‘EVIL HABITS (A Christian Irishman)’ who is told, in no uncertain terms: ‘How *can* you call yourself a Christian! We cannot help you if you cannot help yourself. Only it means ruin.’¹⁸ Masturbation was thought to have a catastrophic effect on the moral as well as physical health of those who indulged in the vice in nineteenth-century medical discourse. In his influential 1857 treatise, *The Functions and Disorders of the Reproductive Organs*, British physician William Acton contends that ‘the [youthful] victim [of onanism] drifts into irremediable ruin, tied and bound in the chain of ... sin’.¹⁹ Acton’s language here – specifically his allusion to ‘sin’ – is more Biblical than scientific or clinical. Clinical writings on the subject, in common with those of the popular press, provide a significant locus for the intersection of religious and medical discourses in the nineteenth century.

Returning, though, to the other *Boy’s Own Paper* correspondents, given the tone of the respondents and the tenor of their responses, it is entirely possible that *all* of the letters quoted contained queries about the perceived problems of self-abuse or other seminal weakness. ‘NERVOUSNESS (Shargar)’ is told to ‘have more faith in fresh air’ and ‘exercise with the dumb-bells’ and is instructed to ‘read good and interesting books’,²⁰ while ‘BROMIDE OF POTASSIUM (Pill Box)’ is advised to ‘Go and skylark in the open air, read good books, keep out of mischief, and abjure evil habits.’²¹ The guidance offered by the journal’s respondents accords with the directions of popular medical/sexual advice works aimed at the young male reader. In *What a Young Boy Ought to Know* (1897), Sylvanus Stall counsels his (presumably worried) readers to ‘Take plenty of exercise in the open air’ and to ‘Avoid all stories and trashy books and papers, but read plenty of good ones’ in order that ‘purity and strength may be measurably regained by those who have learned the vicious habit

which is *so prevalent* among boys.’²² Conclusive proof as to *The Boy’s Own Paper* correspondents’ concerns is impossible without access to the original letters (which are never quoted).²³ Taking into account the comparison given above though, the replies cited are clearly open to interpretation as a manifestation of the letter writers’ unease about problems of a sexual nature. On this evidence, it would appear that the youthful ‘normal male’ in the Victorian period was just as subject to anxieties about his sexuality and, indeed, sexual performance as Hall’s early to mid-twentieth-century sample. Moreover, if one examines the literature on self-abuse aimed at men produced during the nineteenth to early-twentieth century, the period preceding that covered by Hall, it is equally apparent that what is written exploits many of these ‘normal’ masculine fears.

Hall challenges the essentialist view that perceives males as predominantly ‘forceful, aggressive, [and] promiscuous’ and argues that men, too, ‘worry about sexual difficulties within relationships.’²⁴ From the outset, the male wishing to live in a traditional conjugal manner prototypically needs to attract a member of the opposite sex. Pertinently, popular medical/sexual advice works emphasised the devastating effects that indulgence in ‘solitary vice’ could wreak on one’s visible personal appearance as well as upon the state of the customarily concealed genitalia. In his ‘inspiring, character-building book for young men’, *Manhood’s Morning* (1903), Joseph Alfred Conwell explicitly states that by indulging in onanism ‘young men lose personal magnetism and attractiveness.’²⁵ The extent of this loss of attractiveness is graphically described in the earlier writing of R.V. Pierce. In his summation of the results of prolonged and excessive ‘abuse of the sexual organs’, Pierce asserts that:

the face becomes blotched and animal-like in its expression. The victim is careless of his personal appearance, not scrupulously neat, and not unfrequently a rank odor exhales from the body.²⁶

The image evoked here hardly represents the sort of prospective suitor a young woman would wish to keep company with or take home to meet her family.

Furthermore, the practice of onanism was purported to have a critical effect on a man's ability to proclaim himself as such. In the words of American physician A.K. Gardner, 'Tobacco and alcohol are not so potent to rob man of all the high prerogatives of manhood, as this humiliating, self-abasing vice.'²⁷ The degraded habitué of 'secret vice' was said to run the risk of actual sterility and impotence. Edward Bliss Foote cites 'the evils of masturbation' as 'one of the most certain causes of impotency [sic], especially if begun early and continued long.'²⁸ This is particularly significant because, in the medical mind at least, one of the highest 'prerogatives of manhood' was intimately connected with a man's ability and, perhaps, willingness, to reproduce. The likely production of an heir remained a vital factor in many upper-class marriages of the period and was important too for the majority of men wishing to live what Hall terms a 'conventional conjugal life'.²⁹ In the following chapter, I shall argue that popular medical/sexual advice literature for women produced in the nineteenth and early-twentieth century stresses the dangers of 'self-abuse' inasmuch as these impact on a woman's supposedly 'natural' biological imperative, motherhood. A close reading of similar manuals for the masculine market appears to reveal that these too play on some not dissimilar anxieties.

Consider here the words of R. V. Pierce, cautioning men about what they had to lose should they persist in giving way to 'the *syren* vice'³⁰ – 'siren' significantly being a term more usually used to describe 'an enticing woman', a point I shall return

to briefly later.³¹ Pierce asserts: 'Man possesses few powers which are more highly prized than those of *virility*, which is the *very essence* of *manhood*. "He is but the *counterfeit* of a man, who *hath not the life* of a man.'"³² Virility is expressly the opposite of effeminacy or impotence, denoting not only masculine strength but also the power to procreate. In the physician's rhetoric, this 'virility' is not merely a desirable quality to possess but the 'very *essence*' – meaning 'that which makes [a thing] to be what it is'³³ – of manhood. The equation surely follows then that without 'virility' there can be *no* manhood. Therefore, what Pierce implies in his words is that the man who *cannot* father children is less than a man or no man at all – 'a counterfeit'.³⁴ The notion of virility here, however, not only stands for a man's ability to father children but also serves as an indicator of his perceived *fitness* for the task. In the nineteenth century the adjective 'viripotent' – a combination of virile *and* potent – was often used to describe a man 'fit for a husband' or 'marriageable'.³⁵ The health of the husband was thought to be a crucial factor in determining both the happiness of his marriage and the quality of his offspring. Bernarr Macfadden claims that the man rendered weak by his own excesses or those of his parents by faulty heredity has 'a physique which is either incapable of, or can only indifferently perform the sacred duties of a husband'.³⁶ Clearly, such a man would provide few if any nuptial functions (never mind delights) for his spouse. In making youthful sexual temptations analogous with physical frailty and impotence in manhood, Macfadden's words thus evoke and play on male fears of sexual inadequacy within the marital relationship.

But the baneful effects of indulgence in 'solitary vice' impacted not only on a man's sexual performance but also on the vitality of his offspring and, ultimately, his race. Macfadden states that 'Superb manhood is the foundation of the race and all

that appertains to it.’³⁷ Conwell too is forthright in his views: ‘It is the *duty* of young men to become the fathers of an improved race – of children inheriting all the advantages of healthful vigor’.³⁸ Here there is an onus placed on young men – a ‘duty’, no less – to cultivate and preserve a sound and robust constitution in order to beget healthy progeny. Clearly, the weak and sallow onanist is anathema to the perfection of ‘health and strength’ that characterises what Macfadden terms ‘superb manhood’.³⁹ Macfadden claimed that the damage wrought by the secret vice could never wholly be eradicated or reversed even after any cessation of the habit. In his words, ‘the ex-masturbator cannot become the perfect specimen of manhood that he might have been had he never sinned.’⁴⁰ Pertinently, many practitioners linked the practice of masturbation to conditions like spermatorrhoea and nocturnal emissions, thus producing further ‘draining’ and ‘weakening’ effects through the wastage of seminal fluid. Watery and enervated sperm was *not* considered conducive to the propagation of strong sons. As Stall asserts, should the ‘boy [who] injures his reproductive powers’ live to become a man, ‘his sexual secretion shall be of an inferior quality, [and] his offspring will show it in their physical, mental and moral natures.’⁴¹ Given Stall’s admonition as to the mental *and* physical impact of the vice on the onanist’s children, it is not surprising that American physician S. Weir Mitchell attributed some of the most ‘extreme’ and ‘distressing’ cases of ‘general nervousness’ in the male to ‘seminal emissions’ and ‘sexual excess’.⁴² The potential damage that a male masturbator could inflict on his progeny is delivered in even starker terms in T.W. Shannon’s popular work, *Eugenics – Scientific Knowledge of the Laws of Sex Life and Heredity* (1904). Shannon claims that ‘the children of [masturbators], following their fathers’ evil example and forming ruinous habits when very young,

become early victims and fall prematurely into the grave.’⁴³ Given these grim prognoses, a flourishing future for the onanist’s descendants seems far from assured.

In concluding this initial consideration of the discourse on masturbation in popular medical advice literature as it plays on the sexual anxieties of the ‘normal’ male, it is worth returning to R. V. Pierce’s warning against ‘the *syren* vice’.⁴⁴ Here the physician openly likens masturbation to an alluring and, given its classical connotations, undeniably ‘fatal’ woman, tempting the weak-willed and unwary man to his doom. In many ways the image evoked is reminiscent of that other figure of social and sexual concern, the prostitute. Here the other key issue determining a man’s fitness to call himself a man is one of self-control. As Hall asserts, ‘Mastery over baser lusts was seen as appropriate and desirable behaviour (a form of internalised moral policing) for the middle classes or would-be respectable’.⁴⁵ The lionising of self-control as a desirable, if not crucial, masculine virtue is patently reflected in nineteenth and early-twentieth century advice manuals for young men.

A good example of the way self-control was promoted, particularly in its emphasis on the role of the body, can be found in Theodore T. Munger’s *On The Threshold* (1897). Although *On The Threshold* purports to be a book of ‘lectures to young people’, in actuality it is a ‘series of essays, or talks with young men’ written expressly to help the youthful male attain ‘a noble manhood’.⁴⁶ Introducing a new chapter on ‘Purity’ in the preface to the revised edition of his work, Munger trusts the addition ‘will commend itself to all as a fit treatment of *a subject that could hardly be passed by*. [Because] At the Round Table of true knighthood the seat of Sir Galahad should not be left vacant.’⁴⁷ This reference to the Arthurian legends is particularly pertinent as the character of Sir Galahad – ‘the *purest* and noblest knight’ of the Round Table – was itself a later supplement to the original stories.⁴⁸ In order to gain

this 'pure' and 'noble' manhood however, the youthful male must first overthrow the vagaries of the flesh. To this end, Munger instructs his readers that

men who are *ruined* are commonly *ruined* through their bodies; that is, the evil work begins there. On the other hand, I might say that the man who is saved and becomes a *true man* lays the foundations of his success in his body; he was first saved in his body and then all the way up; he first got into right relations to his body, secured the mastery of that, set and kept it to its right use and place, and on such a basis reared the structure of character. The physical underlies all; and the moral and spiritual are no less fine because they have such a foundation.⁴⁹

According to Munger's model the male body itself is a source of unease. It is a contested site, the locus of conflicting desires; and emotions, simultaneously a source of pleasure but such pleasure is, alternately, something to be feared. The body here is both ally and enemy. On the one hand, a man can be 'ruined' by gratifying his sexual impulses (just as a young woman's reputation can be 'ruined' by providing an outlet for the same male urges).⁵⁰ On the other, his body can be the gateway to his salvation *if* he can succeed in taming and conquering his more troublesome lusts. The outcome of this internal battle, for good or ill, forms the basis of a man's relationship to himself and spirituality and shapes the nature of his dealings in wider society. In Munger's view, a man who consistently gives way to illicit pleasures of the flesh is more likely to succumb to temptation and wrongdoing in other areas of his life. What distinguishes the '*true man*' – the genuine article – and sets him apart from the counterfeit is his ability to overcome his baser desires, in other words, he is characterised by his high level of self-control. Therefore, using Munger's model,

giving in to masturbation, rather like the libido-led male's recourse to the carnal delights promised by the street prostitute, is essentially a reductive practice constituting a breakdown of 'manly' self-control. By implication then, the onanist, like the libertine, is *less* than a man and little better than a brute. This is more explicitly expressed by Alfred B. and M. Ellsworth Olsen in *The School of Health* (1908), an early-twentieth-century guide to health in the home. The Olsens contend that 'Secret vice, besides consuming the vitality and strength of all the bodily organs, deadens the moral sensibilities ... and *completely unmans* its victims', the 'unmanning' occurring as a result of the fracture in masculine self-restraint.⁵¹ On a brighter note, the Olsens do concede that some 'cases [of onanism] are susceptible of a cure, *provided the victim takes himself earnestly in hand*.'⁵² One wonders whether the authors or readers ever appreciated the irony here.

This emphasis on the need for mastery over the body and Munger's use of chivalric allusions both foreshadows and engages with the theme and rhetoric of early-twentieth-century Social Purity movements for young men, in particular the Alliance of Honour, formed in 1903. Full membership of the organisation was open to men of eighteen and over while boys between fifteen and eighteen could enlist as associates. It was also 'possible to enrol separately as a Young Knight of the Alliance of Honour' and, in the words of Mark Girouard, 'Masturbation and fornication were the two dragons against which the Young Knights of the Alliance were urged to fight.'⁵³ This is reflected in the first issue of the movement's quarterly organ, *The Alliance of Honour Record*, published in January 1911. Sir Galahad is incorporated as a motif on the front cover of the publication together with the obviously symbolic plant, Honesty, and an image reminiscent of the White Cliffs of Dover, standing, perhaps, as a symbol of England's island strength.⁵⁴ In the opening article, 'Perils and

Possibilities', the Bishop of Durham warns his readers that 'the tempter is busy all through our human society to-day, using for man's ruin the lusts of man's flesh.'⁵⁵ The two 'lustful evil[s]' he preaches against are 'man's sin against his own body, in self-violation' and 'man's sin against himself and woman together in the deadly crime of fornication.'⁵⁶ Note again here the emphasis on the body (or the 'flesh') as the primary source of man's physical and moral downfall or 'ruin'. Moreover, recalling Pierce's allusion to the '*syren* vice', masturbation and (loose) women are perceived to be the twin precipitators of this fall from grace.⁵⁷ The Alliance's concerns with the sensual snares besetting the male are further indicated in A. E. Booth's 'Foreword' to the same journal. Aside from information about meetings and events for members and 'articles bearing upon the vital question of Social Purity', Booth states his intention that in future issues:

a special feature will be the publication of well authenticated testimonies from men who, having fallen into *vicious habits*, have been helped back to purity and moral strength by the aid of the Alliance. Names will, of course, be suppressed.⁵⁸

Though Booth's expressed objective in incorporating such matter is essentially moral and didactic, it is not, however, unproblematic. As Roy Porter and Lesley Hall assert, 'It has been suggested that literature overtly aimed at suppressing sexual vice itself has a pornographic function, and that works condemning masturbation may in fact lead to it.'⁵⁹ Stories based on the personal experiences of vice and debauchery of their authors can indeed be seen to have prurient, voyeuristic and, in many cases, titillating aspects. This is particularly compelling inasmuch as many nineteenth-century pornographic works, including the majority of those examined here, are structured as first-person narratives and purport to be the personal erotic memoirs of

the narrator. Further engagement in the debate as to whether or not anti-masturbation literature in fact promotes the vice is necessarily beyond the scope of this dissertation. What *is* apparent, however, and what the dissertation does demonstrate, is that popular medical/sexual advice works were widely distributed and readily consulted in the nineteenth century.⁶⁰ The accessibility of information on the ‘secret vice’, therefore, may not only have exacerbated and fuelled the sexual anxieties of the ‘normal’ male but also have disclosed and made available the distinctive symptomatology of masturbation to the general or non-specialist reader as well as to authors of fiction.

“half-womanish, half-ghostly”: George Eliot’s Solitary Masturbator

In her revisionist reading of George Eliot’s ‘strange story’ *The Lifted Veil* (1859), Jane Wood acknowledges the influence of mid-nineteenth-century medical discourse, specifically the neurological theories espoused by ‘Eliot’s acquaintance and sometime, consultant, Henry Holland’, as a factor informing the construction of Latimer, the novelist’s effeminate and sickly male narrator.⁶¹ Drawing on advances in medical understanding of the brain’s hemispheric arrangement, Holland’s 1852 work *Chapters on Mental Physiology* propounded the importance of maintaining a symmetrical and sympathetic balance between the two spheres of the brain and the nervous system for the procurement and preservation of physical and mental health. Bodily debilitation, Holland asserted, could impair and pervert the cerebral processes through which the patient perceived her or his external environment in the same way that actual damage to the brain could affect, if not destroy the network of nerves controlling the

movements and functions of the corporeal body.⁶² Wood views this as a crucial aspect in the explanation of Latimer's 'superadded consciousness', manifested through his supposed 'psychic' gifts.⁶³

Putting aside customary biographical, feminist or pseudoscientific approaches to the text, Wood's examination of Latimer through contemporaneous medical theory is laudable.⁶⁴ Although Wood is entirely accurate in identifying a clinical discourse in Eliot's construction this is not unproblematic. If one accepts the location of Latimer's condition squarely within this professional context, it could be seen to resist the text's accessibility and appeal to all but a specialist readership familiar with developments in neurology. Moreover, these clinical signifiers slide over the symptomatology and pathology of another, more widely disseminated medical anxiety. The 'diseased sensibility' of Latimer's mental constitution perceptibly impacts upon and activates further physical indicators of dis-ease.⁶⁵ Note his 'fragile' (p.20) physique and 'ghostly' (p.20) pallor. Read in tandem with a popular medical advice work such as R. & L. Perry's *The Silent Friend* (1853) – published the year after Holland's clinical treatise – this combination of both mental and physical disorders recalls the 'frightful ideas and horrid dreams', 'emaciated' body and 'pallid, haggard countenance' which exemplify the male onanist.⁶⁶

As early as 1843 W.H. Ranking claimed that masturbation, along with its allied condition spermatorrhoea, was 'a subject fraught with the deepest interest, both as regards the individual and society at large'.⁶⁷ Through her contact with freethinkers, scientists and pseudo-scientists, as well as through her work as Editor of the *Westminster Review*, Eliot was ideally placed to participate in contemporary thought on science and spirituality, and to appropriate the discourses which mobilise both in her fiction. In the words of A.S. Byatt, 'she was *au fait* with current

philosophy, physiology, psychology and sociology'.⁶⁸ It could also be argued that, from her earliest years, she was *au fait* with the world of medicine: through her friend, Jessie Barclay, who was the daughter of a wealthy manufacturer of patent medicines; through her sister, Chrissey, who was married to Edward Clarke, a member of the Royal College of Surgeons and a Licentiate of the Society of Apothecaries; and through the figure of Robert Herbert Brabant, retired physician and one-time medical adviser to the poet Samuel Taylor Coleridge, with whom she is alleged to have enjoyed a close and intimate relationship in 1843. Many biographers play down the role of Brabant. In the work *George Eliot's Life*, compiled posthumously by her husband John Cross, Brabant scarcely merits a mention.⁶⁹ This could be seen as a move to protect Eliot's reputation given her later 'scandalous' liaison with G. H. Lewes, but in his more recent biography of the author, Frederick Karl reflects on Eliot and Brabant's 'husband-and-wife understanding' and the somewhat suspicious circumstances in which Eliot was 'driven' from the Brabant household in Devizes, Wiltshire, by the doctor's blind wife.⁷⁰ Whatever the truth of the matter, the formative influence of Brabant as a practitioner in medical discourse remains a possible context in George Eliot's writings. Moreover, a medical impulse in Eliot's thinking could equally have been fostered and developed through her well-documented relationship with the philosopher and critic George Henry Lewes. Lewes, a former medical student, produced texts on physiology and psychology in addition to his better known works.⁷¹ Within the confines of their personal library alone, Eliot had access to an impressive range of treatises on various branches of medicine by leading English and Continental practitioners including Claude Francois Lallemande, Samuel-Auguste Tissot and Maudsley.

But before I pick over the cadaver of Eliot's solitary construction, Latimer, it is worthwhile to briefly consider the novella's narrative structure. *The Lifted Veil* is written in a direct, first-person style and, aside from her final book, *Impressions of Theophrastus Such* (1879), this is the only time Eliot ever adopted this mode in her fiction. Eliot may have been influenced here by the style of Jean-Jacques Rousseau's autobiographical work *The Confessions*. Writing to Sara Hennell in 1849, she claimed 'Rousseau's genius has sent that electric thrill through my intellectual and moral frame which has awakened me to new perceptions'.⁷² In *The Confessions* Rousseau's reflections are characterised by their frankness and include explicit musings on youthful sexual precocity. When Rousseau recollects the loss of his 'mental and moral virginity' through indulgence in the 'vice which shame and timidity find so convenient', it is not difficult to read his words as an allusion to auto-erotic activity.⁷³ Rousseau met the Swiss physician Samuel-Auguste Tissot in June 1762 and corresponded regularly with him thereafter.⁷⁴ Tissot's 1760 work *L'Onanisme, ou dissertation physique sur les maladies produites par la masturbation* (from the Latin original of 1758), which was translated in English as *Onanism, or A Treatise upon the Disorders Produced by Masturbation: or the Dangerous Effects of Excessive Venery*, was not only well received by the philosopher but also influenced broader medical thinking on 'the solitary vice' for much of the nineteenth century.⁷⁵ Interestingly too, the British medical practitioner William Acton cites Rousseau's work in his treatise on *The Functions and Disorders of the Reproductive Organs* (1857) advising, 'Let those who would read an elegant and able description of the symptoms [of masturbation] consult J. J. Rousseau's "Confessions" [page] 366.'⁷⁶

To paraphrase Acton, I would contend that a similarly 'elegant and able' symptomatology of 'the secret sin' can be found in Eliot's pathological construction

of Latimer who, from the opening sentence, is depicted as a sick man. Latimer states: 'I have lately been subject to attacks of *angina pectoris*' (p.1). His heart, the symbolic locus of emotion or amorousness in English culture, is literally *diseased*, suggestive, perhaps that his mental condition is likewise unstable. Furthermore, the specification of *angina pectoris*, a complaint indicative of degeneration in the arterial walls and reckoned, by some physicians, to be exacerbated by both mental and physical excitations, is remarkably like the heart condition identified by James Copland in 1858 as one of the cumulative effects of long-term indulgence in 'self-pollution'. Copland warns of:

palpitations of the heart from the slightest mental and physical causes, often protracted and excessive, and not infrequently followed by organic changes of the parietes of the cavities, or of the orifices and valves of the heart⁷⁷

Copland's prognosis stresses both 'mental and physical' causes resulting in 'organic [degenerative] changes' to the organ itself. This, again, can be seen to reflect Tissot's seminal and sanguine theories. In Tissot's view, excessive 'spending' of semen resulted in bodily illnesses and debilitation whilst the increased flow of blood to the brain as a consequence of sexual activity, usually accompanied by voluptuous visions, placed the nervous system under severe strain:

exhausted by continual fatigue, these patients [that is, masturbators] are affected with all the diseases of the brain, melancholy, catalepsy, epilepsy, imbecility, loss of sense, feebleness of the nervous system, and a multitude of other evils.⁷⁸

Latimer's complaint can similarly be seen to manifest itself both physically and mentally.

As an adult, Latimer counts himself 'cursed' with an 'exceptional mental character' (p.1), undoubtedly an allusion to his perceived clairvoyant gifts, although he describes himself as a 'very sensitive child' (p.4). A very sensitive child indeed, but one whose energies are focused on the amatory, if not, the erotic. Consider his sensually charged recollections of his 'tender mother':

even now...a slight trace of sensation accompanies the remembrance of her caress as she held me on her knee – her arms around my little body, her cheek pressed on mine. I had a complaint of the eyes that made me blind for a while, and she kept me on her knee from morning till night (p.4).

Latimer's feelings toward his mother appear to be highly ambiguous. He euphemises her loss with the phrase 'That unequalled love soon vanished out of my life' (p.4) at the commencement of his narrative. He is seemingly unable to articulate the fact of 'her death' until over two-thirds of the way through the text (p.41). Moreover, his matter-of-fact acknowledgement of his mother's demise follows his adoption of Bertha Grant, portrayed as the antithesis of the maternal female, as a locus for his obsessive erotic energies. I shall return to the question of Latimer's relationship with Bertha later, but in the meantime it is interesting to note his eye problem that 'made [him] blind for a while' (p.4). Many doctors including Tissot, Allnatt and Copland cited 'a hollow eye'⁷⁹ or 'weak or dim sight' as one of the 'morbid effects' of masturbation and, given the widespread acceptance of this notion, Eliot's allusion to Latimer's sightlessness could be seen to further indicate her appropriation of a prevailing discourse, which seems to be reinforced in her description of Latimer's physical appearance and character.⁸⁰

He is constructed as something of a sexual invert, the polar opposite of his conventionally masculine elder brother, Alfred, described first as ‘a tall youth at Eton’ (p.5) and, later, as a ‘handsome, self-confident man of six-and-twenty’ (p.20). By contrast, Latimer, as a youngster, is a ‘shy, sensitive boy ... not fit to encounter the *rough experience* of a public school’ (p.6, my emphasis). If one considers the pseudonymous pornographer ‘Walter’s’ accounts of public school life in the 1830s-40s in *My Secret Life*, the ‘rough experience’ often included opportunities for ‘lewed talk’ [sic], ‘frigging parties’ and initiation into school society via the homoerotic ritual of ‘cocks-all-round’.⁸¹ Given Latimer’s early sensual propensities, it is hardly surprising that such an environment would have been deemed unfit. He is essentially a solitary individual – ‘This disposition of mine was not favourable to the formation of intimate friendships’ (p.9) – and the sound of marching troops makes him ‘sob and tremble ... yet when they were gone past, I longed for them to come back again’ (p.5). He has no boyish fascination with the romance of the military but his reactions to the soldiers are, nonetheless, illuminating. Although his sobbing and trembling indicate fear, he seems to derive a perverse, almost masochistic pleasure from their proximity, another early signifier of his disordered sensibilities. These behaviours can be perceived as somewhat ‘effeminate’, recalling Tissot’s concern that ‘the masturbator, by turning his erotic energies solely inward ... would “degenerate” into self-absorption and an abnormal reversal of conventional sex roles.’⁸²

This inversion is increasingly marked in Latimer’s curiously ‘bloodless’ adult physiognomy with his ‘half-womanish, half-ghostly beauty’ (p.20). Eliot’s depiction of frailty and ghastly pallor not only echoes Acton’s prognosis of a ‘stunted and weak’ frame with ‘undeveloped’ muscles and a ‘sallow, pasty’ complexion but also, given his fainting fit on seeing Bertha Grant for the first time, seems to play with Tissot’s

theories on the importance of semen as a vital fluid.⁸³ Tissot regarded 'seminal fluid' as particularly precious. He pronounced 'that the loss of one ounce of it enfeebles more than forty ounces of blood.'⁸⁴ It is, therefore, useful to consider the double-layer of signification, which seems to be activated in Latimer's description. On the one hand, his 'beauty' and maidenly fainting could be construed as straightforward indicators of sex-role reversal but, on the other hand, and, perhaps, more ingeniously, Eliot also appears to incorporate Tissot's hypothesis of depletion. Feelings of faintness and languor can occur as a result of copious blood loss and it is possible to read Tissot's fluid discourses as essentially overmapping and interchangeable, both blood and semen being largely saline in constitution. Although Latimer's syncope could suggest a lack of blood, his emasculation and suffering may be a consequence of potentially far more injurious fluid losses. Nineteenth-century medical practitioners almost universally acknowledge that the wages of persistent onanism is death, an idea already well established by the time Rousseau wrote *The Confessions*. Relating his adolescent sensual experiences, Jean-Jacques comments, 'Many a reader, who reflects upon them, no doubt already considers me as half-dead!', and this continued as an abiding theme in the literature of 'self-abuse'.⁸⁵ In his 1868 work 'Illustrations of a Variety of Insanity', post-dating *The Lifted Veil* by nine years, Henry Maudsley alleges, of masturbators, they 'totter on to death through a complete prostration of the entire system'.⁸⁶ This certainly appears to be coming true in Latimer's case and his description as being 'half-ghostly' suggests that he already has a least one foot in the grave.

Latimer's dearth of physical prowess and predilection for literature, reading 'Plutarch, and Shakespere, and Don Quixote by the sly' to supply himself with

‘wandering thoughts’ (p.7) also marks him out as Acton’s archetypal youth ‘at risk’ from the ‘secret sin’. Acton asserts,

it is not the strong, athletic boy, fond of healthy exercise, who thus early shows marks of sexual desires, but your puny exotic, whose intellectual education has been fostered at the expense of his physical development.⁸⁷

A paternal recognition of the excessive and ‘unbalanced’ nature of Latimer’s character is further emphasised in the motif of phrenology. Examining the patient, phrenologist Mr Leatherall clearly does not approve of what he discovers: ‘he frowned sternly ... drawing his thumbs across my eyebrows – “The deficiency is there, sir – there; and here ... here is the excess. That must be brought out, sir, and this must be laid to sleep”’ (p.6). In their book *Heads, or The Art of Phrenology*, Helen and Peter Cooper comment on the use and importance of phrenology in the ‘education’ and ‘formation’ of children in the nineteenth century.

Like the therapy for insanity, careful observation, awareness and regard for development were practised, and ... moral education presented to each individual. This method was intended to produce complete, controlled young people, developed to their fullest extent in all aspects of themselves and life.⁸⁸

Tissot too stressed the ‘importance of education in the regulation of “natural” propensities.’ He believed that ‘Human nature, if it is not to be too disruptive, needs moulding into the *correct* forms.’⁸⁹ In order to remedy ‘the defects of [Latimer’s] organisation’ (p.7), a programme of education designed to privilege the mechanistic and scientific is stipulated, ostensibly to turn him into an ‘improved man’ (p.7). He needs to have his ‘rational’ and ‘masculine’ side developed to combat and hold in

check, effectively to *control*, a surfeit of ‘feminine’ emotion and, arguably, Amativeness. The influential phrenologist, O.S. Fowler, regarded the practice of ‘PRIVATE FORNICATION’ (that is, masturbation) as the ‘worst’ manifestation of ‘excessive or perverted Amativeness’.⁹⁰ Fowler claimed that indulgence in masturbation not only caused ‘the greatest amount of suffering and woe’ but also, and more importantly, that it ‘impair[ed] the manliness of the male’.⁹¹ The perceptibly ‘feminised’ Latimer hungers for ‘human deeds and human emotions’ so he is, therefore, ‘plentifully crammed with the [male] mechanical powers’ (p.7). On the evidence presented in the rest of the text, this phrenological prescription was hardly efficacious.

An ongoing awareness of Latimer’s ‘complaint’ – and strategies to cure it – continue as he completes his education in Geneva. Finding pleasure and freedom in *solitary* boat trips on the lake, ‘as Jean-Jacques did’ (p.9), this latter clearly an allusion to Rousseau’s *Confessions*, Latimer recalls his treatment at school, where he ‘was under *careful surveillance*, and was allowed no late wanderings’ (p.9, my emphasis).⁹² The need to keep a watchful eye on the suspected masturbator is something of a constant within the context of medical discourse. In 1840 Etienne-Jean Georget advised doctors confronted with likely onanist patients to ‘strike their imagination with lectures and prescribe *rigorous surveillance* in a severe tone’.⁹³ This policing of the onanist was still being enthusiastically propounded by Athol A. W. Johnson in 1860 with his admonition that, in cases of self-abuse, ‘*Careful surveillance* should be employed’.⁹⁴ It is also worthwhile here to consider Eliot’s allusion to the German writer Novalis, invoked by Latimer as something of a role model (p.13). Christa Saas asserts that his ‘gentle beauty’ and ‘early death’ from consumption made him the epitome of a ‘romantic artist’ who ‘singlehandedly gave

romanticism ... its most sensual and mystical love-death poetry.⁹⁵ Poetry notwithstanding, it is the writer's disease that Latimer focuses on with the rhetorical question: 'Did not Novalis feel his inspiration intensified under the progress of consumption?' (p.13). Masturbation was noted by many practitioners, including Johnson and Copland, as 'amongst the causes which may give rise to tuberculosis.'⁹⁶ Given Eliot's likely medical awareness and her character's self-confessed 'morbid organisation' (p.20), Latimer's reference to the diseased poet seems far from accidental. It is, therefore, difficult to deny an engagement with the 'masturbatory hypothesis' in *The Lifted Veil*.

Because of Latimer's 'morbidly sensitive nature' (p.22), perhaps the most vexed question at the heart of his narrative (which, like his emotional condition, may not be wholly stable) is the authenticity or otherwise of his clairvoyant gifts. Terry Eagleton argues that Latimer's 'empathy with other minds isn't easy to distinguish from a mere projection of his own arrogance, anxiety and aggressivity into them.'⁹⁷ It is, though, possible to offer an alternative medical reading of the narrator's mental state, using writings on masturbatory insanity. Consider Copland's prognosis of

hypochondriasis, and a morbid concentration of the attention upon the various changes and states of sensibility or of disorder, thereby aggravating these forms; melancholia attended by various delusions, by unfounded fears, and a state of mental misery; and, at last, complete prostration of the powers of both mind and body.⁹⁸

This symptomatology consummately encapsulates that which is afflicting Latimer. His clairvoyant powers initially manifest themselves in the 'languid monotony of convalescence' (p.11) from a 'severe illness' (p.10) and his first prevision of Prague is characterised by images of aridness and decay. Although he believes this reverie of

‘time-eaten grandeur’, ‘blackened statues’, ‘worn and crumbling pomp’ and ‘stifling air’ (pp.11-12) represents the first flowering of his ‘newly-liberated [poetic] genius’ (p.14) it is, nevertheless, *melancholic* and death-fixated. It is not difficult to interpret his ‘clairvoyant powers’ as merely a label for the expression of his psychological problems. In addition to prevision, he claims to possess telepathic insight, the ability to read the ‘vagrant, frivolous ideas and emotions’ (p.19) of those around him, *but* this does not seem entirely convincing if one considers his problematic relationship with brother Alfred. Despite Alfred’s attempts at friendliness, Latimer admits to not being ‘quite free from envy towards him’ (p.20). This jealousy turns rapidly into an ‘intense hatred’ (p.21) and finally into an almost pathological obsession: ‘My *diseased consciousness* was more intensely and continually occupied with his thoughts and emotions, than with those of any other person who came in my way’ (p.21, my emphasis). Given the all-consuming nature of his sibling fixation and his stated extreme preoccupation with Alfred’s thoughts, one would have expected him to be able to foresee his brother’s death in the hunting field. But he does not. This calls into question the practical existence of his clairvoyant ‘gifts’, which can, therefore, be read as a *delusion* of his ‘abnormal sensibility’ (p.18-19), a symptom of his ‘complaint’ rather than genuine second sight, and this could be seen to impact on his liaison with Bertha Grant.

Vernon A. Rosario affirms that the ‘characterization of the habit of onanism as a “monomania” was commonplace in the early nineteenth century.’⁹⁹ This illustrates the pervasive influence of Tissot’s eighteenth-century treatise on onanism. Tissot asserts that

Nothing weakens so much as this continual excitement of a mind
always intent on the same thing. A person addicted to this habit

[masturbation], experiences the same ill effects as does the literary man who fixes his attention wholly on one subject.¹⁰⁰

Bertha Grant, whose christian name is reminiscent of Rochester's mad wife in Charlotte Brontë's *Jane Eyre* (1847), seems to act as a catalyst for Latimer's obsessive, repressed but persistent erotic fantasies of what Terry Eagleton depicts as the 'phallic woman ... the murderous female'.¹⁰¹ From their first meeting, Latimer mediates her character through his own, not wholly reliable, perspective. Strikingly described as 'a Water-Nixie ... this pale, fatal-eyed woman ... looked like a birth from some cold sedgy-stream' (p.16). Bertha recalls Keats' 'La Belle Dame Sans Merci'; in other words, the narrative envisages the classic *femme fatale*. It is hardly surprising that Latimer also envisions Bertha as a simulacrum of Lucrezia Borgia when he sees Giorgione's 'picture of the cruel-eyed woman' (p.28) in Vienna's Belvedere Gallery. After encountering the portrait, Latimer lapses into a trance-like swoon, visualising a malevolent, almost vampiric Bertha: 'I felt helpless before her, as if she clutched my bleeding heart, and would clutch it until the last drop of life-blood ebbed away' (p.29). Again evincing Tissot's seminal and sanguine theories, this incident draws on images of depletion. But, given the intrinsic mutability of bodily fluid discourses, who exactly is 'draining' Latimer's 'life-blood'/semen? Is Bertha responsible for the damage to his emotions or is he projecting the blame onto her for his own 'addiction'? Surely, *he* is the one ultimately culpable for 'spending' and enervating his own 'life-blood'/semen as a result of his self-destructive 'complaint'? Read in this way, Bertha could be viewed as a mere 'lust object', a cipher for his obsessive and masochistic voluptuous fantasies.

Undoubtedly Bertha is depicted as having a coquettish and sexually teasing side to her character. Certainly, it is she who provides the imaginative focus and

‘inspiration’ for the most explicitly masturbatory episode articulated in *The Lifted Veil*. Following Bertha’s sensually-charged retrieval of an opal ring, a birthday present from the narrator held on a chain between her breasts, Latimer, in his own words, ‘for two days *shut myself up in my own room* whenever Bertha was absent, that I might *intoxicate myself afresh* with the thought of the scene and all that it implied’ (p.26, my emphasis). Although encoded, and thus far from explicit, the scenario is decidedly autoerotic. Masturbation is, after all, supposedly a *solitary* vice, and one nineteenth-century definition of ‘Intoxicate’ is ‘to excite to enthusiasm, frenzy, or madness’ – the latter an alleged consequence of autoeroticism.¹⁰² Importantly too, Latimer refers to the effect Bertha has on him as being like ‘*hashish*’ (p.45). This is noteworthy as an extensive article on the treatise, *Dr Moreau’s Psychological Studies on Hachisch and on Mental Derangement* (1845), published in the *British and Foreign Medical Review* in 1847, was held by Eliot and Lewes in their personal library.¹⁰³ In this work, Moreau not only identifies the drug’s uses in the East as an aphrodisiac, but also likens the states which can be induced by the substance to forms of insanity, noting the influence of the external environment of the imbiber at the time of ingestion:

It will be entirely dependant on the circumstances in which we are placed ... whether the most lively sentiments ... shall be produced, or passions of the most opposite character shall be excited, sometimes with extraordinary violence; for irritation shall pass rapidly into rage, dislike to hatred and desire of vengeance; and the calmest affection to the most transporting passion.¹⁰⁴

The shifting and unstable impulse of Latimer’s emotions – illustrated by his antipathy towards Alfred and his transient perceptions of Bertha, from being ‘madly in love’

(p.45) to feeling only a ‘chill shudder of repulsion (p.50) – make Eliot’s allusion to the drug seem entirely appropriate. In other words, the medical signifiers are sliding over his emotional complaint. Moreau contended that hashish could be employed as an adjunct to sex for ‘grossly sensual purposes’.¹⁰⁵ This, in conjunction with its capability of replicating the fantasias of madness, would make its effects a highly evocative simulacrum of the ‘lascivious thoughts’,¹⁰⁶ ‘various delusions’, ‘unfounded fears’¹⁰⁷ and ‘chronic dementia’ attending the ‘lunatic victim’ of masturbatory insanity.¹⁰⁸

It is notable that Latimer’s father hopes marriage to Bertha will ‘complete the *desirable modification* of [Latimer’s] character’ which will render him ‘practical and worldly enough to take [his] place in society among sane men’ (p.45, my emphasis). This statement can be interpreted as a hope that access to normative, reproductive sexual intercourse will curtail his indulgence in the ‘evil vice’. But it is also interesting to consider Latimer’s father’s respect for Bertha’s ‘tact and acuteness’ (p.45), something of a surprise as we are led by Latimer to view her primarily as a ‘sex object’. Latimer recalls his father’s words: ‘he felt sure she would be mistress of me, and make me what she chose’ (p.45). His father’s alternative hope that Bertha will be ‘mistress’ of Latimer can be viewed in a different way, almost as a form of ‘moral management’ should all else fail. In a nice literary twist, if Mr Rochester could keep a mad wife in the attic, surely there was little to stop Bertha Grant from becoming the custodian of a mad husband in similar circumstances, particularly if she had his father’s blessing to do so. Needless to say he made a ‘poor ... figure as a heir and bridegroom’ (p.46), describing himself as ‘a husband who was sickly, abstracted, and ... crack-brained’ (p.50). This latter bears out the thinking of doctors who

counselled caution when contemplating marriage to a masturbator. As Maudsley wrote in 1868:

Now if any medical man were consulted in such a state of things I have a strong opinion that he ought to oppose the marriage Certainly marriage need not be recommended to the confirmed masturbator in the hope or expectation of curing him of his vice. He will most likely continue it afterwards, and the circumstances in which he is placed will aggravate the misery and mischief of it.... For natural intercourse he has little power or no desire ... the indulgence of a depraved appetite has destroyed the natural appetite.¹⁰⁹

Given the tragic and far from blissful outcome of Bertha and Latimer's marriage, one has to acknowledge Maudsley for his accuracy, albeit in a fictional context.

In considering the nature of Latimer's relationship with Bertha it is fitting to briefly consider her cognomen for him. She dubs him 'Tasso' (p.39) and treats his admission of love as 'Tasso's mad fit' (p.40). Eliot's references to Tasso, like her earlier allusions to Novalis, are extremely significant. If one considers the plausibility of Latimer's 'complaint', the name is value-laden, not only ironically invoking the narrator's pretensions as a poet but also adding further connotations as to his carnal appetites and madness. Eliot was familiar with the works of Torquato Tasso (1544-95), having read them in the original Italian.¹¹⁰ The poet, a writer in the Romance Epic tradition, was 'imprisoned as a madman in the lunatic asylum of [St] Anna' between 1579 and 1586, his mental breakdown exacerbated by a rumoured unrequited and ill-advised amorous affair with his patron's daughter, the Princess Leonora d'Este.¹¹¹ Tasso's incarceration was popularised in the nineteenth century by Lord

Byron in his 1817 poem 'The Lament of Tasso' and it is difficult to believe that the import of that epithet could have gone unnoticed by educated readers of the day. Despite Eliot's claim that *The Lifted Veil* was written 'as a resource when my head was too stupid for more important work', her nickname for Latimer must have been carefully and thoughtfully chosen.¹¹²

By the end of Eliot's novella, the grim prognoses of Victorian physicians as to the consequences of masturbatory indulgence appear to be all too correct in Latimer's case. His marriage has proved to be disastrous and he and Bertha live 'apart' (p.66). Wracked by unspecified but, manifestly, severe, 'disease' – he lives 'in dependence on [his] servants' – Latimer settles in a 'Devonshire nest to die' (p.66). The Devonian location of Latimer's final resting-place appears to be entirely apt. In the nineteenth century the county was noted for health resorts like Torquay, which, due to 'the mildness of its climate' was thought to be 'well adapted for the residence of patients suffering from consumption in the advanced stages.'¹¹³ Given that masturbation was thought to be one of the disorders that could give rise to consumption in Victorian medical discourse – and I shall examine the connection between these conditions in detail in the following two chapters – it is possible to interpret Latimer's Devon residency as a pertinent indicator of his rapid physical decline, hinting, perhaps, at a further layer of ill-health. Recalling too the medical notion that the wage of persistent onanism was death, the American physician Alfred Hitchcock deemed onanism a 'suicidal habit'.¹¹⁴ *The Lifted Veil* notably concludes with Latimer's assertion that 'my dying struggle has opened upon me' (p.67), the implication being that his last breath will not be a long time coming. Eliot's surgeon Sir James Paget praised the author's 'surprisingly deep insight into medical life' for her later portrayal of the young doctor, Tertius Lydgate, in *Middlemarch* (1871-2).¹¹⁵ Judging by the evidence

of *The Lifted Veil*, her engagement with medical issues and the appropriation of medical discourses in her fiction had a much earlier and less well-known origin.

Notes

- 1 F.W. Farrar, *Eric; Or, Little by Little* (London: A. & C. Black, 1905 [1858]), pp.34, 83.
- 2 Ibid., pp.100, 101, 100.
- 3 Joseph Alfred Conwell, *Manhood's Morning: A Book to Young Men Between Fourteen and Twenty-Eight Years of Age* (New York: The Uplift Publishing Co., 1903), p.197.
- 4 M.C. Hime, 'Immorality Among School Boys', *Lancet*, 2 (1897), 614-17, at pp.616, 615.
- 5 Rev. James Wood, *Nuttall's Standard Dictionary* (London: Frederick Warne and Co., 1898), p.589.
- 6 Anonymous, *Onania; or the Heinous Sin of Self-Pollution, And all its Frightful Consequences, in both Sexes, Considered* (London, 1724), p.10.
- 7 'A Physician' [Nicholas Francis Cooke], *Satan in Society* (New York: Edward F. Hovey, 1878 [1870]), pp.54-5.
- 8 Ibid., p.54.
- 9 Ibid., p.54.
- 10 For details of the exhibits on display, and publications available from wax anatomical museums see: Roy Porter and Lesley Hall, *The Facts of Life: The*

Creation of Sexual Knowledge in Britain, 1650-1950 (New Haven/London: Yale University Press, 1995), pp.138-40.

- 11 Lesley Hall, *Hidden Anxieties: Male Sexuality 1900-1950* (Cambridge: Polity Press, 1991), p.3. In her book, Hall argues that 'the "normal" male and male sexuality were more problematic than they are usually assumed to be' (p.2). She privileges the model given over simplistic received assumptions that the 'normal' male is 'someone who is not a woman, someone who is (at least consciously) not a homosexual, [and] someone who by his nature is privileged within society as women and homosexuals are not' (p.3).
- 12 Ibid., p.3, 1.
- 13 A selection of letters from men to Marie Stopes, published in Ruth Hall's book *Dear Dr Stopes*, reveal concerns about masturbation, sexual performance and the rights and wrongs of taking a wife following an injury to the 'tistics' [sic]. See: Ruth Hall (ed.), *Dear Dr Stopes: Sex in the 1920s* (London: Andre Deutsch, 1978), pp.72, 27, 32.
- 14 Indeed, in her survey of periodical advice or 'agony' columns over the past 300 years, Robin Kent claims that, in the nineteenth century, 'Dire warnings abounded for self-admitted practitioners of the solitary pastime [masturbation]. The columns of the *Boy's Own Paper* in the 1890s covered little else.' See: Robin Kent, *Agony: Problem Pages Through the Ages* (London: Star Books, 1987), p.153.
- 15 'Correspondence', *The Boys Own Paper*, 13 (1891), no.658, p.752.
- 16 'Correspondence', *The Boys Own Paper*, 13 (1891), no.659, p.768.
- 17 'Correspondence', *The Boys Own Paper*, 13 (1891), no.657, p.736.

- 18 'Correspondence', *The Boys Own Paper*, 13 (1891), no.658, p.752.
- 19 William Acton, *The Functions and Disorders of the Reproductive Organs* (1858), extract reprinted in, Regina Barreca (ed.), *Desire and Imagination: Classic Essays in Sexuality* (New York: Meridian Books, 1995), pp.260-308, at p.268.
- 20 *Boy's Own Paper*, 13 (1891), no.658, p.752.
- 21 *Boy's Own Paper*, 13 (1891), no.657, p.736.
- 22 Sylvanus Stall, *What a Young Boy Ought to Know* [1897], 1905 edition available online at <http://www.nimbus.org/YoungMan1905.html> pp.50 of 58, 48 of 58, my emphasis. Notably too, Stall promotes the benefits of dumb-bell exercise claiming that 'Whenever I go into a boy's room ... if I find the Bible and a few well-chosen books upon the shelf, and a pair of dumb-bells on the floor in the corner, I always feel that the boy's future is full of hope and promise.' p.43 of 58
- 23 Unfortunately, the letters to *The Boy's Own Paper* were never archived.
- 24 Hall, *Hidden Anxieties*, pp.2, 4.
- 25 Conwell, *Manhood's Morning*, p.197.
- 26 R.V. Pierce, *The People's Commonsense Medical Adviser* (Buffalo, N.Y: World's Dispensary Printing-Office and Bindery, 1883), p.801. Pierce also features two comparative illustrations of 'The Testicle in a healthy condition' and 'A Testicle wasted by Masturbation' on p.798. See also: R.H. Allnatt, 'Case of Atrophy of the Testicle from Excessive Masturbation', *Lancet*, pt.2 (1843) p.645.

- 27 Augustus K. Gardner, *The Conjugal Relationships as Regards Personal Health and Hereditary Well-Being Practically Treated* (London: Simpson, Marshall, Hamilton, Kent & Co., 1898), p.69.
- 28 E.B. Foote, *Dr Foote's Home Cyclopedia of Popular Medical, Social & Sexual Knowledge* (New York: Murray Hill Publishing Co., 1900), p.665.
- 29 Hall, *Hidden Anxieties*, p.3.
- 30 Pierce, *The People's Commonsense Medical Adviser*, p.795, my emphasis. cf. Robert Baden-Powell, *Rovering to Success: A Book of Life-sport for Young Men* (London: Herbert Jenkins, 1957 [1922]), p.121.
- 31 P. Austin Nuttall, *Nuttall's Pronouncing English Dictionary* (London: George Routledge and Sons Ltd., 1894), p.591.
- 32 Pierce, *The People's Commonsense Medical Adviser*, p.796, my emphases.
- 33 Nuttall, *Pronouncing English Dictionary*, p.226.
- 34 Ironically, according to this somewhat simplistic criteria of what constitutes 'a man', the predominantly homosexual construction of René Teleny, a character I shall consider in detail in Chapter Four, below, would certainly qualify for the title. In the novel, *Teleny, or The Reverse of the Medal*, the eponymous protagonist has a 'one-night stand' with a countess which 'nine months afterwards' results in 'a fine boy'. See: Anonymous, *Teleny, or The Reverse of the Medal* (Ware: Wordsworth Editions, 1995 [1893]), p.58.
- 35 Nuttall, *Pronouncing English Dictionary*, p.725.
- 36 Bernarr Macfadden, *Superb Virility of Manhood* (New York and London: Physical Culture Publishing Co./Bernarr Macfadden Publishing Co., 1904), p.3.

- 37 Ibid., p.51.
- 38 Conwell, *Manhood's Morning*, p.280, my emphasis.
- 39 Macfadden, *Superb Virility of Manhood*, p.9.
- 40 Ibid., p.87.
- 41 Stall, *What a Young Boy Ought to Know*, p.37 of 58.
- 42 S. Weir Mitchell, 'Clinical Lecture on Nervousness in the Male', *The Medical News and Library*, 35/420 (1877), p.181.
- 43 T.W. Shannon, *EUGENICS – Scientific Knowledge of the Laws of Sex Life and Heredity* (S.A. Mullikin, 1904). Chapter XV – Self Pollution, available online at <http://www.proaxis.com/~solo/selfpoll.htm> p.1 of 5.
- 44 Pierce, *People's Commonsense Medical Adviser*, p.795, my emphasis.
- 45 Hall, *Hidden Anxieties*, p.3.
- 46 Theodore T. Munger, *On The Threshold* (Boston and New York: Houghton Mifflin and Co. and Cambridge, Mass.: Riverside Press, 1897 [1891]), flyleaf, pp.7, 2.
- 47 Ibid., p.iv my emphasis. Although the book was originally published in 1880, the chapter on 'Purity' was an addition for the revised 1891 edition of the book, reflecting, perhaps, increasing contemporary concerns not only about male sexuality but also, given the falling birthrate and anxieties over urban degeneracy, the dangers of non-reproductive or illicit/illegal sexual practices generally.
- 48 See: Ivor H. Evans, *The Wordsworth Dictionary of Phrase and Fable* (Ware: Wordsworth Editions, 1993), p.444, my emphasis.
- 49 Munger, *On The Threshold*, p.210, my emphases.

- 50 Note the asymmetry in this discourse of sexual ruination. The male is ruined through *active* indulgence in inappropriate sexual activity while the female is ruined by *passively* allowing the male to do things to her.
- 51 Alfred B. Olsen and M. Ellsworth Olsen, *The School of Health: A Guide to Health in the Home* (Watford: International Tract Society, 1908), p.127, my emphasis.
- 52 Ibid., p.128, original emphasis.
- 53 Mark Girouard, *The Return to Camelot: Chivalry and the English Gentleman* (New Haven and London: Yale University Press, 1981), p.258.
- 54 In Matthew Arnold's poem 'Dover Beach' (1867), Dover's white cliffs are described as 'the cliffs of England' in line 4.
- 55 Bishop of Durham, 'Perils and Possibilities', *The Alliance of Honour Record*, 1/1 (January 1911), 3-5, at p.3.
- 56 Ibid., 'Perils and Possibilities', p.3.
- 57 A similar attitude of ambiguity and unease about women is echoed in Robert Baden-Powell's later work, *Rovering to Success* (1922). On the one hand, Baden-Powell stresses the need for men to develop 'chivalry and respect for women' but, on the other, women are singled out as one of the 'rocks' young men are 'likely to bump on'. See: Robert Baden-Powell, *Rovering to Success*, pp.108, 5.
- 58 A. E. Booth, 'Foreword', *The Alliance of Honour Record*, 1/1 (January 1911), p.2, my emphasis.

- 59 Roy Porter and Lesley Hall, *The Facts of Life: The Creation of Sexual Knowledge in Britain, 1650-1950* (New Haven and London: Yale University Press, 1995), p.153.
- 60 To cite just one example of a popular medical work referred to in this dissertation, *Dr Foote's Home Cyclopedia of Popular Medical, Social and Sexual Science* (1900), over one million earlier editions of the work had already been sold across the USA and in Britain. Aside from English, the new edition of *Dr Foote* was also available in German, Spanish, Swedish and Finnish translations. For a publishing history of E.B. Foote's works see: Foote, *Dr Foote's Home Cyclopedia*, p.ii.
- 61 Jane Wood, 'Scientific Rationality and Fanciful Fiction: gendered discourse in *The Lifted Veil*', *Women's Writing*, 3 (1996), 161-176, at pp.162, 164.
- 62 See: Henry Holland, *Chapters on Mental Physiology* (London: Longman, Brown, Green, Longmans, & Roberts, 1858 [1852]), p.196.
- 63 Wood, 'Scientific Rationality and Fanciful Fiction', p.164.
- 64 Critical approaches to the text drawing on biographical details from Eliot's life include, for example, Rosemarie Bodenheimer, *The Real Life of Mary Ann Evans: George Eliot, Her Letters and Fiction* (Ithaca and London: Cornell University Press, 1994) and Jenny Uglow, *George Eliot* (London: Virago, 1994). Feminist readings include, Mary Jacobus, *Reading Women: Essays in Feminist Criticism* (London: Methuen, 1986). For an exploration of the tale through Eliot's interest in the pseudosciences see, B.M. Gray, 'Pseudoscience and George Eliot's "The Lifted Veil"', *Nineteenth-Century Fiction*, 36 (1982), 407-23.

- 65 George Eliot, *The Lifted Veil* (London: Virago, 1985), p.30. Further references are to this edition and will be included in parentheses in the main body of the text.
- 66 R. & L. Perry, *The Silent Friend* (1853), extract quoted in Alex Comfort, *The Anxiety Makers* (London: Nelson, 1967), p.84.
- 67 W.H. Ranking, 'Observations on Spermatorrhoea or the Involuntary Discharge of Seminal Fluid', *Lancet*, 1 (1843-4), 46-52, at p.46.
- 68 A.S. Byatt, *Passions of the Mind: Selected Writings* (London: Vintage, 1991), p.74.
- 69 J.W. Cross, *George Eliot's Life* (Edinburgh and London: William Blackwood and Sons, n.d.), p.73. Cross merely states that 'After Miss Brabant's marriage to Mr Charles Hennell [which Eliot attended on 1 November, 1843], Miss Evans went to stay for a week or two with Dr Brabant at Devizes.'
- 70 Frederick Karl, *George Eliot: A Biography* (London: HarperCollins, 1995) pp.65-6.
- 71 Lewes's medical articles include 'Hereditary Influence, Animal and Human', *Journal of Psychological Medicine and Mental Pathology*, 10 (1857), 384-402.
- 72 Quoted in Ellen Moers, *Literary Women: The Great Writers* (London: The Women's Press, 1980), p.152.
- 73 Jean-Jacques Rousseau, *The Confessions* (Ware: Wordsworth Editions, 1996), p.104.
- 74 See: Vernon A. Rosario II, 'Phantastical Pollutions: The Public Threat of Private Vice in France' in, Paula Bennett and Vernon A. Rosario II (eds),

Solitary Pleasures: The Historical, Literary, and Artistic Discourses of Autoeroticism (New York and London: Routledge, 1995), pp.101-32, at p.106.

75 See: Ibid., p.107.

76 William Acton, *The Functions and Disorders of the Reproductive Organs* (London: John Churchill, 1857), p.56.

77 James Copland, *A Dictionary of Practical Medicine: Combining General Pathology, The Nature and Treatment of Diseases, Morbid Structures, and the Disorders Especially Incident to Climates, to the Sex, and to the Different Epochs of Life*, 4 vols. (London: Longman, Brown, Green, Longmans & Roberts, 1844-1858) Vol. III, p.443.

78 S.A. Tissot, *Treatise on the Diseases Produced by Onanism*, translated from a new edition of the French by 'A Physician', (New York: Collins & Hannay, 1832), p.47.

79 Allnatt, 'Case of Atrophy of the Testicle from Excessive Masturbation', p.654.

80 Copland, *Dictionary of Practical Medicine*, Vol. III, p.443.

81 'Walter', *My Secret Life*, 3 vols (London: Arrow, 1994), Vol. I, pp.28, 29.

82 Anne K. Mellor, *Romanticism & Gender* (New York and London: Routledge, 1993), p.174.

83 Acton, *Functions and Disorders of the Reproductive Organs* in Barreca (ed), *Desire and Imagination*, p.273.

84 Tissot, *Treatise on the Diseases Produced by Onanism*, p.v.

85 Rousseau, *The Confessions*, p.104.

- 86 Henry Maudsley, 'Illustrations of a Variety of Insanity', *Journal of Mental Science*, 14 (1868), 149-62, at p.161.
- 87 Acton [1857] quoted in Stephen Marcus, *The Other Victorians* (London: BCA, 1970), p.16.
- 88 Helen & Peter Cooper, *Heads, or the Art of Phrenology* (London: London Phrenology Company, 1983), p.76.
- 89 Ludmilla Jordanova, 'The Popularization of Medicine: Tissot on Onanism', *Textual Practice*, 1 (1987), 68-79, at p.76.
- 90 O.S. Fowler, *Works on Phrenology, Physiology, and Kindred Subjects* (Manchester: John Heywood, c.1874), p.21.
- 91 Ibid., pp.21, 9.
- 92 The implication here is that Latimer has read and is familiar with Rousseau's work. Significantly, in Krafft-Ebing's later medical treatise, *Psychopathia Sexualis*, the physician recalls a case of 'psychical hermaphroditism' with 'Hetero-sexual feeling early interfered with by masturbation'. In this instance, Krafft-Ebing's patient, 'Mr. X', had 'learned the vice [of masturbation] from "Rousseau's Confessions", the book accidentally falling into his hands.' See: Richard von Krafft-Ebing, *Psychopathia Sexualis*, translation of the seventh German edition by Charles Gilbert Chaddock (Philadelphia: F.A. Davis Company, 1916 [1892]), pp.251, 253.
- 93 Georget (1840) quoted in Rosario, 'Phantastical Pollutions', p.121, my emphasis.
- 94 Athol A. W. Johnson, 'On An Injurious Habit Occasionally met with in Infancy and Early Childhood', *Lancet*, (1860), 344-5, at p.345, my emphasis.

- 95 Christa Saas, 'Novalis' in William D. Halsey and Bernard Johnston (eds), *Collier's Encyclopaedia*, 24 vols (New York/Toronto/Sydney: Collier's, 1988), Vol. XVII, pp.683-4, at p.683.
- 96 Johnson, 'On an Injurious Habit', p.344.
- 97 Terry Eagleton, 'Power and Knowledge in "The Lifted Veil"', in K.M. Newton (ed.), *George Eliot*, (London and New York: Longman, 1991), pp.53-64, at p.59.
- 98 Copland, *A Dictionary of Practical Medicine*, Vol. III, p.443.
- 99 Rosario, 'Phantastical Pollutions', p.120.
- 100 Tissot, *Treatise on the Diseases Produced by Onanism*, p.47.
- 101 Eagleton, 'Power and Knowledge', p.59.
- 102 Wood, *Nuttall's Standard Dictionary*, p.382.
- 103 William Baker, *The George Eliot – George Henry Lewes Library: An Annotated Catalogue of Their Books at Dr William's Library, London* (New York and London: Garland Publishing, 1977), p.141.
- 104 Jacques Joseph de Tours Moreau, 'Dr Moreau's Psychological Studies on Hachisch and on Mental Derangement', *British and Foreign Medical Review*, (1847), 217-36, at p.224.
- 105 Ibid., p.217.
- 106 R. & J. Perry (1843) quoted in Comfort, *The Anxiety Makers*, p.83.
- 107 Copland, *A Dictionary of Practical Medicine*, Vol. III, p.443.
- 108 Robert P. Ritchie, 'An Inquiry into a Frequent Cause of Insanity in Young Men', *Lancet*, 1 (1861), 159-61, 185-87, 234-35, 284-86, at p.286.
- 109 Maudsley, 'Illustrations of a Variety of Insanity', pp.157-8.

- 110 See: Baker, *The George Eliot-George Henry Lewes Library*, n.2125, p.197.
- 111 John M. Ross, *The Illustrated Globe Encyclopaedia of Universal Information* (London: Thomas C. Jack, 1884), Vol. XI, p.211.
- 112 Cross, *George Eliot's Life*, p.27.
- 113 *a.i.*, *The Family Physician: A Manual of Domestic Medicine*, 5 vols (London: Cassell and Company, Ltd, n.d. [c.1896]), Vol. III, p.343.
- 114 Alfred Hitchcock, 'Insanity and Death from Masturbation', *Boston Medical & Surgical Journal*, 26 (1842), 283-86, at p.285.
- 115 See: Peter M. Logan, 'Conceiving the Body: Realism and Medicine in *Middlemarch*', *History of the Human Sciences*, 4 (1991), 197-222, at p.197.

Chapter 2

‘A beauty treatment that leaves us glowing’?:

Female Masturbation and its Consequences

In her 1991 book *Women On Top*, the best-selling American author Nancy Friday expounds on the benefits to women of masturbation, describing it as ‘a sweet sedative before sleep, a beauty treatment that leaves us glowing, our countenance more tranquil, our smile more mysterious’.¹ The advantageous aspects of ‘selfloving’ for the twentieth-century woman are elsewhere promoted by feminist sexologist Betty Dodson who declares ‘masturbation is our first natural sexual activity. It’s the way we discover our eroticism ... the way we learn to love ourselves and to build self-esteem.’²

Such positive assertions provide a stark contrast to the dire warnings about the dangers of the habit meted out to women throughout the nineteenth century. In his popular advice work *Facts and Important Information for Young Women on the Subject of Masturbation* (1847), American physician Samuel Gregory cautioned his readers that ‘Masturbation does more than any other cause, perhaps than all other causes combined, to people our lunatic asylums’.³ Gregory’s opinion appears to be enthusiastically endorsed in the work of the phrenologist O.S. Fowler, who claims that ‘women’ are ‘dying by thousands of consumption, of female complaints ... of other ostensible complaints innumerable, and some of insanity, caused solely by this practice.’⁴ These early and mid-century judgements had scarcely softened by the turn of the twentieth century. According to female practitioner Mary Wood-Allen, writing

in 1905, ‘The results of self-abuse are most disastrous. It ... takes away the strength, and may even cause insanity.’⁵ Edward Bliss Foote, writing five years earlier, similarly asserts that ‘The habit acts slowly, but powerfully, in destroying the harmony of the nervous system.’⁶

These disparate points of view undoubtedly reflect the contemporary attitudes towards sexuality of their respective periods, as well as the gender agendas of their authors. Just as nineteenth-and early twentieth-century medical advice on onanism for men seems to be set up to prey on the sexual anxieties of Lesley A. Hall’s ‘normal male’, so a similar pattern can be observed in writings on the topic for women produced by (for the most part, male) physicians during the same period.⁷ If one analyses the symptomatology and consequences of ‘self-abuse’ outlined in their writings, it is possible to establish an equation between the ‘evil habit’ and the loss of virginity, where the preservation of the latter was perceived as a highly desirable attribute for a woman wishing to marry and lead a conventional conjugal life. It is worthwhile to explore the way the masturbatory hypothesis relates to acceptable female sexualities within Victorian medical discourse. Before attending to the claims of these medical texts in detail though, it is necessary to pause and consider, first, the historical background to the ‘disease’ and second, the construction and polarisation of conflicting female sexualities during the Victorian period. Both have particular resonances for the discourse on women and masturbation.

“The vices of the Secret Chamber”: Talking about “the sin no one talked about”

To date, critical and historical literature on the ‘secret sin’ has overwhelmingly tended to privilege medical writings impacting on male sexuality. The psychologist Glenn

Wilson even goes so far as to assert that, in the nineteenth century, ‘Masturbation by young women was the sin no one talked about.’⁸ That some Victorian physicians didn’t *like* to talk about it is evident from Nicholas Francis Cooke’s opening sentence of a chapter on ‘Female Masturbation’ in *Satan in Society* (1870) which is reluctant even to repeat the preceding title: ‘ALAS, that such a term is possible! O, that it were as infrequent as it is monstrous’.⁹ But in spite of Cooke’s protestations, they – physicians, parents and patients – *did* talk about it, and it should be recognised that female masturbation was not regarded by doctors as a new phenomenon. In his treatise on *Nymphomania, or a Dissertation Concerning the Furor Uterinus*, translated into English in 1775, M.D.T. Bienville asserts, ‘They [that is, the afflicted women] perpetually dishonor themselves in secret by habitual pollutions, of which they are themselves the unfortunate agents’.¹⁰ Bienville’s work was almost certainly influenced by that of S.A. Tissot who earlier suggested that ‘the disease [masturbation] even seems to be more active in females, than in males.’¹¹ Historians Jean Stengers and Anne Van Neck consider the pervasive impact of Tissot’s work in *Masturbation: The History of a Great Terror* (2001), and attest that ‘Tissot influenced not only his own day but an entire epoch in Western civilization.’¹² Indeed, Tissot’s notion that the prevalence and consequences of masturbation could be even worse in females is clearly upheld not only in the work of T.L. Nichols (1873) but also in the works of J.H. Kellogg and E.B. Foote, published over a century after the Swiss physician’s death in 1797. Drawing on ‘the highest medical authorities’, Nichols contends that ‘this practice [masturbation] is fully as common – perhaps more common – with girls than boys.’¹³ In his later, turn-of-the-century *Ladies’ Guide* (1900), American physician John Harvey Kellogg warns that ‘it is much more difficult

to cure this soul-destroying vice in girls than in boys.’¹⁴ Foote too is emphatic about the dangers:

Under sixteen or eighteen years of age, girls are not so much addicted to the pernicious habit as boys; but after that age, and until marriage, the rule is reversed ... Thus the hot blood of budding man and womanhood ... leads the young man to the embraces of the harlot, and the young woman to the vices of the secret chamber, so that the former sacrifices his moral sense, and the latter her physical bloom and health.¹⁵

These twin-pronged admonitions of moral and physical decline can be seen to reflect increasing societal and medical anxieties about female sexuality, particularly uncontrolled or unmanaged female sexuality. Masculine fears about unrestrained female licentiousness underpinned the Contagious Diseases Acts of 1864, 1866 and 1869. This legislation, ostensibly introduced to eradicate sexually transmitted diseases among enlisted servicemen, sanctioned the compulsory examination of prostitutes in British garrison towns and naval ports, these powers being extended to other towns as the jurisdiction of the Acts was widened. Although nineteenth-century feminists ‘denied the prostitute any role other than that of [the] passive victim’ of ‘male sexual coercion’, such views are now acknowledged to be ‘oversimplified and condescending’.¹⁶ Women, usually working-class women perceived as whores, presented a potent and double-fronted threat to patriarchy, not only, in the words of Nickie Roberts, as ‘autonomous working wom[e]n, free of moralistic sexual control’ but also through the ‘metaphor of contagion’ associating prostitution with syphilis.¹⁷ As Roberts asserts,

If sex itself was dangerous, sex with a working-class woman was more so; for she could serve as a channel through which the dirt, disease and immorality of the working classes could reach into the sanctity and purity of the middle-class home. Syphilis, the disease of immorality, summed up this fear of contagion by marking the whore as society's true *enemy within*.¹⁸

Furthermore, female masturbation – a condition described variously by physicians and medical commentators as a 'plague', a 'contamination' and a 'scourge' (echoing the discourse of contagion) insidiously undermining the constitution and moral character of the nation's girls and women like a 'coiling reptile' within the bosom of the family – was frequently and explicitly linked with that other 'enemy within', the prostitute.¹⁹ In *The People's Commonsense Medical Adviser*, published in 1883, R. V. Pierce writes:

Women of highly excitable temperaments so intensify their sexual ardor by self-indulgence [self-abuse], that they are apt to betray their longings to their male companions and thus many times give way to temptation, and are initiated into lives of prostitution.²⁰

The 'vicious habit' was analogous with prostitution too inasmuch as the danger to health it represented was able to transgress class boundaries. Kellogg is clear about 'the almost universal prevalence' of 'secret vice', adding in somewhat sexualised language, 'This vice is not confined to any one class of society; it penetrates all classes.'²¹

Given, then, that both the prostitute and the practice of masturbation represented unacceptable or unpalatable facets of female sexuality in the Victorian period, it seems pertinent to ascertain exactly what *was* considered to be acceptable

and normative sexual comportment in a woman. Although William Acton's oft-quoted remark that 'the majority of women ... are not very much troubled with sexual feeling of any kind' was far from received as axiomatic by the medical community, the discourse upon which it draws is appropriated in the later work of German neurologist Richard von Krafft-Ebing.²² Writing in 1871, Krafft-Ebing pronounced, 'Woman ... if physically and mentally normal, and properly educated, has but little sensual desire',²³ his work was available to an English-speaking audience via C.G. Chaddock's translation from at least 1892.²⁴ On the surface, Krafft-Ebing appears to be supporting Acton's view but whereas Acton seems to be making an almost universal generalisation about female passionlessness, Krafft-Ebing prefixes his statement with an equivocal '*if*'. Clearly, there is an underlying tension in his words. His emphasis on *physical* and *mental* normality and a *proper* education is especially noteworthy. Given the largely phallogentric bastions of education and medicine, and particularly through the growing intervention by physicians in the exigencies of women's lives, in health and behavioural terms, the 'normal' woman was a patriarchally-determined construction: a construction at odds with the sexually rapacious and dangerous 'Other' embodied in the pathogenic form of the prostitute – a prostitute, furthermore, whose life of shame could have been initiated through the carnally subversive and potentially perilous practice of masturbation. Within the context of this conventional Madonna/whore dichotomy, the masculine 'ideal' was a 'virgin'. A virgin, moreover, of a very specific kind, incorporating both the physical and moral purity specified by Kellogg who asserts:

Man, even when most debased, loves to regard women as chaste and pure in *mind* as well as *body*, and a woman cannot consider herself in the strictest sense pure unless she reaches this high ideal.²⁵

It is fruitful here to examine this male-fabricated exemplar and contrast the paragon of feminine virtue described by Kellogg with the symptomatology and effects informing the masturbatory hypothesis as it pertains to women.

The ideal of virginity may, at its most basic level, appear to be relatively easy to define, as the sexually ‘untouched’, or more importantly, ‘unbroken’ girl. This physical model clearly informed the masculine wish-fulfilment embedded in Victorian pornographic literature. Consider the construction of Emily Barlow, narrator of *The Lustful Turk* (1828). With her ‘chastity’ literally reduced ‘to a bleeding ruin’, she recalls her sexual initiation at the hands of the eponymous hero:

I quickly felt him forcing his way into me, with a fury that caused me to scream with anguish.... I was on the altar, and, butcher-like, he was determined to complete the sacrifice.²⁶

Brutal deflorations, usually attended by copious discharges of blood, are something of a constant within the erotica of the period. However, Emily’s cries of ‘anguish’ can also be read as highly significant. One definition of anguish is ‘perplexity’ and Emily’s bewilderment could well be indicative of sexual ignorance as well as physical pain.²⁷ Recounting the episode in a letter to her friend Sylvia Carey – and echoing the discourse of contagion – she describes herself as ‘the polluted concubine of this most worthless Turk.’²⁸ Although Emily’s shame is undoubtedly exacerbated by her swarthy ravisher’s alien status, tapping into contemporary racial anxieties, she is constructed as not only encapsulating physical chastity but also the immaculate and high-toned moral purity demanded of the (masculine) ideal virgin as she is defined by Kellogg.

Ironically too, what Reay Tannahill describes as ‘The craze for virgins’ had an impact on other aspects of the sex industry.²⁹ Arguably, as a response to the venereal

disease panic, there was a growing demand for ‘virgin’ – and therefore, untainted – prostitutes. This trade was highlighted by W.T. Stead in the *Pall Mall Gazette* as ‘The Maiden Tribute of Modern Babylon’, a ‘four-part series’ of exposés ‘investigating the traffic in [young] girls in London’s vice emporiums’, published in 1885.³⁰ Although the commerce in virgins was all too real, it is equally true that many ‘virgins’ doing brisk business were of the ersatz variety. Although an investigation into methods used to reconstruct virginity is, by necessity, beyond the scope of this dissertation, it is pertinent to reflect on the words of Reay Tannahill:

Bleeding is, in fact, a largely unreliable guide to virginity, but tight entry and clear traces of blood have always signified maidenhood to the man, and it has always been in the interests of women to know how to simulate them.³¹

Masculine preferences notwithstanding, it is somewhat surprising to discover that nineteenth century physicians were in almost unanimous agreement as to the *invalidity* of the hymen – broken or otherwise – as a measure of virginity. Foote asserts, ‘physicians know it is a very fallible test of virginity; that the hymen is often ruptured by various accidents ... that the test is in fact *no test at all*’.³² Anna Longshore-Potts, Doctor of Medicine of the Women’s Medical College of Philadelphia, similarly subscribes to this view, pronouncing ‘the existence or non-existence of this time-honoured test of virginity’ to be ‘as unreliable as the exact location, density or size of the organ.’³³ On this evidence, one might assume that the absence of a hymen, on its own, was not deemed sufficient grounds to convict women of physical impurity. However, within the context of the discourse on masturbation, the condition of a woman’s genitalia was thought to provide some crucial clues as to whether or not she indulged in ‘solitary vice’.

Longshore-Potts cites ‘the introduction of foreign bodies in childish amusement’ (which sounds suspiciously like a euphemism for precocious autoerotic activity) as a possible cause of the hymen’s destruction, a connection made more explicit in the work of German pathologist Johann Ludwig Casper.³⁴ In his clinical treatise *A Handbook of the Practice of Forensic Medicine based upon Personal Experience* (1864), Casper recalls

the hymen is sometimes completely absent, without any precursory sexual defloration, particularly where an operation has been performed, or where excessive onanism has been practised.³⁵

But it was not merely the hymen (in physiological terms, a relatively unimportant organ) which could be deemed ‘at risk’ from the ‘secret sin’. To compound the felony, that other great benchmark of physical purity the ‘tight entry’ was under threat too. A slack vaginal opening in a young and/or unmarried and childless female would almost certainly have been regarded by Victorian doctors as an adverse indicator in terms of the patient’s moral and physical rectitude. Kellogg lists ‘The presence of leucorrhoea ... accompanied by a relaxed condition of the vagina’ among his twelve ‘signs of self-abuse’.³⁶ The horror continues: the physician claims to have met onanist ‘girls who had scarcely entered their teens in whom the relaxation [of the vagina] was almost as great as if they had been *mothers of children*’.³⁷ One can almost hear Kellogg’s readers catch their breath in shock as they take in this startling revelation.

There is a fascinating and complex conflation of pathologies and affects at work within this discourse on female masturbation. What comes into play appears to be a ‘medical fiction’ (of the horror variety), calculated to prey on the fears and insecurities of the heterosexual woman who seeks a mate, wishes to settle down into a conventional conjugal union and who desires children. According to popular medical

writing, it appears that, by indulging in masturbation, women not only lose their fundamental physical proofs of sexual innocence (the intact hymen and tight entry) but also manifest many of the symptoms of that ‘interesting’ and far-from-virginal condition, pregnancy. The habit was not good news, then, for a girl wishing to appear fresh and maidenly in the important matter of attracting a prospective spouse. Moreover, masturbation was purported to directly impair a woman’s ability to bear children – as it allegedly did in the matter of male fertility.

As to the way in which the symptoms of masturbation can be seen to map over those of pregnancy, leucorrhoea or ‘whites’ – one of Kellogg’s signs of ‘self-abuse’ – is a familiar attendant of the pregnant state. The obstetrician John Phillips, in his 1901 clinical work *Outlines of the Diseases of Women*, states: ‘In *married women* leucorrhoea is very common, and its chief cause is undoubtedly child-bearing.’³⁸ Although it would appear that leucorrhoea is not an ailment exclusively confined to married, or indeed pregnant, women, there are, nevertheless, further echoes of the *gravid* condition within Kellogg’s signifiers of self-abuse. He cites:

an unnatural appetite ... an excessive fondness ... for stimulating condiments.... Such girls are also often very fond of eating clay, slate, chalk, charcoal, and other indigestible substances.³⁹

Other evidences of masturbation given by the physician include ‘Palpitation of the heart, hysteria, nervousness’ and ‘incontinence of urine’.⁴⁰ To this list Foote adds ‘fainting’, ‘shortness of breath’, ‘paleness’ and ‘pain in the back and loins’ as being indicative of leucorrhoea of which, he contends, ‘masturbation among young women is a prolific cause.’⁴¹ Significantly, if one examines contemporaneous medical advice literature for *pregnant* women, the symptoms have an undeniably familiar ring. According to T.L. Nichols, in common with the alleged ‘incontinence’ of the female

onanist, the pregnant woman also frequently has ‘a difficulty in restraining her urine.’⁴² The presence of what Kellogg terms an ‘unnatural appetite’ as well as the nervous conditions attendant on being ‘in the family way’ seem to have peculiar resonances with the discourse on ‘self-abuse’. It is useful, therefore, to consider the implications for the convergence of these symptoms with similar manifestations in the female masturbator.

Most nineteenth-and early-twentieth-century physicians addressing women had quite a lot to say about the ‘unnatural’ or what was more commonly and, perhaps, importantly, alluded to as *depraved* appetites of pregnancy, a designation (‘depraved appetite’) also, incidentally, adopted by Maudsley in 1868 to denote the perverted sexual appetite of the onanist.⁴³ In her popular work, *Tokology: A Book for Every Woman* (1893), Alice B. Stockham warns her readers that

Many women all through pregnancy seem possessed to fill their systems with the vilest *trash*. They *must have* chalk, slate, pencils, magnesia, starch, condiments etc. Sometimes these longings are from an actual want in the system; then, again, morbid conditions crave what they feed upon.... it is better to overcome the desire....

Put the mind on something above physical desires.... If possible, rise above appetite.⁴⁴

Similarly, in *Women in Health & Sickness* (1903), Robert Bell writes that if ‘a depraved appetite is experienced by pregnant women, and a craving for outré substances takes the place of a desire for natural food.... this must be assiduously resisted, and it will soon be overcome.’⁴⁵ Ostensibly about outré cravings in pregnancy, the predominating concerns of both Stockham and Bell appear to be about the need for self-control and self-sacrifice. Note Stockham’s instruction to ‘rise

above appetite' and Bell's insistence that all hankerings after unusual substances be 'assiduously resisted'. Furthermore, in his counsels to 'The Mother', Kellogg advises the *enceinte* woman beset by 'longings' that 'the will should be set actively at work to resist the morbid appetite.'⁴⁶ Within the context of polarised and male-constructed female sexualities, it was the duty of a 'normal' woman to be self-denying, putting the needs of others first; in short, to exercise *self-control*. One of the 'little pleasures' of a wife's life, according to British practitioner Pye Henry Chavasse, involved 'sweetening her husband's cup of life, when it is, as it often is, a bitter one, *in abnegation of self*'.⁴⁷

The 'normal' expression of women's sexual desire was inextricably linked with marriage and motherhood. Mary Wood-Allen instructs her young female readers that 'The only natural method of arousing a recognition of sexual feeling is as God has appointed in holy marriage'.⁴⁸ Anna Longshore-Potts further contends 'it is one of the natural impulses of a natural woman's heart to love and to desire offspring.'⁴⁹ Kellogg too is unequivocal that 'The sexual nature of woman finds expression in this channel [that is, motherhood] when her life is a *normal* one, rather than in the grosser forms of sexual activity'.⁵⁰ Set against this prevailing model of female sexuality the masturbating girl was anathema and, perhaps, medically as well as socially ab-normal. Nichols claims that, 'One of the sad, but most natural effects of this habit [onanism] is the destruction ... in both sexes, of the proper action of the generative function.'⁵¹ By indulging in, what Pierce terms, 'the unnatural gratification ... of onanism', the female masturbator effectively ran the risk of rendering herself unfit to fulfil the biological imperatives of her sex.⁵² And the outlook for 'offenders' seeking to remedy the condition was scarcely better. Edgar J. Spratling portentously asserts that, in 'curing' 'solitary vice' in the female, 'nothing short of ovariectomy will be

found to deserve even the term palliative'.⁵³ The practice was, therefore, beset with snares for 'self-indulging' woman who were effectively in a no-win situation; 'damned' if they sought treatment and, equally, 'damned' if they did not.

By contrast, the heavy stress placed on the 'natural' and 'normal' within the medical discourse of pregnancy and motherhood would seem to intimate that physicians had no moral anxieties about that condition, at least on a superficial level. However, a close examination of nineteenth-and early-twentieth-century medical advice literature on pregnancy reveals that the tensions disclosed are distinctly dichotomous. As Mary Scharlieb, writing in 1895, articulates:

pregnancy, parturition and puerpery are normal processes, and not in any sense diseases. At the same time, the physiological course of these states borders on the pathological, and in women living under the artificial conditions of civilised life the dividing line is readily transgressed.⁵⁴

On the one hand, Scharlieb emphasises the normalcy of motherhood whilst, on the other, she exhibits a sense of unease about a condition that constantly teeters in a kind of limbo between health and sickness, normality and ab-normality. The depraved appetite of pregnancy, after all, could include 'a strong inclination for some peculiar beverage, wine, brandy or gin', stimulating and intoxicating substances able to catalyse the more troublesome aspects of the personality.⁵⁵ George Man Burrows recognised the ingestion of *outré* substances, clinically termed *pica*, as one of the 'disordered functions' of insanity.⁵⁶ In exhibiting this (abnormal) behaviour the mother-to-be could, arguably, be classified alongside masturbators and maniacs. Spencer Thomson and H.C. Steele identified 'longings' in pregnancy as 'a phase of hysteria', a condition explicitly linked to female sexuality and symptomatic at times of

self-abuse.⁵⁷ Foote's 'advice to the pregnant' includes the hint that the affected woman 'should avoid all things calculated to fret, annoy, or distress her.'⁵⁸ Clearly then, it was more than just the expectant mother's physiology that was deemed to be in a 'delicate' condition.

As to the impact of gestation on a woman's mental constitution, Thomson and Steele note the pregnant woman's susceptibility to 'a general feeling of unrest, with irritability of temper', propensities similarly cited by Bell as 'nervous depression and irritability of temper'.⁵⁹ Thomson and Steele also state, somewhat ominously, that 'some of the symptoms [of pregnancy], moreover, are disorders.'⁶⁰ The nervous disorders of pregnancy could include 'attacks of *hysteria*' and even 'hallucinations'.⁶¹ Despite the 'natural' status of motherhood then, medical discourse seems to reinforce the suggestion that the pregnant woman could be viewed at times as mentally unbalanced, a cause for concern and in need of management by the practitioner – rather as, according to Kellogg, the female masturbator requires 'constant observation' by some 'trustworthy, judicious person.'⁶² There are echoes of this discourse in Thomson and Steele's admonitions that 'The proper *management* of the disorders incidental to pregnancy will certainly do much to alleviate their inconveniences.'⁶³ Kellogg too entitles his section on parturition as the '*Management of labour*', urging his readers that 'the [birth] attendant should, if possible, be a thoroughly trained physician.'⁶⁴

Within the context of medical discourse, pregnancy and childbirth, like masturbation, were problematic conditions for the physician. The processes of conception, gestation and parturition involve the expulsion of, and contact with, troublesome bodily fluids such as semen, vomit, excrement and blood, substances Julia Kristeva terms 'the abject', existing on the borders of life and death.⁶⁵

Furthermore, as Kristeva states, 'The abject confronts us ... with those fragile states where man strays on the territories of *animal*.'⁶⁶ Contrary to any sentimental notions about the purity and serenity of motherhood, the evolutionary processes implicated in achieving that happy state were far from virtuous or, indeed, tranquil. The swelling belly and breasts denoted, very visibly, that coition had taken place; nausea, mood changes, the experience of (often uncontrollable) urges and a constant concern about costive bowels were features of gestation while parturition itself could be a miasma of 'sickness', excrement and pain.⁶⁷ Even Queen Victoria (who most definitely was *not* amused by the experience of childbirth) perceived the 'happy event' as distinctly brutish. In a letter to her pregnant daughter, The Queen writes:

What you say of the pride of giving life to an immortal soul is very fine, dear, but I own I cannot enter into that; I think much more of our being like a cow or a dog at such moments, when our poor nature becomes so very animal and unecstatic....⁶⁸

The mid-century debate on the use of chloroform (a boon to Queen Victoria) during labour to ease the travails of birth threw up far more than mere safety and theological arguments against its application. Some practitioners opposed the use of anaesthesia during parturition on the grounds that women often exhibited signs of 'sexual excitation' while under the influence of the soporific drug.⁶⁹ Mary Poovey quotes the work of the obstetrician W. Tyler Smith, who was particularly vehement on the subject. Tyler Smith asserts:

In many of the lower animals, we know that an erotic condition of the ovaria is present during parturition ... It was, however, reserved for the phenomenon of etherization to show that, as regards sexual emotion, the human female may possibly exchange the pangs of

travail for the sensations of coitus, and so approach the level of brute creation.⁷⁰

This pseudo-orgasmic phenomenon was observed to be a particular feature of those women – ‘frequently masturbators’ – deemed by doctors to be nymphomaniacs.⁷¹ C.H.F. Routh states that when ‘under the influence of intoxicating drugs, such as chloroform’ nymphomaniac women by ‘the manner in which they conduct themselves upon the bed, betray the exalted state of their sexual feelings’.⁷² In many ways, Tyler Smith’s and Routh’s interpretation of events reveals rather more about their own and, perhaps, the medical profession’s fascination with, and fears about, unbridled female sexuality than it does about the conduct of anaesthetised women. By contrast, similar spasms in anaesthetised men were interpreted as ‘fighting’ – an acceptable activity for the male.⁷³

Taking into account the hysterical, bestial and, therefore, pathological, aspects of the *gravid* state as defined in medical discourse (compounded by the potential post-delivery perils of puerperal mania, which, as Kellogg asserts, could be characterised by a desire to ‘destroy’ one’s own offspring and ‘immorality and obscenity’ of utterance) the normative expression of female sexuality, motherhood, was like the abnormal practice of self-abuse: fraught with dangers for any (post-virginal) women wishing to remain morally upright and, essentially, pure.⁷⁴ The conflation of symptomatologies distinct to both ‘normal’ and ‘abnormal’ embodiments of female desire in such cases seems to represent a slippage within these supposedly oppositional constructions. Although socially and culturally legitimised through reproduction, motherhood, like masturbation, provided a site for the breakthrough and manifestation of undesirable sexual characteristics in women, a state in which the ‘normal’ could quickly become ‘ab-normal’. Therefore, in the eyes of the medical

practitioner, the two conditions could be viewed as similarly problematic. Given the underlying anxieties about female passion disclosed in the texts examined here, perhaps, rather like the Western movie myth about there being ‘no such thing as a good Injun’, in nineteenth-century patriarchal and/or medical terms, there was essentially no such thing as a ‘good’ female sexuality.

Returning briefly to our own contemporary writing on female sexuality, it is pertinent to consider the ongoing heritage of the ‘Kellogg’ name in the twentieth century. Taking on board Friday and Dodson’s enthusiastic promotion of masturbation as an activity for today’s woman, perhaps it is not surprising that a survey published by *Cosmopolitan* magazine in May 1997 showed that ‘Sex is mainly in the mind for Ms Average’.⁷⁵ Equally though, Friday and Dodson’s exhortations as to the benefits and pleasures of ‘a sexual relationship with ourselves’ could mean that women need encouragement to self-indulge.⁷⁶ If the latter is true it could partially be down to the legacy of John Harvey Kellogg, author of many popular medical works including *The Ladies’ Guide*. Although his medical writing has largely been confined to history, his ‘best-selling antimasturbation food’ lives on. Kellogg invented his famous cornflakes as ‘snacks guaranteed to stave off the longing for the “secret sin” of self-abuse’.⁷⁷ And, according to *Cosmopolitan*’s survey, the 1990s woman ‘loves cornflakes’.⁷⁸ It is, therefore, somewhat ironic that the 1998 TV advertising campaign for Kellogg brand cereal products – many developed well before the current vogue for low-fat, high-fibre eating – features the legend ‘Serving the nation’s health for 100 years’. Would that the viewer knew how.

Although much has been written about the masturbatory hypothesis from a male perspective, the influence of this discourse as it pertains to the female has, until now, received scant critical attention. On the evidence of nineteenth- and early-

twentieth-century medical writing however, what seems to be apparent is that the perceived problem of female masturbation was not only being taken seriously within medical culture but also, that the discourse of the condition could be seen to impact on constructions of 'normal' and 'abnormal' female sexuality, both within the medical sphere and in wider culture. The practice of masturbation was presented as both perilous and problematic to women, a source of unease for any woman who indulged in the habit yet still, ultimately, desired marriage and motherhood. More importantly though, as I have begun to illustrate in my examination of the correspondences between onanism and pregnancy, the symptoms of masturbation are by no means confined to the one condition but have a plurality within medical discourse. Furthermore, although the physical, mental and moral signifiers of masturbation can be seen to mirror those of other disorders, the habit was also thought to be an instrumental factor in the production of many serious ailments, notably that of consumption or phthisis, one of the most feared diseases of the Victorian period.

'Very devil[s] with the men': Lady Pockingham and Lucy Westenra

In an anonymous 1883 English language directory of Parisian brothels, *The Pretty Women of Paris*, Marie Corman, a prostitute, is said to be 'dying of consumption'. But, illness notwithstanding, she is 'much appreciated by those who like a real, mad, delirious encounter; her consumptive state making her a very devil with the men.'⁷⁹ This depiction of Marie Corman not only exposes clinical and popular medical assumptions about the effects of her disease – a condition the physician R.R. Rentoul claimed to be synonymous with 'sexual lust' and which E.B. Foote alleged to be a

consequence of excessive masturbation – but also discloses the simultaneous repulsion and attraction of what Julia Kristeva terms ‘the abject’.⁸⁰ Although Corman could be viewed as repellent inasmuch as she is both tainted by disease and ‘dying’ as a result of her complaint, she is, nevertheless simultaneously exciting, desirable and dangerous, ‘a very devil’ to her male punters.

Such significations are not, however, confined to the realms of underground literature and pornography. Similar signifiers of the rapacious, fatal and yet irresistible *femme* were also appropriated by authors of more mainstream literature. Lady Beatrice Pockingham, the eponymous heroine of an 1879 erotic novella first serialised in *The Pearl*, and Lucy Westenra in Bram Stoker’s *Dracula* (1897) are products of a fictional version of medical discourse that blurs the boundaries between the symptoms and consequences of two related disorders: consumption and masturbation. This section of the present chapter will also further examine Kristeva’s notion of ‘the abject’ through material culture. In this material context, the abject will be considered specifically as a series of prohibitions appropriated by medicine, rather than exclusively bounded by psychoanalytical notions of taboo.

But before I consider the sexual implications of *Dracula* and *Lady Pockingham* it is necessary to recall their historical context. The unprecedented decline in English marital fertility from the 1870s opened up a debate on the implications of non-reproductive sexuality.⁸¹ Much of this debate was preoccupied with the ‘unnatural’ behaviour of women who avoided the biological imperatives of their sex through contraception and celibacy. The Victorian period is equally notable for an upsurge of medical interest in what was considered an even less salubrious female sexual activity: masturbation. As Pat Jalland and John Hooper assert, ‘Recognition of its existence was an acknowledgement of female sexuality, but of a

particularly threatening kind – because it was autonomous and divorced from reproduction.’⁸² Indulgence in ‘the secret vice’ represented far more than simply a child-begetting opportunity missed. Writing in 1866, Isaac Baker Brown claimed that, in women, ‘long continued peripheral excitement’ (his favoured euphemism for masturbation) ‘very frequently’ resulted in ‘sterility’.⁸³ Although Brown was subsequently ejected from the Obstetrical Society in 1867, his opinion on the injurious effects of the ‘secret sin’ nevertheless continued to be endorsed.⁸⁴ The ‘evil habit’ not only allowed women a degree of sexual sovereignty but was also thought to render them ineffective in their ‘natural’ roles as mothers; the practice could therefore be perceived as doubly dangerous.

Foucault reminds us that the ‘nineteenth century began to produce discourses on sex’ through a variety of institutions and agencies including ‘medicine, via the “nervous disorders”, ‘psychiatry’ and ‘criminal justice’, and that these were ‘discourses that were [essentially] interlocking’.⁸⁵ Discourse, to use an appropriately vampiric analogy, both feeds off and nourishes other discourses. Pornography blurs into literature as, indeed, does medicine, whether clinical or popular. Common signifiers, a commonality of symptoms, equally, permit the taxonomic boundaries between diseases to break down.

In his 1870 work, *Satan In Society*, Nicholas Francis Cooke listed the physical symptoms by which girls committing the ‘crime’ of masturbation could be detected. These included:

A general condition of languor, weakness and loss of flesh; the absence of freshness and beauty, of colour from the complexion ... livid physiognomy, a bluish circle round the eyes which are sunken, dull, and spiritless; a sad expression, dry cough, oppression and

panting on the least exertion, [and] the appearance of incipient consumption.⁸⁶

One could be forgiven for confusing this symptomatology with that of consumption when one compares Foote's evidencing of the latter disease through 'wasting of the flesh', 'more or less cough in most cases', 'shortness of breath', 'gradually increasing debility', 'eyes sunken and glassy', and 'complexion bloodless when fever is absent'.⁸⁷

In considering these pathologies, it is difficult not to read Stoker's descriptions of the vampirised Lucy Westenra without some degree of recognition. Mina Murray's journal records that Lucy is 'paler than is her wont', she has a 'haggard look under the eyes' and 'all the time the roses in her cheeks are fading ... she gets weaker and more languid day by day; [and] at night I hear her gasping for air.'⁸⁸ Lucy, though, cannot be a consumptive, given that she is permitted to share a bedroom with Mina.⁸⁹ On the evidence of her symptoms, the implication is that she is a masturbator. That being said, Lucy would almost certainly *not* have been allowed to share with her friend had the presence of her onanism been acknowledged and confirmed. In his heavily euphemised words of advice to parents, T.L. Nichols affirms that 'Both boys and girls should be kept from those "evil communications" which "corrupt good manners"'.⁹⁰

Lucy's languor and voluptuousness have been appropriated as signifiers of promiscuous sexuality in modern criticism. Rebecca Stott, for example, detects in *Dracula*

a latent accusation of complicity: Lucy seems destined to be Dracula's victim. Even before his invasion she is prone to sleepwalking, is weak, flirtatious, even articulates a desire to be polygamous and does not take easily to confession.⁹¹

Taking Stott's reading a stage further, if we regard Lucy's masturbatory habit as a congenital weakness which is progressively overwritten by the occult pathology of vampirism, it becomes possible to read her decline as an aetiological cautionary tale: a charting of the progress of a disorder identified by the physician Anna Longshore-Potts in 1895 as an 'unnatural mania' leading to 'infamy' and 'premature death.'⁹²

It is fruitful to consider the similarities between Lucy's case history and that of the unashamedly and unrepentantly libidinous 'poor consumptive', Lady Beatrice Pockingham, embodied in a memoir written as she teeters 'on the verge of the grave.'⁹³ If one examines the information as to their family backgrounds as scripted in 'Lady Pockingham' and *Dracula*, both Lucy and Beatrice may be perceived as being essentially 'flawed' through the inheritance of an 'hereditary taint'. Writing on consumption in *The Household Physician*, M'Gregor Robertson states 'A person may inherit from his parents a weak condition of body which will make him an easy prey to consumption and many other diseases'.⁹⁴ This opinion is reflected in Pockingham's musings on her late progenitors. She is doubtful as to whether her father is the 'Marquis of Pokingham' – a 'used-up old man', or 'his good-looking footman' (p.12).⁹⁵ She is, however, unequivocal that it is her 'mother, from whom this dreadful consumption is transmitted to me' (p.12). This latter assertion is conventional in medical discourse. In the words of C. Theodore Williams 'The transmission of phthisis [or consumption] is more common through the mother than through the father'.⁹⁶ Notably too the surname, 'Po[c] kingham', contains a play on words which links fornication with disease. 'Pock', a nineteenth-century colloquialism for syphilis, can also be interpreted as 'poke', a slang term for sexual intercourse still in use today.⁹⁷ Although this use of language may be viewed as essentially joking or ironic,

the humour is still tinged with anxiety, sending out an implicit message that carnality leads to contamination.

Like Lady Pockingham, Lucy Westenra does not spring from healthy parental stock. According to Mina, Lucy's mother has 'got her death-warrant' because 'her heart is weakening' (p.95).⁹⁸ Mina also reports that Lucy, like her deceased father, is a sleepwalker (p.72). The entry on somnambulism in *The Family Physician* pronounces the condition to be 'to some extent hereditary' and 'most likely to occur in families in which there is a proclivity to affections of the nervous system.'⁹⁹ Given Lucy's background, Mina's observation that her friend 'is of too super-sensitive a nature to go through the world without trouble' (p.87) appears to be more than just a little intuitive.

Returning, however, to the discourse on female masturbation, one of the most crucial factors determining the consequences of the condition is the age at which the 'evil habit' commences. Consider the words of Kellogg's *Ladies' Guide* (1900). Kellogg argues that

cases of vicious depravity in young women are almost exclusively confined to those whose minds have been corrupted in early childhood, so that their evil tendencies have grown and strengthened with their years.¹⁰⁰

Not surprisingly, as a pornographic text, *Lady Pockingham* explicitly articulates these 'evil tendencies', describing many juvenile autoerotic episodes. As a young pupil at school Beatrice is beaten for drawing 'filthy pictures' (p.13) and at twelve is roomed with 'a jolly bedfellow' (p.14) who inducts her 'into the art of frigging in a most tender loving manner' (p.15). These descriptions of youthful sexual experimentation again participate in conventional medical thinking on girls and 'self-abuse'.

Longshore-Potts attests that 'Boarding schools may become the very hot-beds of this terribly destructive vice'.¹⁰¹ It is pertinent to remember that some nineteenth-century physicians actually viewed the potential pitfalls of school life as *more* injurious to girls. To recall the words of Cooke, 'If boarding-schools are dangerous for the morality and physical well-being of boys, they are infinitely more so for girls.'¹⁰² The fact that Beatrice is congenitally predisposed to consumption adds weight to Foote's assertion that 'masturbation among young women is a prolific cause' of that disease.¹⁰³

Although it could be argued that such incidents bear no resemblance to the (apparently) chaste and sentimental relationship between Mina and Lucy, it is apposite to here recall the opinion of Steven Marcus. Marcus contends that what we learn from pornographic texts 'is what did *not* get into the Victorian novel, what was by common consent and convention left out or suppressed.'¹⁰⁴ In a letter to Mina, Lucy fondly remembers that 'we have told all our secrets to each other since we were *children*; we have slept together and eaten together, and laughed and cried together' (p.55). She expresses a wish that 'I were with you, dear, sitting by the fire undressing, as we used to sit' (p.55). Given that the month is May, one wonders whether a fire would really have been needed. Although Stoker's language is highly coded, it is declared that Lucy and Mina have 'secrets' (and, if this, why not a 'secret vice' also?) and, within the bounds of their friendship, they are comfortable enough to share those extreme and highly visible manifestations of emotion, laughter and tears. That they have 'eaten together' denotes an awareness of their physical appetites (hearty enough elsewhere to explicitly shock the sexually voracious 'New Woman', p.88). Fire, too, is frequently encountered as both a site for, and signifier of, intimacy and passion in the Victorian novel.¹⁰⁵ It should also be remembered that, in her letter

to Lucy from 'Buda-Pesth', Mina eulogises that 'It was my privilege to be your friend and guide when you came *from the schoolroom* to prepare you for the world of life' (p.105, my emphasis). Given the somewhat 'unwholesome' nature of the girls' school environment as it is structured so often in medicine and pornography, the reference may have had some resonances for Stoker's (educated) readership, implying, perhaps, that Lucy was subject to 'infection' at an early age.¹⁰⁶

In conducting this literary post-mortem it is helpful to examine the function of geographical location in the texts, as this impacts particularly on Lucy's condition. Mina visits her friend in Whitby, a noted health resort which is flanked by Scarborough – *the* recuperation place for consumptives – and Saltburn, lauded in *The Family Physician* for a mineral spa especially reputed for 'curing young ladies suffering from anaemia or poorness of blood.'¹⁰⁷ In Whitby, Mina observes, of Lucy, that 'she has got a beautiful colour *since she has been here*' (p.64, my emphasis) and 'she has lost that anaemic look *which she had*' (p.72, my emphasis). 'Anaemia' was cited by James Cantlie in 1883 as one consequence of masturbation.¹⁰⁸ Mark, '*since she has been here*' and '*which she had*'; Lucy has an *existing* medical affliction, which she already had when she arrived in the town, and is domiciled in Whitby to partake of 'the cure'. Appropriately, Pockingham visits the health resorts of 'Hastings' (p.87) and 'Madeira' (p.102), favoured destinations for consumptives according to M'Gregor Robertson's *Household Physician*.¹⁰⁹ Undoubtedly the use of such locations in *Lady Pockingham* enhances the verisimilitude of a text claiming to be first-person 'memoirs' (p.10). In the case of *Dracula*, however, I would argue that Whitby functions not only as a convenient sea port for the Count to land in England but also, in its status as a health spa, points up the unsound condition of Lucy's constitution.¹¹⁰

It is not, however, merely Lucy's physical wellbeing which is 'at risk' from masturbation. R.V. Pierce writing in *The People's Commonsense Medical Advisor* (1883) warns that

In some cases, the disease assumes a more violent mental form, in which even the most refined women frequently talk in an indecent manner, and place themselves in the most improper situations and attitudes.¹¹¹

Pierce's hypothesis appears to have peculiar resonances in the cases of both Pockingham and Westenra but as the former is depicted placing herself in 'improper situations and attitudes' on virtually every page of the text, I will concentrate on the way this discourse impacts on Lucy. It is productive to compare the portrayal of her *pre-vamping* comportment against just a few of Kellogg's behavioural 'Signs of self-abuse'; particularly what he terms 'A marked change in disposition', 'Unnatural boldness' and 'A forward or loose manner' when in company with the opposite sex.¹¹²

The text frequently references changes in Lucy's demeanour. Mina notes 'an odd concentration about her which I do not understand' (p.73), and is also aware of an unfamiliar reticence in the previously garrulous Lucy, stating that 'She is quite odd in one thing: she will not admit to me that there is any cause for restlessness' (p.87). As to evidence of 'unnatural boldness' and a 'loose manner' with the men, it is evident that Lucy exhibits an undeniable sexual precocity. In addition to her oft-quoted desire to 'marry three men' (p.59), she is not 'ashamed' to admit to aiding and abetting opportunities to be *alone* with fiancé Arthur Holmwood, 'for Arthur tried twice to *make* a chance, and *I helping him all I could*' (p.57, second emphasis mine). She also toys provocatively with another suitor, Quincey Morris (whom she sees *alone*), rebutting his proposal by claiming 'I wasn't broken to harness at all yet'

(p.58). This horse-breaking analogy not only conveys the sense that Lucy is wild, wilful and untamed *before* she meets Count Dracula, but it also equates her wantonness with a certain animality, an animality Lucy again articulates in her *après-vamping* claim to Mina that she has an ‘appetite like a cormorant’ (p.106).¹¹³

This reference to the appetite of an ‘extremely voracious’ sea bird can be perceived as an allusion to the consuming nature of her disease and the way this disease is manifested in her increasingly predatory and sadistic sexual behaviour.¹¹⁴ It is pertinent here to consider the more conventional consumptive pathology of Beatrice Pockingham. Although Pockingham is constructed as a woman constantly engaged in all ‘kinds of salacious amusements’ (p.36) including, explicitly, masturbation, like Lucy’s, her demise is accelerated by her involvement with a degenerate aristocrat. Her paramour, the Earl of Crim-Con – the name is an archaic legal term for adultery – is an ‘old man of thirty’ but ‘one would have guessed him to be fifty’, a libertine whose ‘youthful vigour’ has been sapped ‘by constant and enervating debauchery’ (p.70).¹¹⁵ He is nevertheless configured as a ‘dangerous lover’ (p.69) with ‘curious tastes’ (p.71), who is attracted to and marries Beatrice because she is ‘a little whore’ (p.71). It could be argued here that Dracula – like Lucy’s other admirers – is similarly drawn to Lucy, precisely *because* she exhibits the erotic symptoms of masturbation and therefore, according to medical discourse, is both morally ‘depraved’ and sexually insatiable.¹¹⁶

One of the most immediately visible clues as to their libidinous leanings is manifested in the colourless hue of their skin. Pallor here is simultaneously a cultural signifier and medical symptom, an inscription of both disease and craving on the surface of the body. In *Dracula*, Lucy’s complexion is the subject of constant attention and speculation, being described variously as ‘somewhat bloodless’ (p.111),

'ghastly, chalkily pale' (p.120) and 'waxen' (p.134). Likewise, in *Lady Pockingham* the 'pale face' (p.89) of Beatrice is duly noted. The counsel of D. G. Brinton and Geo. H. Napheys in *The Laws of Health in Relation to the Human Form* (1870) is suitably forthright. They pronounce: 'A white skin is a boon of Venus, but pallor we associate with sickness and debility, which are nowise akin to personal beauty.'¹¹⁷ The beguiling appeal of such women, therefore, had little to do with conventional notions of 'feminine' charm. The symbolism of the pale woman fed into two conflicting culturally constructed stereotypes epitomising, on the one hand, 'the cult of invalidism' and, on the other, the degenerate and atavistic '*femme fatale*'.¹¹⁸ In *Horror Fiction in the Protestant Tradition* (1988) Victor Sage asserts that 'The pallid woman is the sexually active, sexually exciting one, but she is a moral threat.'¹¹⁹ This 'threat' is not purely moral but also physical, encapsulating the simultaneous allure/aversion psychoanalytically conceptualised by Julia Kristeva as 'the abject'.

In examining the concurrent seductiveness and 'physical threat' presented by the pale woman it is worth returning to some other fleshly correspondences between Lucy and Beatrice. Notably, Beatrice's sexual proclivities take on a markedly more vicious, and some might say vampiric, aspect after her marriage. Her 'first night' (p.70) with Crim-Con is undeniably brutal. He bites her 'clitoris and nymphae' in a bout of 'furious ... gamahuching' making her 'bleed a little' and afterwards he enjoys 'licking up the sanguineous mixture' (p.72). In a subsequent orgiastic session with her husband and three young male servants, Pockingham goes into a 'deathlike faint' after biting 'the boys' pricks till they were sore and bleeding' (p.79).¹²⁰ She who is bitten, in turn bites. As Bram Dijkstra points out 'It was considered a scientific fact by many turn-of-the-century intellectuals that for a woman to taste blood was to taste the milk of desire', and this 'taste' was said to turn a woman into an 'insatiable

nymphomaniac.’¹²¹ Her desires have shifted beyond the need for mere sexual gratification. Although Beatrice knows her behaviour is hastening her end she is, nevertheless, unable to stop herself. Rather, as with the masturbator, ‘the habit when once formed so completely subjects its victim as to make escape well-nigh impossible.’¹²² She even dies with the wish for coition on her mind, declaring ‘Would to heaven I might die in spending as I felt your very soul shoot into my vitals’ (p.102).¹²³

In a recent work on masturbation and vampires in nineteenth-century fiction, Robert Mighall examines the way the two pathologies map over each other, suggesting that ‘Victorian authors adapted vampirism to the model of morbidity found in the literature of self-abuse.’¹²⁴ Although Mighall draws his evidence mainly from medical texts aimed at the male reader, a similarly strong and consistent correlation and conflation in the discourses of vampirism and the ‘disease’ of female masturbation is apparent elsewhere in nineteenth-century medical advice for women. In the chapter entitled ‘Masturbation a Cause of Disease in Women’, part of his *People’s Commonsense Medical Adviser* (1883), R. V. Pierce attests that:

When this morbid passion [masturbation] gets control of a person, it is as though an unclean spirit had entered, subdued the will, weakened the moral forces ... lessened the power to resist temptation, and overcome every obstacle opposed to its gratification. Even while the intellect is still clear, and the sense of wrong keen, the individual is a slave to this morbid impulse.¹²⁵

Note the emphasis here on invasion and enslavement – and the subtle Biblical reference to St Luke 11, vv. 24-6. Onanism, like vampirism, was thought to be a ‘contamination’ largely transmitted through bodily contact with one already

'infected'. And as Kellogg ominously states in his *Ladies' Guide*, just 'one or two of these emissaries of evil are sufficient to contaminate any number of others.'¹²⁶ One could apply Kellogg's words interchangeably, to mean both vampires and onanists. It is no coincidence that the medical botanist William Fox invokes a familiar nocturnal predator in his description of consumption, a disease which, Fox claims

enters into our dwellings unseen and unlooked for, pursuing the noiseless tenor of its way, and, *like a vampire*, drinks the vital stream, and then fans with his wings the never-dying hopes that perpetually flutter in the hectic breast.¹²⁷

The theme of demonic occupation appears to have been pervasive in medical writing on contagion, as John Simon's 1883 work ably illustrates. He says:

Of some of the metabolic contagia we practically know ... when a given body is *possessed* by one of them, no product of that body can be warranted as safe not to convey the infection.¹²⁸

What Simon implies is that the exhalations, fluids and waste matter of a diseased body should be considered, at best, suspect, and at worst, downright dangerous. This emphasis on bodily substances can be seen to impact directly on what Kristeva terms 'the abject', a concept she creates through psychoanalytic theory, but which we can use to read nineteenth-century medical discourse.

Kristeva asserts that it is 'not lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions, rules.'¹²⁹ Lucy Westenra and Beatrice Pockingham, along with the consumptive prostitute Marie Corman, occupy a median territory which disrupts the boundaries of victim/monster, health/sickness and life/death. Mighall argues that, within the discourses of 'self-abuse' and vampirism, the stricken person is concurrently 'the

agent of destruction, and its helpless victim.’¹³⁰ If one accepts Pockingham as an exemplar of the ‘lust-afflicted’ consumptive, she too fits Mighall’s model. She is both a ‘victim’ of her disease (which makes her inordinately libidinous) and, in indulging her passions, the monstrous ‘agent of [her own and others’] destruction.’ As she confirms, ‘I knew such excesses were only tending to shorten my life, but reason is powerless to resist the attraction of such Cytherian joys’ (p.99).¹³¹ Medical discourse bears out her assumption. Cassell’s *The Family Physician* asserts that ‘excessive indulgence and debauchery of all kinds, powerfully influence the development of phthisis, especially in the young.’¹³²

Simon’s 1883 definition of contagion makes explicit the distinction between what he terms the ‘healthy person’ and the ‘diseased body’ of the ailing patient.¹³³ The ‘contagious’ patient is perceived in nineteenth-century medical discourse as less-than-human, an infection-bearing shell, and there are moral implications to this. According to H. Muller, ‘every invalid does wisely to realise that just for the present he or she is not exactly the same person as in ordinary days of good health, but a distinctly mentally and morally, as well as physically, weaker person.’¹³⁴ Muller, while acknowledging the existence of the patient’s healthy ‘self’ (‘I’), also implies that sickness can be a catalyst for the emergence of ‘other’, more troublesome aspects of the (normally repressed) personality (‘not I’). The reductive, identity-rupturing power of illness within medical discourse is perhaps best illustrated by reference to William Osler’s clinical work, *The Principles and Practice of Medicine* (1901). Osler lists some means by which consumption can be contracted, including ‘washing the clothes of *phthisical patients*, [through] the bite of a *tuberculous subject*, [and] inoculation from a cut by a broken spit-glass of a *consumptive*’.¹³⁵ Note the emphasis on ‘phthisical patients’, ‘tuberculous subject[s]’ and ‘consumptive[s]’. Sickness

effectively nullifies the identity beyond that of the complaint. The invalid is labelled and defined by her/his condition. Disease – and particularly ‘contagious’ disease – can therefore be seen as an ‘abject’ state which ‘disrupt[s] identity’.

Contagious diseases are spread through physical contact and the penetrative and polluting effects of noxious bodily expulsions (the inhalation/imbibing etc. of infected blood/semen/sputum/excrement), ‘abject’ substances that John Simon warns ‘must always be regarded with chief suspicion’.¹³⁶ These tensions as to the contaminating effects of bodily detritus are prevalent throughout medical discourse. The poor physical condition of the female masturbator was said to be aggravated by the ‘draining’ and system-lowering effect of leucorrhoea or ‘whites’ and ‘incontinence of urine’ was also cited as a symptom.¹³⁷ Given Simon’s assertion that ‘no product of [the diseased] body can be warranted as safe not to convey the infection’, a condition like consumption, again, was a particular worry. *The Family Physician*, circa 1896, states that ‘the substance expectorated by a consumptive person is dangerously infectious.’¹³⁸ Although bacilli-blighted sputum was thought to be the major mode of transmission, the admonition that ‘Every possible chance of infection should be avoided, and visits to hospitals for consumptives should be strictly prohibited’ suggests that contact with *any* part or product of the diseased patient was a source of anxiety for the practitioner.¹³⁹ In both clinical and popular medical literature, sexual relations with the consumptive are a particular problem. Osler states that ‘Special danger exists when the contact is very intimate, such, for instance, as between husband and wife.... under these circumstances the husband or wife is much more liable to subsequently die of consumption.’¹⁴⁰ If one acknowledges this reading, the paramours and associates of women like Marie Corman and Beatrice Pockingham, as

well as Lucy Westenra, ran the risk of something potentially far graver than mere sexual enervation.

Within medical discourse the figures of Marie Corman, Lucy Westenra and Beatrice Pockingham can be seen to exist in a liminal state between life and death. It is, in this context, germane to note that as late as 1904, Bernarr Macfadden asserted that children ‘would be far better off dead rather than undergoing the *living death* that follows on the practice of secret sensuality.’¹⁴¹ Masturbators and consumptives are ‘dying’ but are, equally, ‘un-dead’ and infectious. Furthermore, in their condition of ‘un-death’, they subvert conventional stereotypes of passive ‘invalidism’, bringing both salacious pleasure and consequent debility and death.¹⁴² Contagion is essentially a discourse of transmission/transformation. The pale woman is, thus, a locus for male anxiety, signifying *both* pleasure and danger. Read through medical discourse, the *femme fatale* really can be perceived as the kind of woman who makes strong men weak and brings them to their knees ... or their graves. Moreover, as I shall demonstrate in the following chapter, the pale woman’s impact on fellow members of her sex could be equally devastating.

Notes

- 1 Nancy Friday, *Women on Top* (London: BCA, 1991), p.28.
- 2 Betty Dodson, *Sex for One: The Joy of Selfloving* (New York: Crown Trade Paperbacks, 1996), pp.3, 36.
- 3 Samuel Gregory, *Facts and Important Information for Young Women on the Subject of Masturbation; with its Causes, Prevention, and Cure* (Boston: Geo. Gregory, 1847), p.11.

- 4 O.S. Fowler, *Works on Phrenology, Physiology and Kindred Subjects* (Manchester: John Heywood, n.d. [c.1874]), p.4.
- 5 Mrs Mary Wood-Allen, *What a Young Woman Ought to Know* (London: Vir Publishing Company, 1905), p.152.
- 6 Edward B. Foote, *Dr. Foote's Home Cyclopedia of Popular Medical, Social and Sexual Science* (New York: Murray Hill Publishing Co., 1900), p.168.
- 7 Lesley A. Hall, *Hidden Anxieties: Male Sexuality 1900-1950* (Cambridge: Polity Press, 1991), p.3. In the United Kingdom, women were not usually admitted onto medical degrees – or were not to be found as physicians in medical practice – until the late 1870s. Much female writing on masturbation thus came from the pen of the United States based female medical establishment. For a full account of women's struggle to gain entry to the medical profession see: Catriona Blake, *The Charge of the Parasols: Women's Entry to the Medical Profession* (London: The Women's Press, 1990).
- 8 Glenn Wilson, *The Sensual Touch* (London: Guild Books, 1989), p.28.
- 9 'A Physician' [Nicholas Francis Cooke], *Satan in Society* (New York: Edward F. Hovey, 1878 [1870]), p.106.
- 10 M.D.T. Bienville, 'Nymphomania, or a Dissertation Concerning the Furor Uterinus', extract from Chap. II reprinted in Appendix A to Adriana Craciun (ed.), Charlotte Dacre, *Zofloya; or, The Moor* (Ontario/New York/London: Broadview Literary Texts, 1997), p.258.

- 11 S.A. Tissot, *Treatise on the Diseases Produced by Onanism*, translated from a new edition of the French [c.1760] by a physician (New York: Collins & Hannay, 1832), p.28.
- 12 Jean Stengers and Anne Van Neck, *Masturbation: The History of a Great Terror*, translated by Kathryn Hoffmann, (New York: Palgrave, 2001), p.99.
- 13 T.L. Nichols, *Esoteric Anthropology: The Mysteries of Man* (London: Published by the author, 1873), p.280.
- 14 J.H. Kellogg, *Ladies' Guide in Health and Disease* (London: International Tract Society, 1900), p.165.
- 15 Foote, *Dr Foote's Home Cyclopedia*, p.550.
- 16 Ellen Carol DuBois and Linda Gordon, 'Seeking Ecstasy on the Battlefield: Danger and Pleasure in Nineteenth-Century Feminist Sexual Thought' in Carol S. Vance (ed.), *Pleasure and Danger: Exploring Female Sexuality* (London: Pandora Press, 1989), pp.31-49, at p.33.
- 17 Nickie Roberts, *Whores in History* (London: HarperCollins, 1993), pp.246, 247.
- 18 Ibid., p.248.
- 19 Fowler, *Fowler's Works*, p.5. Kellogg, *Ladies' Guide*, p.146. A.M. Longshore-Potts, *Discourses to Women on Medical Subjects* (San Diego, CA/London: Published by the Author, 1895), pp.48, 47.
- 20 R.V. Pierce, *The People's Commonsense Medical Adviser* (Buffalo, N.Y.: The World's Dispensary Printing-Office and Bindery, 1883), p.751.
- 21 Kellogg, *Ladies' Guide*, p.144, 145.

- 22 See: Michael Mason, *The Making of Victorian Sexuality* (Oxford: Oxford University Press, 1995), pp.195-6.
- 23 Richard von Krafft-Ebing, 'Psychopathia Sexualis' (1871), extracts reprinted in Regina Barreca (ed.), *Desire and Imagination: Classic Essays in Sexuality* (New York: Meridian, 1995), pp.122-56, at p.133.
- 24 See: C.G. Chaddock, 'Translator's Preface' in Richard von Krafft-Ebing, *Psychopathia Sexualis* (Philadelphia, F.A. Davis Company, 1916 [1892]), pp.vii-ix, at p.ix.
- 25 Kellogg, *Ladies' Guide*, p.211, my emphases.
- 26 Anon., *The Lustful Turk* (Ware: Wordsworth Editions Ltd, 1997 [1828]), pp.24, 25.
- 27 Walter W. Skeat, *A Concise Etymological Dictionary of the English Language* (Oxford: Clarendon Press, 1887), p.12.
- 28 Anon., *The Lustful Turk*, p.13.
- 29 Reay Tannahill, *Sex in History* (London: Abacus, 1981), p.354.
- 30 Judith R. Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (London: Virago, 1992), p.81.
- 31 Tannahill, *Sex in History*, p.357.
- 32 Foote, *Dr Foote's Home Cyclopaedia*, p.553, original emphasis.
- 33 Longshore-Potts, *Discourses to Women on Medical Subjects*, p.42.
- 34 Ibid., p.42.
- 35 Johann Ludwig Casper, *A Handbook of the Practice of Forensic Medicine based upon Personal Experience* (London: New Sydenham Society, 1864), Vol.III, p.279.

- 36 Kellogg, *Ladies Guide*, p.152. Leucorrhoea or 'The Whites' is 'A non-haemorrhagic discharge of pale colour, escaping from the female genital fissure.' It is particularly common in pregnant women. See: Alexander Russell Simpson, 'Leucorrhoea' in Richard Quain (ed), *A Dictionary of Medicine* (London: Longmans, Green, and Co., 1883), pp.824-6, at p.824.
- 37 Ibid., p.152, my emphasis.
- 38 John Phillips, *Outlines of the Diseases of Women* (London: Charles Griffin & Co. Ltd, 1901), p.143.
- 39 Kellogg, *Ladies' Guide*, pp.151-2.
- 40 Ibid., p.153.
- 41 Foote, *Dr Foote's Home Cyclopedea*, pp.549-50.
- 42 Nichols, *Esoteric Anthropology*, p.134.
- 43 Henry Maudsley, 'Illustrations of a Variety of Insanity', *The Journal of Mental Science*, 14 (1868), 149-62, at p.158.
- 44 Alice B. Stockham, *Tokology: A Book for Every Woman* (Chicago: The Progress Company, 1909 [1893]), p.82, original emphases. Notably, the substances named by Stockham are markedly similar to those listed by Kellogg in his comments on the 'unnatural appetite' of the female onanist.
- 45 Robert Bell, *Women in Health and Sickness* (Glasgow: David Bryce and Son, 1903), p.36.
- 46 Kellogg, *Ladies' Guide*, p.409.
- 47 Pye Henry Chavasse, *Advice to a Wife* (London: John Churchill and Sons, 1870), p.73.
- 48 Wood-Allen, *What a Young Woman Ought to Know*, p.154.

- 49 Longshore-Potts, *Discourses to Women on Medical Subjects*, p.255.
- 50 Kellogg, *Ladies' Guide*, p.381.
- 51 Nichols, *Esoteric Anthropology*, p.284.
- 52 Pierce, *People's Commonsense Medical Adviser*, p.749.
- 53 Edgar J. Spratling, 'Masturbation in the Adult', *Medical Record*, 28 Sept. 1895, 442-3, at p.442. Spratling's use of 'ovariotomy' spelt with what W.A. Newman Dorland terms a 'Normal o' rather than a capital indicates that what he is advising is 'the removal of a healthy ovary' or ovaries rather than diseased ones. What he is effectively advocating then is that the masturbating female cannot be cured by anything other than sterilisation. See: W.A. Newman Dorland (ed.), *American Pocket Medical Dictionary* (Philadelphia/London: W.B. Saunders Company, 1920), p.449.
- 54 Mary Scharlieb, 'A Woman's Words to Women on the Care of their Health in England and in India' [1895], extract reprinted in Pat Jalland and John Hooper (eds), *Women from Birth to Death: The Female Life Cycle in Britain 1830-1914* (Atlantic Highlands, N.J.: Humanities Press International, 1986), p.135.
- 55 Longshore-Potts, *Discourses to Women on Medical Subjects*, p.255. Indeed, T.L. Nichols asserts that 'a [pregnant] woman has longed for a quart of brandy a day, and drank it.' See: Nichols, *Esoteric Anthropology*, p.139.
- 56 See: George Man Burrows, 'Commentaries on Insanity' [1828], extract reprinted in Vieda Skultans (ed.), *Madness and Morals: Ideas on Insanity in the Nineteenth Century* (London/Boston: Routledge & Kegan Paul, 1975), pp.81-2.

- 57 Spencer Thomson and J.C. Steele, *A Dictionary of Domestic Medicine and Household Surgery* (London: Charles Griffin & Co. Ltd., 1899), p.384.
- 58 Foote, *Dr Foote's Home Cyclopaedia*, p.265.
- 59 Thomson and Steele, *A Dictionary of Domestic Medicine*, p.475. Bell, *Women in Health and Sickness*, pp.36-7.
- 60 Thomson and Steele, *A Dictionary of Domestic Medicine*, p.474.
- 61 a.i., *The Dictionary of Medical and Surgical Knowledge* (London: Houlston and Sons, n.d. [c.1874]), p.560, original emphasis. H. Muller, *The Household Medical Adviser* (London: The Werner Company, n.d. [c.1900]), p.495.
- 62 Kellogg, *Ladies' Guide*, p.163. As can be seen from the previous chapter, similar observation was prescribed in suspected cases of masturbation in the male.
- 63 Thomson and Steele, *A Dictionary of Domestic Medicine*, p.476, my emphasis.
- 64 Kellogg, *Ladies' Guide*, p.450, my emphasis.
- 65 Julia Kristeva, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982), p.3.
- 66 Ibid., p.12.
- 67 See: Chavasse, *Advice to a Wife*, pp.167-8, 179, 177.
- 68 Quoted in Joan Perkin, *Victorian Women* (London: John Murray, 1993), p.65.
- 69 Mary Poovey, "'Scenes of an Indelicate Character': The Medical 'Treatment' of Victorian Women", *Representations*, 14 (1986), 137-68, at p.142.
- 70 Ibid., p.143.

- 71 C. H. F. Routh, 'On the Etiology and Diagnosis, considered specially from a Medico-legal Point of View, of those Cases of Nymphomania which lead Women to make False Charges against their Medical Attendants', *The British Gynecological Journal*, 2 (1886-87), 485-511, at p.488.
- 72 Ibid., p.490.
- 73 Poovey, "'Scenes of an Indelicate Character'", p.142.
- 74 Kellogg, *Ladies' Guide*, p.483.
- 75 Tracey Harrison, 'Sex is mainly in the mind for Ms Average', *Daily Mirror*, 16 May 1997, p.19.
- 76 Dodson, *Sex for One*, p.4.
- 77 Friday, *Women On Top*, p.24. For an entertaining examination of the relationship between masturbation and dietary reform in nineteenth-century American popular medical writing see: Carrie McLaren, 'Porn Flakes: Kellogg, Graham and the Crusade for Moral Fiber' at: <http://metalab.unc.edu/stayfree/10/graham.htm> (downloaded 01/11/99).
- 78 Harrison, 'Sex is mainly in the mind for Ms Average', p.19.
- 79 Anon., *The Pretty Women of Paris* (Ware: Wordsworth Editions Ltd., 1996 [1883]), p.40.
- 80 Robert Reid Rentoul, *Race Culture or Race Suicide?* (London/Felling-on-Tyne: Walter Scott Publishing Co. Ltd., 1906), p.62. Foote, *Dr Foote's Home Cyclopedia*, pp.549-50. Kristeva, *Powers of Horror*, p.3.
- 81 See: Mason, *The Making of Victorian Sexuality*, p.53.
- 82 Jalland and Hooper, *Women From Birth to Death*, p.217. Although Jalland and Hooper's words imply that the existence of female masturbation was not

readily recognised by physicians until the nineteenth century, as I have illustrated, the condition was, in fact, both acknowledged and written about by Tissot and Bienville in the eighteenth century.

- 83 Isaac Baker Brown, *Insanity, Epilepsy, Catalepsy, and Hysteria in Females* [1866], extract reprinted in Barreca (ed.), *Desire and Imagination*, pp.35-93, at pp.40, 43.
- 84 Notably by the American practitioner R. V. Pierce in 1883. See: Pierce, *The People's Commonsense Medical Advisor*, p.751.
- 85 Michel Foucault, *The History of Sexuality*, Vol.1 (London: Penguin, 1990), p.30.
- 86 Cooke, *Satan in Society*, p.111.
- 87 Foote, *Dr Foote's Home Cyclopaedia*, p.419.
- 88 Bram Stoker, *Dracula* (Oxford/New York: Oxford University Press, 1996), pp.94, 95. All subsequent references are to this edition and will be included in parenthesis in the main body of the text.
- 89 As Beeton's *Shilling Medical Dictionary* confirms, 'no one should be allowed to sleep with a consumptive patient after the disease has fully manifested itself.' See: *a.i.*, *Beeton's Shilling Medical Dictionary* (London: Ward, Lock and Co., n.d. [c.1860]), p.252.
- 90 Nichols, *Esoteric Anthropology*, p.285.
- 91 Rebecca Stott, *The Fabrication of the Late-Victorian Femme Fatale: The Kiss of Death* (Basingstoke: Macmillan , 1992), p.56. cf. Phyllis A. Roth, 'Suddenly Sexual Women in Bram Stoker's *Dracula*', reprinted in Nina

- Auerbach and David J. Skal (eds.), Bram Stoker, *Dracula* (New York and London: W. W. Norton & Company, 1997), pp.411-21.
- 92 Longshore-Potts, *Discourses to Women on Medical Subjects*, pp.47, 51.
- 93 Anon., 'Lady Pockingham or They All Do It' [1879-80], *The Pearl: Three Erotic Tales* (Ware: Wordsworth Editions Ltd., 1995), p.11. All subsequent references are to this edition and will be included in parenthesis in the main body of the text.
- 94 J. M'Gregor Robertson, *The Household Physician* (London: The Gresham Publishing Co., 1904), p.279.
- 95 'Used-up' equates to 'spent', indicative of the relationship between seminal emissions and debauchery, conceptualised within a fiscal analogy labeled 'The Spermatic Economy' by Ben Barker-Benfield. See: Ben Barker-Benfield, 'The Spermatic Economy: A Nineteenth-Century View of Sexuality', *Feminist Studies*, 1 (1972), 45-74.
- 96 C. Theodore Williams, 'Phthisis', Richard Quain (ed.), *A Dictionary of Medicine* (London: Longmans, Green, and Co., 1883), pp.1166-83, at p.1166.
- 97 Eric Partridge (ed.), Jacqueline Simpson (abridge.), *The Penguin Dictionary of Historical Slang* (London: Penguin Books, 1972), pp.707, 708.
- 98 The degenerative heart condition *angina pectoris*, reckoned by some physicians to be exacerbated by both mental and physical excitations, is remarkably similar to the heart complaint identified by James Copland in 1858 as one of the attendant effects of long-term indulgence in 'solitary vice'. I have already considered the presence of a heart condition in masturbatory pathology in the previous chapter. Although this work was concentrated on

- George Eliot's construction of Latimer, the male narrator of *The Lifted Veil*, it is intriguing to speculate on the whether Lucy's mother could have been similarly afflicted. See: James Copland, *A Dictionary of Practical Medicine: Combining General Pathology, The Nature and Treatment of Diseases, Morbid Structures, and the Disorders Especially Incident to Climates, to the Sex, and to the Different Epochs of Life*, 4 vols. (London: Longman, Brown, Green, Longmans, & Roberts, 1844-1858), Vol.III, p.443.
- 99 *a.i.*, *The Family Physician*, 5 vols. (London: Cassell and Co. Ltd., n.d. [c.1896]), Vol.III, pp.2-8, at p.3.
- 100 Kellogg, *Ladies' Guide*, p.155. Kellogg appears to be endorsing the opinion of R.V. Pierce who records the demise of young women 'before attaining their twenty-third year' as a result of masturbation practiced before their eighth birthday. See: Pierce, *The People's Commonsense Medical Adviser*, p.748.
- 101 Longshore-Potts, *Discourses to Women on Medical Subjects*, p.47. Warnings about the danger of boarding school life were something of a constant in the literature of self-abuse for both males *and* females. I have already touched on this topic in Chapter One and it will be discussed again elsewhere in this dissertation, particularly in Chapter Four.
- 102 Cooke, *Satan in Society*, p.74.
- 103 Foote, *Dr Foote's Home Cyclopedia*, pp.459-60.
- 104 Steven Marcus, *The Other Victorians* (London: Book Club Associates, 1970), pp.104-5.
- 105 Fire imagery is utilized by Charlotte Brontë in *Jane Eyre* to signify the passionate natures, as well as the nature of the passion growing between the

eponymous heroine and Mr Rochester. For example, Rochester declares his 'solemn passion' to Jane which 'kindling in pure, powerful flame, fuses you and me in one.' See: Charlotte Brontë, *Jane Eyre* (London: Granada, 1973 [1847]), p.336. In the pornographic novel *Sadopaideia*, an unseasonable 'log fire' burning although 'it was no colder than most *June* days' characterizes the boudoir of Mrs. Harcourt and provides the focal point for her seduction of Cecil Prendergast. See: Anon., *Sadopaideia* (Ware: Wordsworth Editions Ltd., 1995 [1907]), p.14, my emphasis.

106 Kellogg, moreover, warned parents that 'girls should never be allowed to go away to spend the night with other girls ... whose *characters are not known to be above suspicion*.' See: Kellogg, *Ladies' Guide*, p.154, my emphasis. Is Mina constructed as infallible in this respect? – She observes Lucy in bed and 'wonders what [Holmwood] would say if he saw her'; she is familiar, too, with 'New Woman' writers (pp.88-9). Furthermore, Mina remarks of her encounter with Dracula that, despite her bewilderment, 'strangely enough, I did not want to hinder him' (p.287).

107 *The Family Physician*, Vol.III, p.349.

108 James Cantlie, 'Masturbation', in Quain (ed.), *A Dictionary of Medicine*, pp.923-4, at p.923.

109 M'Gregor Robertson, *The Household Physician*, p.281.

110 Joseph Bierman has recently argued that Stoker's decision to bring Count Dracula ashore at Whitby rather than Dover (the latter his first choice, as named on the manuscript of *Dracula*) was prompted by the author's personal psychology. Bierman regards Whitby as merely 'a popular vacation spot with

golf, tennis, theatre and scenic walks all available for its guests', ignoring the town's medical reputation. See: J. Bierman, 'A Crucial Stage in the Writing of *Dracula*', William Hughes and Andrew Smith (eds.), *Bram Stoker: History, Psychoanalysis and the Gothic* (Basingstoke: Macmillan, 1998), pp.151-72, at p.153.

111 Pierce, *People's Commonsense Medical Adviser*, p.751.

112 Kellogg, *Ladies' Guide*, pp.150, 151.

113 After being vampirised, animal analogies are frequently evoked to describe Lucy. She draws back from Van Helsing and Seward 'with an angry snarl, such as a cat gives when taken unawares'; she growls over her child-prey 'as a dog growls over a bone' (p.211). Her brows are also 'wrinkled as though the folds of the flesh were the coils of Medusa's snakes' (p.212). As to the significance of the horse-breaking reference, although it may not be easy to picture Lucy being 'broken to harness', it is, perhaps, somewhat simpler to view her as a potential 'horsebreaker', a term having resonances of courtesanship through 'Skittles' Walters and her coterie. See: Ronald Pearsall, *The Worm in the Bud: The World of Victorian Sexuality* (London: Pimlico, 1993), pp.247-8. See also: Partridge and Simpson, *Dictionary of Historical Slang*, p.459.

114 John Ogilvie and Charles Annandale (ed.), *The Student's English Dictionary* (London: Blackie & Son Ltd., 1903), p.161. Notably, Pierce views masturbation as a progressive condition, which can lead to nymphomania and prostitution. See: Pierce, *People's Commonsense Medical Adviser*, pp.748-51.

- 115 See: Partridge and Simpson, *Dictionary of Historical Slang*, p.223. Anon., *The 1811 Dictionary of the Vulgar Tongue* (London: Senate, 1994 [1811]), p.51.
- 116 Kellogg, *Ladies' Guide*, p.150. Notably too, Franz Hartmann in his 1896 writing on 'Vampires' states that victims 'are always sensually inclined people, and usually given to secret vices.' See: Franz Hartmann, 'Vampires', *Borderland*, III/3 (1896), 353-6, at p.354.
- 117 D. G. Brinton and Geo. H. Napheys, *The Laws of Health in Relation to the Human Form* [1870] reprinted as *Personal Beauty* (Bedford, Mass: Applewood Books, 1994), p.219.
- 118 See: Bram Dijkstra, *Idols of Perversity: Fantasies of Feminine Evil in Fin-De-Siècle Culture* (New York: Oxford University Press, 1986), pp.25-6. Stott, *Fabrication of the Late-Victorian Femme Fatale*, p.71.
- 119 Victor Sage, *Horror Fiction in the Protestant Tradition* (London: Macmillan, 1988), p.56.
- 120 Crim-Con himself bows out 'forty-eight hours' later having never recovered ('Lady Pockingham', p.79).
- 121 Dijkstra, *Idols of Perversity*, p.347. This notion appears to inform the narrative of Beatrice Pockingham who, towards the end of the text is depicted as 'literally mad with lust for blood and torture' ('Lady Pockingham', p.100). Congruently, masturbation was also thought to lead to nymphomania (see note 108 above).
- 122 Kellogg, *Ladies' Guide*, p.149.

- 123 Reminiscent, perhaps, of Lucy's appearance in a vampiric simulacrum of her former self entreating 'husband' Arthur to 'come to me. My arms are hungry for you' (p.211). A further example of a consumptive woman dying in an act of debauchery can be found in the later pornographic text *Teleny, or The Reverse of the Medal* (1893), a novel I shall consider in detail in Chapter 4 of this dissertation. In *Teleny*, when Camille Des Grieux visits a brothel in the 'Quartier Latin' with his friends, they watch two prostitutes engage in a furious act of cunnilingus. During this performance, one of the whores, a girl 'evidently in the very last stage of consumption' goes 'off into a fit of hysterics' – 'The cadaverous wretch had in a fit of lubricity broken a blood vessel, and was dying – dying – dead!' See: Anon., *Teleny, or The Reverse of the Medal* (Ware: Wordsworth, 1995 [1893]), pp.37, 41, 42.
- 124 Robert Mighall, "'A Pestilence Which Walketh in Darkness': Diagnosing the Victorian Vampire', Glennis Byron and David Punter (eds.), *Spectral Readings: Towards a Gothic Geography* (Basingstoke: Macmillan, 1999), pp.108-24, at p.117.
- 125 Pierce, *People's Commonsense Medical Adviser*, p.750.
- 126 Kellogg, *Ladies' Guide*, p.146.
- 127 William Fox, *The Working-Man's Model Family Botanic Guide, or Every Man his Own Doctor* (Sheffield: William Fox and Sons, 1920 [tenth edn. 1884]), p.210, my emphasis.
- 128 John Simon, 'Contagion', in Quain (ed.), *Dictionary of Medicine*, pp.286-94, at p.289, my emphasis.
- 129 Kristeva, *Powers of Horror*, p.4.

- 130 Mighall, “‘A Pestilence Which Walketh in Darkness’”, p.110.
- 131 Cytherian = Pertaining to Aphrodite, Greek goddess of love, beauty or fertility.
- 132 *The Family Physician*, Vol.II, p.15.
- 133 Simon, ‘Contagion’, p.289.
- 134 Muller, *The Household Medical Adviser*, p.621, cf.620.
- 135 William J. Osler, *The Principles and Practice of Medicine* (Edinburgh: Young J. Pentland, 1901), p.264, my emphasis.
- 136 Simon, ‘Contagion’, p.289.
- 137 Foote, *Dr Foote’s Home Cyclopedia*, p.549. Kellogg, *Ladies’ Guide*, p.153.
- 138 *The Family Physician*, Vol.II, p.26.
- 139 *The Family Physician*, Vol.II, p.28.
- 140 Osler, *Principles and Practice of Medicine*, p.266. Osler further asserts that ‘With existing disease, fever, bacilli, etc., marriage should be prohibited’ (p.329). The clinician’s recommendations are also endorsed in medical works for the popular market. Muller advises that ‘*marriages with tuberculous patients are strongly to be deprecated.*’ See: Muller, *Household Medical Adviser*, p.221, original emphasis.
- 141 Bernarr Macfadden, *Superb Virility of Manhood* (New York and London: Physical Culture Publishing Co./Bernarr Macfadden Publishing Co., 1904), p.80, my emphasis.
- 142 See: Dijkstra, *Idols of Perversity*, p.58.

Chapter Three

‘The languor which I had long felt began to display itself in my countenance’: Vampires, Lesbians and Masturbators

Michel Foucault suggests that, when reading sexuality in culture, ‘we are dealing less with *a* discourse on sex than with a multiplicity of discourses produced by a whole series of mechanisms operating in different institutions.’¹ The same bodily signifiers may be read by more than one diagnosing institution; the taxonomic boundaries between diseases frequently become blurred or fractured in consequence. The surface of the body may be read as healthy, disordered or corrupted; a condition may be seen as fascinating or repulsive, vitiating or debilitating. The face, nominally the most visible portion of the body, is often a focus of such attentions, if not a synecdoche of otherwise unseen bodily disorders.

In the previous chapter, I touched on the case of Parisian prostitute Marie Corman, listed in *The Pretty Women of Paris* (1883), a woman whose ‘consumptive state’ is reputed to make her ‘a very devil with the men’.² Although Corman’s condition makes her a simultaneous source of pleasure, infection and danger to her male clients, it is her libidinous relationship with fellow whore, Marthe Cerny, termed ‘her vampire friend’, that is thought to be ‘leading this pretty girl to the grave by the express route.’³ The vampire, a monstrous figure from Gothic fiction and mythology, is appropriated in order to make a point about destructive female sexuality.⁴ In this case, however, the ‘vamp’ is not a predatory woman preying on men – nor even, as appears to be the case with Dracula and Lucy, a man feeding off women – but a

woman who is, symbolically at least, ‘sucking’ the ‘life-blood’ from a member of her own sex.

Corman and Cerny’s destructive friendship is evocative of the fictional union between Laura, the only daughter of a retired diplomat, and Carmilla Karnstein, in J.S. Le Fanu’s ostensibly supernatural tale ‘Carmilla’ (1871-2), first published in the periodical *The Dark Blue* and later in Le Fanu’s collection, *In A Glass Darkly*. This Victorian vampire novella, unlike *Dracula*, has seldom been subject to analysis by way of medical discourse, though Robert Tracy has asserted that ‘Le Fanu usually hints at the possibility of ... mental or even physical illness in his victims’.⁵ In Bram Stoker’s *Dracula*, vampirism is mistakenly treated as a conventional ailment.⁶ ‘Carmilla’, though, fictionalises the symptomatology of what may be a disease – consumption, phthisis or tuberculosis – as an indicator of vampirism, to be diagnosed and cured through an ‘occult’ rather than clinical discourse.

The vampire, the consumptive and the masturbator are all distinguished by their pallor, making the facial complexion a signifier available to sexual, pornographic, medical, and pseudomedical discourses. In the 1837 memoirs of the physician Samuel Warren, Warren not only likens the disease of consumption and its progress to a vampire, but also recalls the ‘marble-hued’ countenance of its victim, in this instance one of his tubercular female patients.⁷ Writing in 1860, Augustus K. Gardner blamed the ‘fearfully prevalent’ practice of ‘personal abuse’ for the ‘feebleness, nervousness, pale, waxen-facedness and general good-for-nothingness’ of many of America’s womenfolk, and his concerns were increasingly shared by practitioners on the other side of the Atlantic.⁸ The ‘evil habit’ of masturbation not only allowed women a readily accessible and non-reproductive outlet for their sexual impulses but could also lead to a loss of desire for ‘normal’ heterosexual intercourse and, possibly, to ‘another

aberration of love', the cultivation of 'Sapphic tastes'.⁹ 'Private' indulgence in 'solitary vice' was frequently associated in the medical mind with that more 'public' face of vice: the 'social evil' of prostitution. The American medical advice writer Mrs Gove attests that, 'in nine cases out of ten, those unhappy females who are tenants of houses of ill fame, have been victims of this vice [masturbation] in the first place.'¹⁰ Although Gove's allegation cannot be proven, it is significant that, in *The Pretty Women of Paris*, where girlhood masturbation is cited as a factor in a harlot's progress, it is usually allied to a consumptive heredity (if not the presence of the disease itself) and, often, to a preference for lovers of the same sex.¹¹

The effects of such libidinal (or vampiric) practices are readily visible on the face of the victim. Writing on female masturbation in the eighteenth century, S.A. Tissot contends that 'The countenance, that faithful mirror of the soul and body, is the first to indicate [the] internal derangements' of onanism.¹² In Tissot's words, the female masturbator is characterised by her 'emaciation, [and] lividity of the countenance'; her 'eyes lose their lustre and indicate by their languor that of the whole system'; she is 'particularly subject to attacks of hysteria, melancholy' and 'acute pains in the stomach and back'.¹³ The physician acknowledges another female vice alongside that of self-abuse, 'the *souillure clitoridienne* the origin of which must be ascribed to the second *Sappho*', another practice, Tissot claims, attended with 'frightful' consequences, similarly producing 'exhaustion, languor, pains and death.'¹⁴ This allusion to the dangers of same-sex intimacy between women provides a compelling available medical context for the events of 'Carmilla', especially the eponymous character's relationship with Laura.

As I illustrated in the previous chapter, there are many overlapping signifiers within the symptomatology of onanism and consumption. There are echoes of

Tissot's work on onanism in the description of consumption given in *Beeton's Shilling Medical Dictionary* (c.1870), published over a century later. The ominous signs of consumption comprise: 'emaciation and weakness', 'a short, dry cough', 'breathing ... more easily hurried by bodily motion'.¹⁵ Again, 'The patient becomes languid and indolent, and gradually loses strength', the 'eyes [are] hollow and languid', and 'the countenance assumes a cadaverous appearance' when not 'flushed' with 'the fever'.¹⁶ The face was viewed as an important diagnostic aid in clinical practice. In his work on 'Physiognomy', the physician William M. Ord states that 'it is no small part of the accomplishment of a skilful physician to be able to recognise readily in any sick person the outward signs which may be characteristic of his [or, one assumes, her] malady.'¹⁷ Within the popular pseudoscientific discourse of phrenology too, Lorenzo Fowler, writing in 1884, asserts that 'We can not *help* ... expressing all our mental operations, down even to the very innermost recesses of our souls, in and by our countenances.'¹⁸ This is but a short epistemological step away from the 'scientific' criminology established by Cesare Lombroso and others.¹⁹

When we consider these pathologies of masturbation and consumption, elements of both conditions appear to inform Le Fanu's descriptions of his vampirised and, according to Bram Dijkstra, 'fashionably invalid young narrator',²⁰ as well as the 'melancholy' aspect of the languorous Carmilla.²¹ Laura recalls, 'I had grown pale, my eyes were dilated and darkened underneath, and the languor which I had long felt began to display itself in my countenance' (p.282). Both masturbation and tuberculosis are, in effect, transmissible disorders that can be passed (through bacilli or induction and practice) between one infected and another who is, to date, robust.²² Both conditions thrive on intimacy and close contact. Laura, then, is ambiguously

tubercular/masturbatory, and this moral/physical disorder is progressively overwritten by vampirism, another wasting complaint.

In a medical sense, like Lucy Westenra and Lady Pockingham, Laura's vulnerability and susceptibility to disease is signified from the outset, not only in the text's allusions to the probability of 'tainted' or faulty heredity but also in its hints at parental laxity and Laura's girlhood precocity.²³ She describes her English father as, 'the kindest man on earth, but growing old' (p.245). Later, however, she chooses *not* to tell this ostensibly understanding elderly man about a particularly horrific 'dream' because she is afraid of 'alarming him' (p.279) on account of the fact that 'he had been rather an invalid for some time' (p.279). Although the precise nature of his malady is never revealed, the scenario is reminiscent of Van Helsing's reluctance to inform Lucy Westenra's mother (a woman with an explicit heart disorder) about the severity of her daughter's condition. The professor tells fellow doctor John Seward, 'we must not tell her, we must not even warn her, or she die'.²⁴ Shocks and scares can exacerbate the progress of heart trouble and this could, perhaps, suggest that Laura's father is similarly afflicted. Whatever the case, he is not a well man. Even more disturbingly, though, Laura's mother, 'a Styrian lady' who 'died' while Laura was in her 'infancy' (p.245) is 'maternally descended from the Karnsteins' (p.294). Her descent is thus from the same 'very ancient and noble' (p.263) lineage as the 'pretty' (p.246) but predatory Carmilla Karnstein whose arrival is to have such a grievous effect on her health. Undeniably, Laura's mother's premature death could have an accidental or medical cause (fatal injury, childbirth complications), but the specific reason is not given in the text. The fact that the Karnstein family is said to be 'long extinct' (p.294) could provide a hint as to their aristocratic and possibly enervated bloodlines. Taking this, perhaps 'weak', blood on board, it is feasible to

suggest that Laura's pedigree is not of the healthiest. As to Laura's parenting, in spite of the supposedly guiding presence of Madame Perrodon and Madame De Lafontaine, her governesses, her life is 'rather a solitary one' (p.245). She confesses to being 'a rather spoiled girl, whose only parent allowed her pretty nearly her own way in everything' (p.246), which suggests that a touch of naiveté could be a part of her character.

In the first part of her narrative, Laura recalls an incident that occurred when she was six years old, leaving a 'terrible impression' on her mind which, she admits, '*never* has been effaced' (p.246, my emphasis). Alone and 'vexed' in her room one night, she fancies that she is visited by a 'solemn, but very pretty' young lady, whom she finds 'kneeling' beside her bed with 'her hands under the coverlet' (p.246). Laura remembers:

I looked at her with a kind of pleased wonder, and ceased whimpering. She caressed me with her hands, and lay down beside me on the bed, and drew me towards her, smiling; I immediately felt delightfully soothed....' (p.246)

Although the language is restrained, the scene could, arguably, be interpreted as masturbatory, recalling the boarding school same-sex initiations 'into the art of frigging in the most tender loving manner' depicted in erotic works like 'Lady Pockingham', considered in the previous chapter.²⁵ It is conceivable too that the young lady, at this stage, could be a figment of the girl's overactive imagination and Laura may well be using the figure to displace or dissociate the self from the activities of her own hands under the bedclothes.²⁶ According to physician James Cantlie, in 'very young' girls 'local irritation ... within the vulva' could lead to 'manipulation of the parts, and to consequent pleasurable excitement' which was 'constantly renewed,

with an entire unconsciousness of the meaning of the practice.’²⁷ However, as if to remind the reader that there is a price to pay for indulging in such illicit pleasures, when Laura falls asleep she is ‘wakened by a sensation as if two needles ran into my breast very deep at the same moment’ (p.246). The seat of the pain is important here. W.J. Mc Cormack asserts that ‘the traditional signs of vampirism – marks on the throat, listlessness, and so forth – afflict [Laura]’, but this is not strictly accurate.²⁸ The illusory attacker, or ‘vampire’, strikes not in the neck, as McCormack suggests, but in the *breast* – decidedly lower down.

According to *Beeton’s Shilling Medical Dictionary*, in cases of phthisis (or consumption) ‘a pain is felt in some part of the thorax, which ... sometimes becomes so acute as to prevent the patient lying on the affected side.’²⁹ In making the ‘thorax’, that is the ‘breast; [or] the chest’ the locus of Laura’s discomfort, it is possible that Le Fanu was mobilising these symptoms in his construction of vampirism.³⁰ The progress of tuberculosis was, as I have shown, likened to a vampire in several nineteenth-century medical works. Moreover, in 1858, Le Fanu’s eldest daughter, Ellen, was ‘seriously ill with pleurisy’, a condition doctors frequently associated with phthisis, again characterised by ‘acute pain, usually referred to a point directly below the nipple.’³¹ In ‘Carmilla’, Laura’s distress does indeed seem to be severe: she ‘cried loudly’, then ‘yelled with all [her] might and main’ (p.246) to alert the household to her plight.

The reactions of the ‘Nurse, nursery-maid, [and] housekeeper’ (p.246) who run to Laura’s aid illustrate that they take the matter seriously. Although they try to make light of the situation to avoid frightening the child, their faces are nevertheless ‘pale with an unwonted look of anxiety’ (p.246) and they search the room. The housekeeper confirms to the nurse in a whisper that ‘some one *did*’ share Laura’s bed

as ‘the place is still warm’ (p.247, original emphasis). As they all examine her chest at the spot where she allegedly ‘felt the puncture’ and pronounce that there is ‘no sign visible that any such thing had happened’ (p.247), the indicators are that they suspect the intervention of an intruder; ‘from that time a servant always sat up in the nursery until [Laura] was about fourteen’ (p.247). Despite the fact that they somewhat curiously desist from their surveillance of Laura when she reaches the ‘dangerous’ adolescent epoch, this is entirely the correct procedure to adopt in suspected cases of onanism in both boys – recall here the example of Eliot’s Latimer in Chapter One – and girls, according to nineteenth-century medical discourse. As Cantlie asserts, ‘Extreme watchfulness by the nurse is necessary, and at night it may be even necessary to secure the hands by muffling or tying them behind the back.’³² Whatever the truth of the matter, Laura’s ‘attack’ at the hands of the mysterious visitant leaves her feeling ‘very nervous for a long time’ (p.247). She is treated by a ‘pallid and elderly’ doctor who for ‘a good while, every second day ... gave [her] medicine’ which she ‘hated’ (p.247). In cases of masturbation, ‘bromides’ together with ‘steel, and other appropriate drugs’ were often administered with an eye to building up the ‘nervous, circulatory, and digestive systems’ and ‘lessening sexual excitability’.³³ Laura’s father who, as she later states, ‘piqued himself on being something of a physician’ (p.253), takes a keen interest in his daughter’s case and asks the nurse ‘a number of questions’, all the while assuring the patient that it is ‘nothing but a dream’ (p.247).³⁴ Laura is not comforted, however: ‘I knew the visit of the strange woman was *not* a dream; and I was *awfully* frightened’ (p.247, original emphases).

Aside from the doctor, Laura is also visited the day after the attack by ‘a venerable old man, in a black cassock’ (p.247) who encourages her to pray for protection. The appearance of this religious figure seems to emphasise that Laura’s

condition is a cause for spiritual as well as medical concern. Although this is true of vampirism, it should also be remembered that many religious commentators and organisations took up an anti-masturbation stance alongside the medical profession.³⁵ Equally, much of the popular (and indeed some of the clinical) writing on onanism during this period is liberally peppered with Biblical allusions and rhetoric. For example, the American physician Alfred Hitchcock, citing the name of a Biblical monster, called the condition ‘this destroying Moloch of civilized society’ in his 1842 clinical article ‘Insanity and Death from Masturbation’.³⁶ In Laura’s case, this concentration on moral as well as physical treatment is important inasmuch as, according to one popular advice work, masturbators, even on ‘the most serious occasions, and in the solemn acts of religion’, could be ‘transported with lustful conceptions and desires’.³⁷ Although, later in the story, Laura’s ‘vampire’ friend, Carmilla, is not seen to openly abuse Christian services, her contempt for religious practice and ritual is nevertheless noted.³⁸

Following these initial recollections from her childhood, the main focus of the narrative moves on to the nineteen-year-old Laura’s friendship with Carmilla. The latter’s arrival on the scene is couched in portents of unease. Shortly before the coming of Carmilla, Laura was to have been visited by Mademoiselle Rheinfeldt, the ‘very charming’ niece and ward of family friend, General Spielsdorf (p.248). But the visit fails to happen as ‘the poor young lady’ (p.249) has died in the interim. Worryingly, Spielsdorf’s letter refers to ‘dear Bertha’s illness’ and makes cryptic allusions to ‘The fiend who betrayed our infatuated hospitality’ (p.249). He further asserts that his niece has ‘gone without so much as conjecturing the nature of her illness, and the accursed passion of the agent of all this misery’ (pp.249-50). Clearly, Spielsdorf’s niece’s demise has been hastened as a result of her contact with their un-

named guest. Although the girl's death could be attributable to a vampire or similar predator, such a scenario is also susceptible to a medical interpretation. Bertha could have fallen prey to a contagious disease (phthisis, perhaps), passed on by the visitor Spielsdorf initially perceived as the epitome of 'innocence, [and] gaiety', a 'charming companion' (p.249) for his ward. Onanism too, as has been illustrated, was thought to be an affliction which could be contracted through contact with one already 'infected'. Worse still, Mrs Gove, quoted in the popular work *Facts and Important Information for Young Women on the Subject of Masturbation* (1847), gravely warns her readers that 'sometimes sudden death' is 'caused by indulgence in this vice.'³⁹ Illness notwithstanding though, in the conclusion to his letter, Spielsdorf informs them that he intends to 'devote [his] remaining days to tracking and extinguishing a monster' (p.250) rather than what one commentator termed a 'monster vice'.⁴⁰

Utilising a more familiar Gothic signifier of impending trouble, Carmilla arrives on the night of a full moon.⁴¹ She is deposited with Laura's family following an apparent carriage accident outside their schloss. The girl appears pale and 'lifeless' (p.253) when lifted from the coach and her mother, allegedly on a 'life and death' errand which will take 'three months' (p.253), asks where her daughter may be taken care of. In the best traditions of vampire folklore – that the vampire has to be 'invited' in, in order to cross the threshold – Laura's father entreats her to 'permit' Carmilla 'to remain as our guest' (p.253). Carmilla's mother objects at first on the grounds that it would 'task your kindness and chivalry too cruelly' (p.254) but he brooks no refusal. Before she leaves, however, Carmilla's mother takes him to one side, 'out of [Laura's] hearing; and talk[s] to him with a fixed and stern countenance' (p.254). This could imply that she was imparting some confidential information that

was definitely *not* deemed suitable for a young lady's ears, perhaps about the state of her daughter's health.

Aside from the pathological aspects of Carmilla's character, it is pertinent to consider one of the tale's earliest hints as to her deviant sexuality. When Carmilla begins to recover from her ordeal, the second person she asks for is 'Matska' (p.255), 'a feminine diminutive, suggesting a Czech or Polish servant' (p.345). Intriguingly, though, the 'servant' in question may not necessarily be of Caucasian extraction. In her observation of the accident, Madame Perrodon notices another woman attending Carmilla and her mother. She is *within* the carriage, suggesting a confidential or personal servant. Perrodon describes this figure as

a hideous black woman, with a sort of coloured turban on her head, who was gazing all the time from the carriage window, nodding and grinning derisively towards the ladies, with gleaming eyes and large white eye-balls, and her teeth set as if in fury (p.257).

In addition to the 'demonic' and 'exotic' elements suggested in the woman's countenance and bearing, the presence of what is apparently a black servant provides an important signifier as to the perverse sexuality of her mistress. In *Difference and Pathology* (1985), Sander L. Gilman considers the function of the black servant in eighteenth and nineteenth century visual arts and asserts that

The black, both male and female, becomes by the eighteenth century an icon for deviant sexuality in general, almost always, however, paired with a white figure of the opposite sex. By the nineteenth century, as in [Edouard Manet's] *Olympia* [1862-3] ... the central white female figure is associated with a black female in

such a way as to imply a similarity between the sexuality of the two.⁴²

As well as in the notion of an ‘animal’ libidinous appetite, the sexuality of the black woman could be perceived to be of a very specific kind. Gilman makes reference to the way that, in nineteenth century gynaecological writing, the ‘concupiscence of the black’ was frequently ‘associated with the sexuality of the lesbian.’⁴³ This has fascinating implications in the light of events presented in ‘Carmilla’. The black female attendant in *Olympia* (ironically, ‘posed by a black model called Laura’) also appears to be wearing, to recall Mme. Perrodon’s words, ‘a sort of coloured turban on her head’ (p.257), like the woman we assume to be ‘Matska’ (p.255).⁴⁴ Given the ‘public scandal’ caused by Edouard Manet’s work when it was first exhibited at the Paris Salon of 1865, and the ensuing debate as to the indecency of the painting in the press, ‘the occasion of much written comment and a field day for cartoonists’ according to Deirdre Robson, it is difficult to believe that Le Fanu, a well-informed though reclusive Dubliner, would have been unaware of the lascivious, if not lesbian, symbolism inherent in his juxtaposition of black and white women.⁴⁵

Returning to Carmilla’s medical symptoms, although she has ‘a very sweet voice’ (p.255) and is pronounced ‘almost ... the prettiest creature I ever saw’ and ‘absolutely beautiful’ (p.256) by the two governesses, she does not appear to be physically robust: ‘The young stranger had hardly lain down in her bed when she sank into a deep sleep’ (p.256). She is, according to her mother, ‘in delicate health, and nervous, but not subject to any kind of seizure’ (p.257).

Carmilla’s health may represent a threat to the family body, and to Laura in particular. This pale, solitary girl is just the type of character medical commentators such as N.F. Cooke might warn the family against: ‘The example of a single

masturbator never fails to bear its fruit.’⁴⁶ Carmilla’s very tiredness can be seen as suspicious. On the one hand, the girl could, of course, be exhausted after her journey and the trauma of the accident but, on the other, Cooke further suggests that such behaviour is a trait of the habitual female masturbator. He attests that ‘She has scarcely gone to bed ere she appears plunged in a profound sleep.’⁴⁷ As Laura’s father knows nothing of Carmilla’s nature and disposition he could well feel a twinge of anxiety as to her possible influence on his daughter’s physical and moral wellbeing. Such tension is reflected in his later remark, ‘I hope I have not done a very foolish thing, in taking charge of the young lady’ (p.258). His unease seems entirely appropriate under the circumstances, particularly if one takes on board W.C. Woodbridge’s assertion that – rather like a vampire – ‘a solitary but fatal vice is spreading desolation through our *schools* and *families*, unnoticed or unknown.’⁴⁸

When Laura is first introduced to Carmilla she is ‘struck ... dumb’ (259). In a prefiguration of Harker’s later encounter with the female vampires in *Dracula*, she recognises ‘the very face which had visited me in my childhood at night’, a face on which she had so often ‘ruminated with horror’ (p.259).⁴⁹ It is Carmilla, however, who speaks first, telling Laura, ‘Twelve years ago, I saw your face in a dream, and it has haunted me ever since’ (p.259). Beyond her initial shock though, Laura’s reaction to Carmilla is somewhat telling, belying the ‘horror’, she alleges, the young woman’s impression has hitherto evoked. As she relates her experiences to the beautiful stranger, her actions are warm and welcoming; it is as if her memories are pleasurable rather than terrifying:

I took her hand as I spoke. I was a little shy, as lonely people are,
but the situation made me eloquent, and even bold. She pressed my

hand, she laid hers upon it, and her eyes glowed, as, looking hastily into mine, she smiled again, and blushed. (p.259)

Carmilla's flushed countenance suggests that Laura's pleasure is reciprocal. Although the 'blush' can be read as a conventional sign of Victorian maidenly chastity, in effect it also functions to convey the suspicion that a girl is sexually aware, particularly in the presence of a lover or other individual for whom she has a strong attraction. In *Beyond Dracula* (2000), William Hughes examines the way this 'icon of self-knowledge' is utilised as a paradigm of virginity in the construction of Bram Stoker's traditionally chaste heroines.⁵⁰ As Hughes points out, in 'almost all of Stoker's bashful heroines', the blush is a signifier 'which [the heroine] instinctively hides behind her hands'.⁵¹ Carmilla exhibits no such modesty in the face of Laura whom she openly admires with 'glowing' eyes. The blush, in this instance, can be interpreted as an overt manifestation – even a display – of sexual tension rather than of girlish purity. One popular medical advice manual from the first quarter of the twentieth century suggests that blushing can be caused by 'the knowledge of a secret habit' and this could be true of Carmilla, the eponymous protagonist of a story published over half a century before.⁵²

Further potentially erotic signifiers are apparent as Carmilla recounts her dream to Laura. Both girls saw each other in their respective dreams as they now appear as young women. Carmilla remembers Laura as

a beautiful young lady, with golden hair and large blue eyes, and lips – your lips... Your looks won me; I climbed on the bed and put my arms about you, and *I think* we both fell asleep (p.260, my emphasis).

Here, the focus of Carmilla's attention seems to be Laura's mouth, more specifically, her 'lips', the part of the face on which, according to physicians D.G. Brinton and G.H. Napheys, 'more distinctly than in any other feature, does a debased ancestry leave a vicious imprint.'⁵³ If one recalls that Laura is 'maternally descended' (p.294) from the selfsame 'long extinct' (p.294) Karnstein lineage as Carmilla, it is possible that her 'lips' could have been recognised as a signifier of her 'tainted', heredity – and her consequent capacity for corruption – particularly by one sharing a common ancestry. Although the text gives no precise description of the lips that so captivate Carmilla, the condition of the lips also functioned as an indicator of disease to the medical profession: 'pale and faded, or puffed and purple' lips, for example, were thought to betoken 'consumption'.⁵⁴ A more overtly sexual designation for the epithet 'lips' is a constant of Victorian pornographic discourse where the term is used interchangeably to mean both the mouth and the female genitalia.⁵⁵ In medical discourse, needless to say, *labia* retains its Latinate form, functioning as a signifier for both orifices.⁵⁶

Laura admits 'the truth is, I felt rather unaccountably towards the beautiful stranger. I did feel ... "drawn towards her", but there was also something of repulsion' (p.260). Bram Dijkstra suggests that, 'Carmilla, even if she is real, is a mirror image, the photographic negative of Laura.... She is Laura's erotic primal nature made flesh.'⁵⁷ It could be then that the appearance of Carmilla triggers Laura's memories of early autoerotic experimentation and, maybe, accompanying feelings of guilt. Laura's seemingly ambiguous feelings towards her guest could again be attributable inasmuch as, although Laura is attracted to Carmilla because she is beautiful (and representative of sexual pleasure), she is also inherently 'ill' or 'diseased' (as a masturbator or even as a fornicator with same-sex preferences) and, in

indulging in the 'secret' practices the stranger appears to represent, Laura herself could become 'ill'. Therefore, for Laura, Carmilla is simultaneously desirable and dangerous (or, infectious). However, as Laura asserts, 'the sense of attraction immensely prevailed. She interested and won me; she was so beautiful and so indescribably engaging' (p.261). The signifiers of danger are not read as such by this 'shy' (p.259) girl, unaffected by parental warnings or medical consensus.

Carmilla's frame is certainly problematic when viewed through medical discourse rather than by the untutored eye of Laura. Carmilla is described as

Above the middle height of women.... She was slender, and wonderfully graceful. Except that her movements were languid – very languid – indeed, there was nothing in her appearance to indicate an invalid. Her complexion was rich and brilliant; her features were small and beautifully formed; her eyes large, dark and lustrous; her hair was quite wonderful. I never saw hair so magnificently thick and long when it was down about her shoulders; I have often placed my hands under it, and laughed with wonder at its weight. It was exquisitely fine and soft, and in colour a very rich dark brown, with something of gold. I loved to let it down, tumbling with its own weight, as, in her room, she lay back in her chair talking in her sweet low voice, I used to fold and braid it, and spread it out and play with it. (p.262, original emphasis)

Although Laura claims that, aside from her languor, there is 'nothing in [Carmilla's] appearance to indicate an invalid' (p.262), in fact Carmilla largely conforms to what Victorian doctors identified as a tubercular 'diathesis', one of the body types thought to be constitutionally predisposed to 'suffer from tubercular lesions'.⁵⁸ This is clearly

illustrated in a comparison with physician Frederick Taylor's model of the first of two tubercular types. Taylor describes this type thus:

the subjects are tall, with straight limbs, regular and even beautiful features, dark hair, long eyelashes, thin skin, pearly conjunctivae, much activity of mind and body, but without staying power.⁵⁹

If one takes on board Taylor's model, then, it is fair to assume that Carmilla is not destined to be a healthy girl – if she ever was. Carmilla is tall, 'above the middle height of women', her features are 'small and beautifully formed', she has 'very rich dark brown' hair and 'long lashes' (p.272). Her 'activity of mind' but 'lack of staying power' is further indicated inasmuch as she is 'always an animated talker, and very intelligent' (p.265) but 'very languid' (p.262). In *The Pretty Women of Paris*, Marthe Cerny (herself a woman with a consumptive heredity), the 'vampire friend' of Marie Corman also visibly corresponds to Taylor's standard.⁶⁰ In the same volume, the Parisian prostitute Marie de Naumoy is described as 'a martyr to chlorosis' (a condition that could be misdiagnosed for masturbation) which is said to be 'amply' manifested in her 'extraordinary complexion, like diaphanous porcelain'.⁶¹ These are pale women whose 'thin skin' and pallor betoken illness and destruction not merely for themselves, but also for those with whom they associate both socially and sexually.

It appears somewhat ominous, therefore, that Carmilla woos Laura with endearments that speak of 'the irresistible law of my strength and weakness' (p.263).

I live in your warm life, and you shall die – die, sweetly die – into mine. I cannot help it; as I draw near to you, you, in your turn, will draw near to others, and learn the rapture of that cruelty, which yet is love. (p.263)

Carmilla's repetition of 'die' emphasises the sexual undertones of her words, suggesting a conflation of *petite morte* (the sexual orgasm) and *Grande morte* (death). Robert Tracy somewhat sweepingly says, of 'Carmilla', 'sexual anxiety pervades the whole story, and Le Fanu deliberately heightened this anxiety by introducing a kind of sex he would have considered illicit [namely, lesbian same-sex desire] in order to emphasize the unnatural in his supernatural tale.'⁶² Whatever the case may be, Carmilla's undeniably sensual predation of Laura – and Laura's, seemingly willing participation in 'these foolish embraces' (p.260) – are not indicative of the 'quick sense of propriety' and 'natural modesty' with which the well brought up young woman was said to be 'happily endowed'.⁶³

Recall Samuel Woodward's advice to guardians on the permissibility, or otherwise, of familiar behaviour:

I am constrained to believe that the fondling of young persons, the embrace of individuals of the same sex or different sexes, and many of the familiarities which the custom of society admit, while they may be entirely innocent in a thousand cases, awaken propensities in others which should lead to their universal abandonment.'⁶⁴

Notably, Woodward's concerns include embraces shared with 'individuals of the same sex'. Undeniably, sentimental and, even, romantic friendships existed among girls and young women of the period, particularly within a single-sex environment but, (and this is a point I shall return to shortly) as the century progressed, such friendships came to be regarded with increasing unease, particularly by the medical profession.⁶⁵ English conduct books exhorted the young lady to 'choose her intimate associates with care' and mix only with those of 'pure principles, and virtuous habits.'⁶⁶ Unfortunately for Laura, the ardour of Carmilla's approach rather militates against any obvious claims

on the latter's part to these ideals of purity and virtue. The physician's advice is, apparently, roundly flouted in the level of unsupervised intercourse (and, thus, excessive familiarity) allowed between the two young women and the sensual 'propensities' to which Woodward alludes certainly seem to be activated in Laura's case. From the outset, the overwrought exchanges between Laura and Carmilla have more in common with the passion of lovers than the sociable small talk of mere friends. As far back as the eighteenth century, Tissot asserted that 'Some females have been known to love others of their sex with as much ardor as the most passionate men'.⁶⁷ In Havelock Ellis's late-nineteenth-century article on 'Sexual Inversion in Women', he identifies the 'class of women' to whom 'the actively inverted woman is most attracted.'⁶⁸ Ellis contends that 'On the whole, they are women who are not very robust and well-developed, physically or nervously'.⁶⁹ Although Ellis's work post-dates Le Fanu's story by some twenty-three years, his model can, nevertheless, be judiciously applied to the eponymous protagonist's relationship with Laura. If one acknowledges that Carmilla could be an 'active' invert, the 'very nervous' (p.247) and 'fashionably invalid' Laura palpably conforms to the type of woman she would find most desirable.⁷⁰

Laura remembers the way that Carmilla 'used to place her pretty arms about my neck, draw me to her, and laying her cheek to mine, murmur with her lips near my ear' (p.263). She further claims that

In these mysterious moods I did not like her [Carmilla]. I experienced a strange tumultuous excitement that was pleasurable, ever and anon, mingled with a vague sense of fear and disgust. I had no distinct feelings about her while such scenes lasted, but I was

conscious of a love growing into adoration, and also of abhorrence.

(p.264)

Despite Laura's token protestations of 'dislike' and 'disgust' there is a decidedly erotic *frisson* in her allusion to the 'strange tumultuous excitement' she feels in Carmilla's presence. If anything, her actions betray her words. She not only exhibits no real willingness to extricate herself from the beautiful stranger's company but also the 'love scenes' between them appear to grow ever more inflamed as her narrative progresses. Laura recalls:

Sometimes ... my strange and beautiful companion would take my hand and hold it with a *fond* pressure, renewed again and again; blushing softly, gazing in my face with languid and burning eyes, and breathing so fast that her dress rose and fell with the tumultuous respiration. It was like the ardour of a lover; it embarrassed me; it was hateful and yet overpowering; and with gloating eyes she drew me to her, and her hot lips travelled along my cheek in kisses; and she would whisper, almost in sobs, "You are mine, you *shall* be mine, you and I are one for ever." Then she has thrown herself back in her chair, with her small hands over her eyes, leaving me trembling. (p.264, first emphasis mine)

This incident highlights the compelling nature – the 'strength and weakness' – of Carmilla's overmastering (and possibly, sexual) drive. The oft-repeated 'fond pressure' she exerts on Laura's hand can be viewed as a rash and reckless act rather than a restrained and sentimental gesture of affection given the connotations of the epithet 'fond' in the nineteenth century. One Victorian dictionary defines 'Fond' as 'Foolish; indiscreet; [and] weakly tender.'⁷¹ Carmilla's behaviour is therefore suspect

and far from ladylike. Her lips, described as ‘hot’ (p.264), meaning, in context, ‘lustful’, are a further indicator of her lascivious tendencies.⁷² Although Laura purports to ‘hate’ (p.265) Carmilla’s ‘foolish embraces’ (p.264) and protests to her friend that ‘*I don’t know myself* when you look so and talk so’ (p.265, my emphasis), it could be that she ‘knows herself’ only too well and is in denial of owning such sensual proclivities. The virtual impossibility of disentangling oneself from the clutches of onanism, whether as a solitary vice, or as an adjunct to same-sex intimacy, is firmly hammered home in medical advice manuals. As one female sufferer, ‘a lady of very great worth and intelligence’, writing to Mrs Gove, attests, ‘*My conscience often told me it was wrong, but the force of habit prevailed against my better feelings, and I continued to commit this sin against my body and soul.*’⁷³ Laura’s failure to come to terms with her response to Carmilla’s ‘very extraordinary manifestations’ (p.265) of passion even leads her to fancy the likelihood of a heterosexual romantic plot. She asks herself:

was there here a disguise and a romance? I had read in old story books of such things. What if a boyish lover had found his way into the house, and sought to prosecute his suit in masquerade, with the assistance of a clever old adventuress? But there were many things against this hypothesis, highly interesting as it was to my vanity.’
(p.265)

Laura’s assertion suggests that she is trying to legitimate her (suppressed) desires by projecting them onto the ‘proper’ or designated gender for her affections. She states, ‘I could boast of no little attentions such as masculine gallantry delights to offer’ (p.265). Effectively, she is a nineteen-year-old girl living in what is largely a single-sex environment (her main companions being *older* women). Rather like the boarding

school girl, then, she would be highly susceptible to an approach by an attractive and personable member of her own sex or, perhaps, by any outsider. In fact, Laura's very isolation and loneliness could have provided one of the main initial attractions for Carmilla. Bertha Rheinfeldt (very possibly Carmilla's preceding victim) appears to have been a young lady living in markedly similar circumstances – motherless, having minimal social contact with others, and sequestered with an elderly uncle.

In *Psychopathia Sexualis*, Krafft-Ebing views the phenomenon of 'Lesbian love' as largely acquired rather than congenital and asserts that 'These "forbidden friendships" flourish especially in penal institutions for females.'⁷⁴ Although written two decades after the publication of 'Carmilla', if one accepts, as Krafft-Ebing suggests, that lesbian relationships are fostered within a single-sex environment, Laura would surely stand out as a likely 'victim' for a young woman looking to indulge her 'strange' passion. It should be remembered that medical writing on the dangers of female same-sex relationships pre-dates Le Fanu's tale. Elsewhere in this chapter I have quoted the eighteenth-century work of Tissot. In the nineteenth century however, the 'development of psychiatric and other prescriptive literature on ... lesbianism' began with Carl Westphal's 'clinical description' of a case in the *Archiv für Psychologie* in 1869.⁷⁵ Given the publication date of Westphal's work, it is significant that the practice of 'smashing' (female romantic friendship) prevalent among American college girls from at least the 1850s, was viewed with increasing concern after the late 1860s, particularly in the way that such 'smashes' could allegedly 'damage' the health of the girls involved.⁷⁶ Writing in 1895, Ellis notes the opinion of 'many [medical] observers who are able to speak with some authority – in America, in France, in Germany, [and] in England – that homosexuality is increasing among women.'⁷⁷ He further concurs, 'It seems probable that this is true.'⁷⁸ Clearly,

then, the nature of female friendships as well as sexual desire was an area subject to increasing medical scrutiny.

Given my earlier reference to Edouard Manet's painting, *Olympia*, a further French cultural context for Le Fanu's depiction of same-sex desire in 'Carmilla' is suggested by Lillian Faderman in *Surpassing the Love of Men* (1981). In Faderman's words, 'It is possible that Le Fanu, who was of French background and familiar with the language, may have known French writings regarding lesbianism'.⁷⁹ Faderman asserts that 'Under the express influence of' Gautier's *Mademoiselle de Maupin* (1835) and Balzac's *The Girl with the Golden Eyes* (1835), 'images of lesbian exoticism and evil abounded in France and then England for much of the [nineteenth] century'.⁸⁰ She suggests that Le Fanu may particularly have been influenced not only by the fictional portrayal of 'unmitigated lesbian evil [which] occurs in Adolphe Belot's novel *Mademoiselle Giraud, My Wife*' (1870), published 'shortly before [the author] began writing "Carmilla"' but also the poems of Charles Baudelaire.⁸¹ The French poet's work is relevant inasmuch as, according to Faderman, he 'creates one of the earliest images of lesbian as vampire'.⁸² 'Femmes Damnées', published in *Les Fleurs du Mal* (1857), does appear to have some very distinct resonances to the presentation of same-sex desire in 'Carmilla'. In Baudelaire's poem, the predatory lesbian, Hippolyta, seduces her lover or 'victim', Delphine, entreating her

'When the drawn curtain shuts us in our room,

and lassitude is leading us to rest,

I want to lose myself in your deep breast

And find in your heart the coolness of the tomb!'⁸³

Aside from the emphasis on 'lassitude' or languor, a characteristic symptom of both the vampire Carmilla and the seduced Laura, the desired seat of pleasure and,

ultimately it seems, death, appears to be the 'breast'. Recall here that Laura, as a girl, was initially 'wakened by a sensation as if two needles ran into my breast very deep' (p.246). In Carmilla's case, the prospect that she herself has been the subject of a similar seduction is hinted at in her later recollection of a vaguely remembered incident after her first ball. She tells Laura, 'I was all but assassinated in my bed, wounded *here*,' she touched her breast, 'and never was the same since' (p.276). Laura asks her, 'Were you near dying?' Carmilla replies: 'Yes, very – a cruel love – *strange* love, that would have taken my life. Love will have its sacrifices' (p.277, my emphasis). Although she alludes to the fact that 'she never was the same' after the incident, it is her use of the word 'strange' that is most significant here. Nina Auerbach asserts that that 'Though she [Carmilla] leaves her lover's gender unspecified, the word *strange*, the Swinburnian euphemism for homosexual love, suggests that Carmilla's original maker [that is, the source of her infection] was female.'⁸⁴ After her friend's revelation, Laura feels an 'uncomfortable sensation' (p.277) as she creeps from Carmilla's room, perhaps because she is forced to recognise her own unacknowledged carnal desires and, therefore, her susceptibility to a 'strange love'.

Laying aside Carmilla's probable lesbian sexual orientation, what is clear is that neither Laura nor her doting father recognise the reality of the dangers posed by this accidental guest either in terms of conventional medicine or vampirism. Laura recalls:

[Carmilla] used to come down very late, generally not till one o'clock. She would then take a cup of chocolate, but eat nothing; we then went out for a walk, which was a mere saunter, and she seemed, almost immediately, exhausted.... This was a bodily

languor in which her mind did not sympathize. She was always an animated talker, and very intelligent'. (p.265)

Carmilla's wakeful languor is paralleled by her reluctance to rise early. This is, in itself, a worrying sign: Cooke warns guardians to 'Have an eye, then, upon those who prefer darkness and solitude; who remain long alone without being able to give good reasons for this isolation.'⁸⁵ But if the enervated masturbator sleeps late, her eyes also may fall victim to her debilitating vice. Woodward contends that there seems to be 'a strong influence from this secret vice upon the eyes'.⁸⁶ In support of this notion Woodward quotes a letter from a young male patient who claims that 'My eyes, *particularly in the morning*, are affected with a burning sensation ... *the light is very oppressive*; – I usually keep the blind closed to my room at all times of the day.'⁸⁷ If one compares this young man's case with that of Carmilla, such an abhorrence of daylight appears not only to be symptomatic of the onanist but also of the vampire who is generally less 'active' in the daytime. Moreover, if one accepts that Carmilla is prone to 'secret vice' her habit of taking 'a cup of chocolate' on rising is definitely *not* what the doctor ordered. In cases of onanism, Dr. A. Walker advises that 'all exciting substances which accelerate precocity should be shunned, – such as chocolate'.⁸⁸

As time goes by even the love-struck Laura begins to notice some troubling manifestations of illness in her friend. During a romantic encounter in the 'beautiful moonlight' (p.273), Carmilla confesses, 'I have been in love with no one, and never shall ... unless it should be with you' (p.273), all the while gazing on her hostess 'with eyes from which all fire, all meaning had flown, and a face colourless and apathetic' (p.274). Carmilla asks Laura, 'Is there a chill in the air, dear? ... I almost shiver' (p.274), and Laura observes that Carmilla looks 'ill ... a little faint' (p.274). She is worried that Carmilla has contracted the 'strange epidemic' (274), superstitiously

associated with 'the oupire' (or vampire) that is decimating the district but Carmilla assures her that

There is nothing ever wrong with me, but a little weakness. People say I am languid; I am incapable of exertion; I can scarcely walk as far as a child of three years old; and every now and then the little strength I have falters, and I become as you have just seen me. But after all I am very easily set up again; in a moment I am perfectly myself. (p.274)

Carmilla's 'colourless' face and the lack of 'fire' in her eyes, in addition to her bodily 'weakness' (p.274), conflates the symptoms of anaemia and bloodlessness (a vampire in need of a feed) with further physical evidences of masturbation signified, according to Cooke, by an 'absence ... of colour from the complexion' and 'spiritless' eyes'.⁸⁹ Carmilla's aforementioned assertion ('I almost shiver') could be an indicator of incipient consumption. According to *Beeton's Shilling Medical Dictionary*, 'Towards evening' phthisical patients 'frequently [experience] a slight degree of chilliness, followed by heat and nocturnal perspirations.'⁹⁰ The increased nocturnal 'heat' in Carmilla's case is noticeable inasmuch as her eyes, from which earlier, 'all fire had flown' (p.274), are described as 'glittering' (p.277) once she is in bed. In the words of physician R.V. Pierce, the consumptive patient's eyes are 'unusually bright and pearly, with dilated pupils, which give a peculiar expression'.⁹¹ Such eyes are a marked characteristic of the tuberculous prostitute Marie Corman, as the anonymous writer attests: 'in her large, staring eyes burns the fire that is consuming her.'⁹² There again, 'cold and damp' extremities are also thought to be a feature of the masturbator and, among the cases encountered by Woodward, 'night sweats' are recorded as one of the discomforts attendant upon the condition.⁹³ The symptomatology of

tuberculosis and masturbation are, as we saw earlier, *highly* interchangeable. Samuel Gregory quotes correspondence from a 'lady in Providence, R.I.', which suggests that even physicians sometimes misdiagnosed the two conditions. The Providence lady recalls the case of a 'young' female onanist 'in the spring-tide of life'.⁹⁴ The onanist was aware of the fact that 'The doctor was attending her, but was in complete ignorance of the cause of her disease. He was treating her for consumption.'⁹⁵

Having examined, then, the evidence of ill health in Carmilla, it is pertinent to consider the effects of the visitor's presence on Laura. From the outset, the text makes it clear that Laura is a girl of 'nervous' predisposition; 'The precautions of nervous people are infectious, and *persons of a like temperament* are pretty sure, after a time, to imitate them. I had adopted Carmilla's habit of locking [the] bed-room door' (p.277, my emphasis). Given the sexual implications of their relationship, Laura's anxiety could be triggered by Carmilla's very proximity, or the anxiety could stem from the fact that the 'precautions' of nervous individuals are 'infectious' and will invariably act upon 'persons of a like temperament'. In aping Carmilla's behaviour, Laura only succeeds in revealing her own, pre-existing, nervous disposition. Nervous conditions were thought to be exacerbated by the practice of onanism. In the words of 'Dr Hutchins of Brooklyn' (quoted by Samuel Gregory), 'strange nervous affections' can be brought on by masturbation.⁹⁶ Mrs. Gove goes so far as to claim that 'No form of nervous excitement is so injurious as solitary vice.'⁹⁷

Taking Laura's 'nervous' disposition on board, then, it is hardly surprising that the 'dream' she consequently experiences marks 'the beginning of a very *strange agony*' (p.278, my emphasis), an echo, perhaps, of Carmilla's 'strange love' (p.277). In her dream, which, in many ways, recalls her arguably masturbatory experience as a six-year-old, she envisions

something moving round the foot of the bed.... But I soon saw that it was a sooty-black animal that resembled a monstrous cat. It appeared to me about four or five feet long.... I could not cry out, although ... I was terrified.... I felt it spring lightly on the bed. The two broad eyes approached my face, and suddenly I felt a stinging pain as if two large needles darted, an inch or two apart, deep into my breast. I waked with a scream.... I saw a female figure standing at the foot of the bed, a little at the right side. It was in a dark loose dress, and its hair was down and covered its shoulders (p.278).⁹⁸

Although Laura claims to have woken with ‘a scream’, again mirroring her behaviour as a young girl, this time her distress is not sufficiently vociferous to rouse the household. It is as if she is already partially habituated to such disturbing delusions and she does not wish to draw unwelcome attention to herself. According to Gregory, the onanist’s sleep is characterised by

exciting obscene and frightful dreams, which increase and perpetuate all the mental and bodily ills with which the unhappy sufferer is afflicted. Thus, day and night, are these miserable victims *haunted* with an unclean demon of their own creation.⁹⁹

Gregory’s words have clear resonances in the ‘monstrous’ and terrifying aspects of Laura’s dream as well as in the (maybe) more fondly remembered ‘female figure’. Laura initially attributes the mischief to ‘Carmilla ... playing me a trick’ (p.278), thus reinforcing her association with these weirdly erotic interludes. But when she finds the door is ‘locked as usual on the inside’ she claims to be ‘horrified’ and recalls, ‘I sprang into my bed and covered my head up in the bed-clothes, and lay there *more*

dead than alive till morning' (p.278, my emphasis). When morning comes, *both* of the governesses observe that Laura is 'out of spirits and nervous' (p.279), although she will not admit to there being any cause for concern.

As Carmilla's predation of Laura continues, so the victim experiences 'delightfully deep and dreamless' periods of sleep after which she awakens 'with a sense of lassitude and melancholy, which, however, did not exceed a degree that was almost luxurious' (p.280). It should be remembered here that one nineteenth-century meaning of 'luxurious' is 'voluptuous', an indicator of the perhaps unarticulated sensual aspects of Laura's experience.¹⁰⁰ Disturbingly, Laura admits that 'I felt myself a changed girl. A strange melancholy was stealing over me, a melancholy that I would not have interrupted' (p.281). Considering that onanism was said to 'destroy' the sufferer's 'vivacity, cheerfulness, and health', Laura's symptoms have a decidedly familiar ring.¹⁰¹

Despite increasing evidence that all is not well, Laura will not 'tell [her] papa' about her condition, nor 'have the doctor sent for' (p.281). This could be seen to imply that she derives some sort of perverse pleasure from the experiences that follow her affliction – pleasure which a doctor or parent may wish to censor or cure – and she is unwilling to relinquish the autonomy this 'secret' enjoyment affords her. The visible deterioration in Laura's health has a remarkable effect on Carmilla. Laura recalls

Carmilla became more devoted to me than ever, and her strange paroxysms of languid adoration more frequent. She used to gloat on me with increasing ardour the more my strength and spirits waned. (p.281)

The increasing levels of affection and attention Carmilla showers on her friend seems to reinforce the aforementioned signification of illness and paleness as 'sexy'. Her attraction to Laura is obvious given her 'gloating' and 'ardour'. A Victorian dictionary definition of 'gloat' is 'To stare with admiration; to gaze' while 'ardour' indicates 'Heat; zeal; [the] heat of affection'.¹⁰² It is compelling, too, to recount Ellis's assertion that the 'active' invert is attracted to women who are not 'physically or nervously' robust.¹⁰³ Laura's very conspicuous decline would surely make her more desirable (to the predatory Carmilla) rather than less so if this were the case. It should also be remembered that illness generally was thought to weaken a patient's moral as well as physical strength, thus making it easier to lead the afflicted into temptation or for (normally repressed) troublesome aspects of the personality to emerge.¹⁰⁴ It is hardly surprising, therefore, that Laura's illness is observed with interest by Carmilla as the girl's increasing weakness makes it easier for the rapacious visitant to further her designs. Laura affirms that

Without knowing it, I was now in a pretty advanced stage of the strangest illness under which mortal ever suffered. There was an unaccountable fascination in its earlier symptoms that more than reconciled me to the incapacitating effect of that stage of the malady.... gradually a sense of the horrible mingled itself with it, deepening ... until it discoloured and perverted the whole state of my life. (p.281)

Laura's acknowledges here that her condition is a source of perverse pleasure to her, 'an unaccountable fascination' as well as a locus, perhaps, of unresolved guilt (because she is sensually inclined), emerging as 'a sense of the horrible'. Her

nocturnal experiences appear to be rendered by more overtly sexual implications as her condition progresses. Laura recalls that

Certain *vague and strange sensations* visited me in my sleep. The prevailing one was of that pleasant, peculiar cold thrill which we feel in bathing, when we move against the current of a river. This was soon accompanied by *dreams* that seemed interminable, and were so vague that I could never recollect their scenery and persons, or any one connected portion of their action. But they *left an awful impression*, and *a sense of exhaustion*, as if I had passed through a long period of great mental exertion and danger.... Sometimes there came a sensation as if a hand was drawn softly along my cheek and neck. Sometimes it was as if warm lips kissed me, and longer and more lovingly as they reached my throat, but there the caress fixed itself. My *heart beat faster*, my *breathing rose and fell rapidly* and full drawn; a *sobbing*, that rose into a *sense of strangulation*, supervened, and turned into a *dreadful convulsion*, in which *my senses left me and I became unconscious*. (p.282, my emphases)

The whole impulse of this scenario reads like the female equivalent of a 'wet dream' replete with 'vague and strange' sensations, 'cold thrills' and 'a sense of exhaustion' that culminates in an undeniably orgasmic crescendo. Although a fast-beating heart and rapid breathing can indicate fear, they may also signify excitement. Furthermore, the feeling of 'strangulation' can induce states of sexual ecstasy in some individuals; incidentally here, though deliberately through the practice known in the twentieth century as 'auto-erotic asphyxia'. As a sexual practice, auto-erotic asphyxia 'appears to be ancient' in origin and evidence suggests that the phenomenon of men who

practice strangulation to achieve erection and orgasm would have been familiar both to prostitutes and the general public from at least the early eighteenth century.¹⁰⁵ This is not to say that Laura herself is deliberately indulging in any such activity, but to point up the sexual possibilities inherent in Laura's 'sense of strangulation' and the way such an allusion can be seen to add a further stratum of erotic signification. Laura's 'dream' climaxes in a 'dreadful convulsion' that takes Laura 'out of herself' – she states, 'my senses left me' – after which she lapses into insensibility. If one compares Laura's 'orgasmic' experience with the recollections of libidinous consumptive Lady Pockingham, the similarities become all too apparent. Remembering a particularly tumultuous orgasm at the height of an orgiastic session with her husband and a brace of lusty servant boys, she exclaims

Ah! ah! if I could but die like that! I seemed transported to another world, *my senses were leaving me*, I was indeed in paradise! ... James [one of the servants] told me next day they were frightened as I went off into such a deathlike faint they had to carry me to my room and use restoratives till I gradually breathed a little and sank into a restless kind of sleep.¹⁰⁶

Note here the emphasis on the loss of self – 'my senses were leaving me' – and the subsequent 'deathlike' state of unconsciousness where, literally, the senses have departed. The throttling sensation experienced by Laura could be read as a symptom of her masturbatory pathology. According to Gregory, 'suffocation and instant death' could be caused by 'continued excitement and excessive abuse of the reproductive organs.'¹⁰⁷

Three weeks of such experiences leave some very telling signs upon Laura's formerly healthy, modest visage: 'I had grown pale, my eyes were dilated and

darkened underneath, and the languor which I had long felt began to display itself in my countenance' (p.282). If one compares this with Gregory's description of the masturbator, the signs are all too familiar:

The countenance, instead of the vermilion glow of health, is pale and without freshness, or of a yellowish, earthy, leaden, and livid tint ... [and] a bluish circle surrounds the eyes.¹⁰⁸

Not surprisingly, Laura's concerned father asks his daughter 'often' whether she is 'ill' but she persists in assuring him that she is 'quite well' (p.282). Laura recalls that

I had no pain, I could complain of no bodily derangement. My complaint seemed to be one of the imagination, or the nerves, and, horrible as my sufferings were, I kept them, with a *morbid reserve*, very nearly to myself. (p.282, my emphasis)

Despite Laura's protestations that she suffers 'no bodily derangement', the signs written on her face tell a very different story. Her emphasis on the 'imagination' and 'nerves' is also crucial inasmuch as some physicians drew a distinction between the consequences of masturbation in women as opposed to men. Writing in 1858, George R. Calhoun asserts

The object of this vicious habit is the same in boys as well as girls, viz: sexual excitement. There is this difference, that girls do not weaken themselves by the loss of spermatic fluid, but by the excessive exaltation of the nervous system. Nervous prostration is therefore the first effect of Onanism in young females.¹⁰⁹

Calhoun's opinion has many resonances in the case of Laura who is clearly nervy, debilitated and out-of-sorts, but the wet 'cold thrill' (p.282) of her nocturnal experiences encodes a further, more material drainage of bodily fluids. Although,

according to Calhoun, the female masturbator was not subject to the same ‘spermatic economy’ as the male sufferer, the mythology of the female ‘spend’ is nevertheless a commonplace of Victorian pornography.¹¹⁰ In *The Pretty Women of Paris*, the female ‘spend’ is analogous to the debilitating ‘nocturnal emissions’ and ‘spermatorrhoea’ of the male onanist in the portrayal of prostitute Thérèse Meilhan. Meilhan is described as a ‘washed out’ beauty enervated as a consequence of ‘playing with herself in front of a looking-glass’ from the age of thirteen.¹¹¹ The author claims that ‘although now about twenty, she [Meilhan] is entirely exhausted, and only excessive and unnatural experiments can produce a fitful emission.’¹¹² Such assumptions about women’s emissions seems to suggest that in the popular (and implicitly male) imagination, the female equivalent of male seminal fluid was similarly thought to be a finite commodity. The fragile figure of twenty-year-old onanist Meilhan, ‘small made, [and] fair, with milky skin and large, wondering blue eyes’, is highly reminiscent of the fictional nineteen-year-old (and potential masturbator) Laura.¹¹³

Despite Calhoun’s opinion, it is worth noting here that the female ‘spend’ was not merely a curio confined to pornographic discourse but a matter of some later debate among medical practitioners. On the one hand, in an 1883 article, published in *The American Journal of Obstetrics and Diseases of Women and Children*, Edinburgh-based physician J. Milne Chapman asserts that, in the female, ‘the excitement attending consummation [of the sexual act] is not associated with anything really corresponding to emission’.¹¹⁴ On the other, S.E. McCully, in a reply to Chapman’s work based on his own experimentation, claims that

Before an orgasm is induced every particle of mucus may be washed from the vagina, a rubber cap may be placed over the cervix, and when the act is over, if it be removed it will be found to contain

from a half to a drachm of transparent semi-fluid substance
resembling the white of an egg.¹¹⁵

McCully's view is supported in an editorial comment following his letter, which states that

We ourselves have seen the *gushing, almost in jets*, of clear viscid mucus from the external os [the external orifice of the cervical canal] during evident sexual excitement produced by a *rather prolonged* digital and specular examination in an erotic woman (a "femme entretenue," a blonde Swede).¹¹⁶

Read alongside Victorian pornography, the 'prolonged' and somewhat voyeuristic nature of this latter experiment is more than a little interesting. With its emphasis on the copious 'gushing' of fluids, and conducted for the education (and/or, perhaps, titillation) of a group of (almost certainly male) doctors, implied in the plural 'We' (an act legitimised here by the later stated presence of 'a nurse', implicitly female and subordinate), the scenario itself would not be out of place in a pornographic work. This could be read as an example of life imitating art (or vice versa), and more particularly of the way the medico-sexual discourse on female masturbation can be seen to inform and/or overwrite the discourse of nineteenth-century erotica.

This is not the whole story, however. If one accepts that Laura is in thrall to 'secret vice', there was a further form of 'draining' or system-lowering vaginal discharge, almost universally cited as an attendant danger to the practice of onanism in women: the condition known as leucorrhoea or 'whites'. Cooke quotes the work of Leopold Deslandes, who claims that 'of every twenty cases of leucorrhea [sic] ... in children and young girls, there are at least fifteen or eighteen which result from masturbation!'¹¹⁷ In his popular work, *The People's Common Sense Medical Adviser*

(1883), R.V. Pierce claims that ‘uterine leucorrhoea’, a secretion he describes as ‘thick and ropy like the white of an egg’, is ‘rich in albuminous matter and *blood-corpuscles*; hence its great debilitating effect upon the system.’¹¹⁸ Note here the emphasis on *blood*-corpuscles. If the waste of male seminal fluid, the repository of ‘the purest and most vital elements in the human body’ according to Pierce, ‘robs the blood of its richness’, the loss of ‘blood-corpuscles’ in the leucorrhoea-afflicted female could surely be seen to have a similarly catastrophic ‘weakening’ effect.¹¹⁹ This is significant inasmuch as the albumen and white blood-corpuscles contained in the discharge attending ‘whites’ were thought to be inferior to the red cells (associated with health and vigour) that could be depleted through injudicious male ‘spending’. However, such a distinction may not be so clear-cut. In his 1883 clinical work on morbid conditions of the blood, J. Mitchell Bruce illustrates that the loss of one could have a consequential effect on the other. The physician asserts that in cases of ‘Hypalbuminosis’, a condition produced by a loss or ‘deficiency of [inferior] albumen in the blood’, the (superior) ‘red corpuscles suffer at the same time, for their nutrition speedily fails’.¹²⁰ Although an in-depth examination of blood pathology is beyond the scope of this chapter, Mitchell Bruce’s observation provides some fascinating food for thought. It would appear, therefore, that the potential effects of long standing leucorrhoea could indeed be far reaching.

In the concluding phase of ‘Carmilla’, the beginning of the end (possibly) of the eponymous character’s influence on Laura occurs when Laura’s father, unbeknown to his daughter, arranges for a doctor to call. The physician’s manner grows ‘graver and graver’ as Laura tells her story and there is a ‘dash of horror’ in his eyes as she completes her statement (p.288). Her father is brought in and he and the physician retire to the recess for an ‘earnest and argumentative conversation’ (p.288).

This is hardly unexpected or surprising. No Victorian parent worth their salt would readily concede that their only daughter was a confirmed onanist, never mind a vampire. Laura's father returns to the room looking 'pale, thoughtful, and... agitated' (p.288). He beckons Laura over and, for the first time, she feels 'alarmed' (p.288) even though she is still loathe to acknowledge that anything is amiss, claiming that 'although I felt very weak, I did not feel ill' (p.288).

The doctor quizzes Laura about the 'sensation like that of two needles piercing the skin, *somewhere about your neck*' (p.289, my emphasis). Mark the change of focus here. Up until this point in the story, the pains referred to have explicitly occurred in Laura's 'breast'. Given that the conventional seat of the vampire's bite is 'the neck', is this a matter of medical delicacy (a euphemism used, perhaps, so as not to shock the nervous young lady), or a ploy on the part of the author to redirect the reader's attention away from the sensual to the supernatural aspects of his tale? On the evidence presented – the doctor examines the locus of the pain, 'an inch or two below the edge of [Laura's] collar' (p.289) – one would have to suspect the latter. If the pain was in 'the breast', as Laura has previously stated, the examination would imply that the *décolletage* of her dress was far from demure – hardly the kind of garment one wears in the morning to consult the doctor. Whatever the truth of the matter, the doctor is hopeful that Laura's recovery can begin '*immediately*' (p.289, original emphasis). His first direction is to Laura's governess. He implores Madame Perrodon to 'be so good as not to let Miss Laura be alone for one moment', an instruction he terms 'indispensable' (p.290). Echoing her experiences as a six-year-old, constant surveillance is again deemed crucial to the process of 'curing' Laura. Laura's father finally asks the doctor for an opinion on Carmilla, 'another patient, whose symptoms slightly resemble those of my daughter'

albeit 'very much milder in degree' (p.290). This latter procedure, though, is rendered redundant by the progress of events. Carmilla, revealed as the vampiric murderess of Bertha, niece of General Spielsdorf (pp.293-312), flees. She is located and ritually eradicated a short while afterwards.

Laura notes that 'The disappearance of Carmilla was followed by the discontinuance of my nightly sufferings' (p.315). This recovery could, of course, have an entirely material explanation given the level of surveillance now surrounding the girl. In the ritual destruction of Carmilla, 'the formal proceedings' (p.315) are carried out according to the law and the scene is concise, clinical and matter-of-fact (pp.315-16), devoid of the encoded sado-masochistic eroticism inherent in the extermination of Lucy in *Dracula*. Bearing in mind that surgical intervention was occasionally prescribed for female onanists, it is, perhaps, appropriate that Carmilla's demise has more in common with the clinical excision of an affected part than a 'rape' scenario.

In concluding her recollection of these events, Laura reveals that she 'cannot think' on these matters 'without agitation' and performing the task of writing these memoirs has 'unstrung [her] nerves for months to come' (p.316). The 'cure', it seems, has been far from total. The failure to fully eradicate the 'infectious' presence of Carmilla (and given her 'unstrung nerves', Laura's affliction) – and thus to bring any sort of satisfactory closure to Laura's narrative – is underlined in the final paragraph:

The following Spring my father took me a tour through Italy [sic].

We remained away for more than a year. It was long before the terror of recent events subsided; and to this hour the image of Carmilla returns to memory ... and often from a reverie I have

started, fancying I heard the light step of Carmilla at the drawing-room door' (p.319).

The face, here, appears to be crucial in the generation of Laura's unease. It is the 'image of Carmilla' that returns to haunt Laura, a face that, as a teenager, had rendered her dumbstruck (p.259). Clearly, the pallid features of this illusory visitant have left an indelible mark on Laura's memory prompting, perhaps, some uncomfortable acknowledgement not only of her own sexuality but also, more disturbingly, of her propensity for sickness and corruption.

The end of Laura's tale intriguingly appears to reinforce the susceptibility of her condition to a medical rather than an occult reading. The 'genial and fostering climate' of Italy – where her father takes her to recover from her ordeal – was thought to be beneficial in cases of consumption as well as to those afflicted with nervous disorders.¹²¹ Given the evidence presented in Le Fanu's story then, to paraphrase the words of Stoker's alienist, John Seward, Laura's complaint could well be perceived as 'something *medical*' rather than mystical or mysterious. Having looked at the way that masturbation and consumption impact on the discourse of female same-sex desire, in the following chapter, I shall consider the influence of the former in fictional depictions of the male homosexual.

Notes

- 1 Michel Foucault, *The History of Sexuality*, Vol.1 (London: Penguin, 1990), p.33.

- 2 Anonymous, *The Pretty Women of Paris* (Ware: Wordsworth Editions, 1996 [1883]), p.40.
- 3 Ibid., p.40.
- 4 Indeed, the vampire was frequently utilised as a symbol of predatory/troublesome female sexuality in nineteenth-century art and literature. Citing, for example, Edvard Munch's 1895 painting, *The Vampire*, later produced as a series of lithographs, Ghislaine Wood and Paul Greenhalgh assert that 'The vampiress, like the prostitute, signified dangerous female sexuality through her degenerate and infected body.' The threat presented by these women, however, was perceived to be directed towards the male of the species rather than to one of her own gender. See: Ghislaine Wood and Paul Greenhalgh, 'Symbols of the Sacred and Profane' in, Paul Greenhalgh (ed.), *Art Nouveau 1890-1914* (London: V & A Publications, 2000), pp.73-91, at p.85.
- 5 Robert Tracy, 'Introduction' to, Sheridan Le Fanu, *In A Glass Darkly* (Oxford: Oxford University Press, 1993), pp.vii-xxxiii, at p.x.
- 6 In his letter to Arthur Holmwood, the vampirised Lucy Westenra's fiancé, Dr John Seward, having examined the unfortunate Lucy, informs her concerned husband-to-be that there is 'no need for anxiety' as her condition 'must be something mental.' See: Bram Stoker, *Dracula* (Oxford: Oxford University Press, 1996 [1897]), p.111.
- 7 Samuel Warren, *Passages from the Diary of a Late Physician* (Edinburgh and London: William Blackwood and Sons, 1854 [1837]), p.67. As to the disease's vampire-like attributes, addressing the condition (consumption)

rhetorically, Warren asks ‘By what infernal subtlety hast thou contrived hitherto to baffle the profoundest skill of science, to frustrate utterly the uses of experience, and disclose thyself only when thou hast irretrievably secured thy victim, and thy fangs are crimsoned with its blood?’: p.59. Notably, the same mythical nocturnal predator is utilised as a simile for the progress of consumption in the work of medical botanist William Fox, cited in the previous chapter. See: William Fox, *The Working-Man’s Model Family Botanic Guide, or Every Man His Own Doctor* (Sheffield: William Fox and Sons, [tenth edn.1884] 1920), p.210.

- 8 Augustus K. Gardner, ‘Physical Decline of American Women’, *The Knickerbocker*, January 1860, 37-52, at p.45.
- 9 Alexander Walker, ‘Intermarriage’ [1838] extract quoted in Regina Barreca (ed.), *Desire and Imagination: Classic Essays in Sexuality* (New York: Meridian Books, 1995), pp.16-34, at p.29. Practitioners including R.V. Pierce cite the loss of desire for heterosexual marital intercourse as a consequence of masturbation in the female. See: R.V. Pierce, *The People’s Commonsense Medical Adviser* (Buffalo, N.Y: World’s Dispensary Bindery and Printing-Office, 1883), p.751.
- 10 Mrs Gove quoted in Samuel Gregory, *Facts and Important Information for Young Women, on the Subject of Masturbation with its Causes, Prevention, and Cure* (Boston: Geo. Gregory, 1847 [1845]), p.21. As can be seen from the previous chapter, Gove was by no means the only medical commentator to promote this opinion.

- 11 Marthe Cerny, the ‘vampire friend’ of Marie Corman, is a good example of this. Cerny, the daughter of an ‘adulterous’ mother who ‘died of galloping consumption, brought on by her insatiable desires’, was herself inducted into onanism and ‘tribadism’ as a girl. As an adult, she has ‘all the faults of a real “red hot” whore’ and ‘spends all her money on women, being passionately fond of those pleasures that she learnt at school.’ See: Anon., *Pretty Women of Paris*, p.33. Pertinently, in his 1895 article on ‘Sexual Inversion in Women’, Havelock Ellis considers ‘The frequency of homosexual practices among prostitutes’. Ellis largely ascribes these incidences to ‘the character of the prostitute’s relations with men; these relations are of a professional character and as the business element becomes emphasised the possibility of sexual satisfaction diminishes; at the best, also, there lacks the sense of social equality, the feeling of possession, and scope for the exercise of feminine affection and devotion.’ See: Havelock Ellis, ‘Sexual Inversion in Women’, *Alienist & Neurologist*, 16 (1895), 141-58, at pp.156, 157.
- 12 S.A. Tissot, *Treatise on the Diseases Produced by Onanism*, translated from a new edition of the French by a physician (New York: Collins & Hannay, 1832 [c.1760]), p.28.
- 13 Ibid., p.28.
- 14 Ibid., pp.30, 31.
- 15 *a.i.*, *Beeton’s Shilling Medical Dictionary* (London: Ward Lock and Co., n.d. [c.1870]), p.251
- 16 Ibid., p.251.

- 17 William M. Ord, 'Physiognomy' in Richard Quain (ed.), *A Dictionary of Medicine* (London: Longmans, Green, and Co., 1883), pp.1196-7, at p.1196.
- 18 Lorenzo N. Fowler, *New Illustrated Self-Instructor in Phrenology and Physiology* (London: L.N. Fowler, 1884), p.58, original emphasis.
- 19 For examples of the way Lombroso and others used physiognomy, not always successfully, to deduce the 'criminal type' see: Havelock Ellis, *The Criminal* (London: Walter Scott, 1890), pp.78-87.
- 20 Bram Dijkstra, *Idols of Perversity: Fantasies of Feminine Evil in Fin-De-Siècle Culture* (New York: Oxford University Press, 1986), p.341.
- 21 Sheridan Le Fanu, *In A Glass Darkly* (Oxford: Oxford University Press, 1993), pp.243-319, at p.259. Further references will be to this edition and are included in parenthesis in the main body of the text.
- 22 *Beeton's Shilling Medical Dictionary* advises its readers that 'no one should be allowed to sleep with a consumptive patient after the disease has fully manifested itself'. See: *a.i.*, *Beeton's Shilling Medical Dictionary*, p.252. The intimacy and closeness of Laura's relationship with their guest is highlighted inasmuch as she 'accompanied Carmilla *as usual* to her room, and sat and chatted with her while she was preparing for bed' (p.276, my emphasis).
- 23 It should be noted that Laura was six years old at the time of the initial incident in the tale, nineteen years of age when the bulk of the story's events occurred and around twenty-seven when she recorded the happenings for posterity, some eight years later.
- 24 Stoker, *Dracula*, p.134.

- 25 Anonymous, 'Lady Pockingham or They All Do It' in *The Pearl: Three Erotic Tales* (Ware: Wordsworth Editions, 1995 [1879-80]), pp.7-107, at p.15. Beatrice Pockingham, a self-confessed 'poor consumptive' (p.11), was initiated into the delights of masturbation by her school friend Alice Marchmont at twelve years of age. By contrast, Laura is sheltered, solitary and, at six, is far younger so one would expect her language and understanding of events to be somewhat more innocent.
- 26 There is an interpretive problem here inasmuch as Laura insists that the young woman is real in her narrative (p.247). However, as the retrospective articulator of her own text, her narrative may not be wholly reliable.
- 27 James Cantlie, 'Masturbation' in Richard Quain (ed.), *A Dictionary of Medicine* (London: Longmans, Green, and Co., 1883), pp.923-4, at p.923.
- 28 W.J. Mc Cormack, *Sheridan Le Fanu* (Stroud: Sutton Publishing, 1997,) p.190.
- 29 *a.i.*, *Beeton's Shilling Medical Dictionary*, p.251.
- 30 P. Austin Nuttall, *Nuttall's Pronouncing English Dictionary* (London: George Routledge and Sons Ltd., 1894), p.659.
- 31 Mc Cormack, *Sheridan Le Fanu*, p.128. *a.i.*, *Beeton's Shilling Medical Dictionary*, p.256. The pain of pleurisy is described in Frederick Taylor's clinical work as 'cutting or tearing'. See: Frederick Taylor, *A Manual of the Practice of Medicine* (London: J. & A. Churchill, 1891), p.435.
- 32 Cantlie, 'Masturbation', p.923.
- 33 *Ibid.*, p.924.

- 34 In his seeming reticence to confront the young Laura on the matter, her father would appear to be taking a course similar to the one suggested by Mrs. E.B. Duffey in 1873. Duffey asserts ‘What shall a mother say to a daughter whom she suspects of being addicted to secret evil habits? Nothing, until she is certain beyond mistake; for it would be the height of cruelty to wound the feelings of an innocent girl by hinting at any doubt of her guiltlessness in this respect.’ See: E.B. Duffey, *What Women Should Know* [1873], extract reprinted in Pat Jalland and John Hooper (eds), *Women From Birth to Death: The Female Life Cycle in Britain 1830-1914* (Atlantic Highlands, N.J.: Humanities Press International, Inc., 1986), pp.237-8, at p.237.
- 35 See, for example, the literature produced by social purity movements such as the Alliance of Honour, also the work of Sylvanus Stall (Doctor of Divinity and author of *What A Young Boy Ought To Know*) and Ellen White, a leading figure in the Seventh-Day Adventist movement in the USA (particularly her 1864 work *An Appeal to Mothers*).
- 36 Alfred Hitchcock, ‘Insanity and Death from Masturbation’, *Boston Medical and Surgical Journal*, 26 (1842), p.286.
- 37 Gregory, *Facts and Important Information for Young Women*, p.41. The supposed impact of masturbation on a child’s moral sense can clearly be seen in Démetrius Alexandre Zambaco’s case study of a ten-year-old female masturbator. Zambaco observes that the girl ‘does not like to pray, mocks other children’s piety, and makes a face when one speaks to her of God.’ See: Démetrius Alexandre Zambaco, ‘Masturbation and Psychological Problems in Two Little Girls’ [1882], translated by J.M. Masson and reprinted in Jeffrey

Moussaieff Masson, *A Dark Science: Women, Sexuality and Psychiatry in the Nineteenth Century* (New York: Farrar, Straus and Giroux, 1986), pp.61-89, at p.63.

- 38 Carmilla complains that the ‘discord and jargon’ of hymns sung at the funeral of a young girl has made her ‘nervous’ (p.267). Laura also recalls ‘I often wondered whether our pretty guest ever said her prayers. *I* certainly had never seen her upon her knees’ (p.277).
- 39 Mrs. Gove, quoted in Gregory, *Facts and Important Information for Young Women*, p.31.
- 40 Ibid., p.25.
- 41 The fact that something may be about to happen is emphasised in Laura’s recollection of Mademoiselle De Lafontaine’s words: ‘The effect of the full moon in such a state of brilliancy was manifold. It acted on dreams, it acted on lunacy, it acted on nervous people; it had marvellous physical influences connected with life’ (p.251).
- 42 Sander L. Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness* (Ithaca and London: Cornell University Press, 1985), p.81.
- 43 Ibid., p.89.
- 44 Ibid., p.76.
- 45 Deirdre Robson, *The Art of The Nude* (Avonmouth: Parragon, 1995), p.63.
- 46 ‘A Physician’ [Nicholas Francis Cooke], *Satan in Society* (New York: Edward F. Hovey, 1878 [1870]), p.113. Although, ostensibly, Laura’s father is doing nothing more than taking in an invalid whose condition may pose no threat to others, recalling the tragic death of Spielsdorf’s niece after bestowing

hospitality on an unexpected visitor, and given Carmilla's explicitly articulated weakness, in the light of popular advice to parents his chivalrous act could be interpreted as somewhat foolhardy. Many doctors warned parents to take heed as to the fitness and moral turpitude of their daughters' companions lest 'evil influences' should creep in. For example, Pierce advises that young women should 'associate only with those persons who are rigidly chaste in their ideas and conversation.' See: Pierce, *People's Commonsense Medical Adviser*, p.751.

- 47 Cooke, *Satan in Society*, p.115.
- 48 Woodbridge quoted in, Gregory, *Facts and Important Information for Young Women*, p.11 original emphasis.
- 49 In a distinctly erotic encounter with three vampire women in *Dracula*, Jonathan Harker too appears to recognise a 'golden' haired vampire woman: 'I seemed somehow to know her face, and to know it in connection with some dreamy fear, but I could not recollect at the moment how or where.' See: Stoker, *Dracula*, p.37.
- 50 William Hughes, *Beyond Dracula: Bram Stoker's Fiction and its Cultural Context* (Basingstoke: Macmillan, 2000), p.135.
- 51 Ibid., p.129.
- 52 a.i., *The Complete Medical Encyclopedia and Household Doctor* (London and Manchester: Allied Newspapers Ltd., n.d. [c.1925]), p.59.
- 53 D. G. Brinton and Geo. H. Napheys, *The Laws of Health in Relation to the Human Form* [1870] reprinted as *Personal Beauty* (Bedford, Mass: Applewood Books, 1994), p.114.

- 54 Ibid., p.118-9.
- 55 To quote but one example (and there are many), in 'Lady Pockingham', the Honourable Miss Vavasour's lover, Frederick, presents his penis 'to her luscious-looking vermilion gap, the lips of which were just slightly open as she lay with her legs apart.' See: Anon., 'Lady Pockingham or They All Do It' in *The Pearl: Three Erotic Tales* (Ware: Wordsworth Editions, 1995), pp.7-107, at p.34.
- 56 See: Elizabeth A. Martin (ed.), *Concise Medical Dictionary* (Oxford: Oxford University Press, 1985), p.333.
- 57 Dijkstra, *Idols of Perversity*, p.341.
- 58 Taylor, *The Practice of Medicine*, p.414.
- 59 Ibid., p.414.
- 60 Cerny is said to be 'a fine, tall woman, with long black tresses, large eyes, good teeth and a beautifully shaped bosom, albeit small withal. Being rather thin, she has been nicknamed "L'Anguille" (the Eel)'. See: Anon., *Pretty Women of Paris*, p.33. In many respects, Cerny's description [as well the fictional Carmilla's] also matches that of the stereotypical 'vamp', popularised in later *fin de siècle* artworks such as Sir Philip Burne-Jones' 1897 painting *The Vampire*. See: David J. Skal, *V is for Vampire: The A-Z Guide to Everything Undead* (London: Robson Books, 1996), pp.46-8.
- 61 Anon., *The Pretty Women of Paris*, p.142. For an example of the way chlorosis could be diagnosed rather than the true cause, masturbation, see the extract from a letter to Mrs. Gove sent by one of her female onanist correspondents. The girl gives a run down of her symptoms and health

history, recalls that the ‘best medical advisers’ were called in and ‘They termed my disorder *chlorosis*’. Quoted in, Gregory, *Facts and Important Information for Young Women*, p.23.

- 62 Tracy, ‘Introduction’ to *In A Glass Darkly*, p.xix.
- 63 ‘A Lady’, *The Young Lady’s Friend; A Manual of Practical Advice and Instruction to Young Females on Their Entering Upon the Duties of Life* (London: John W. Parker, 1838), p.185.
- 64 S.B. Woodward, *Hints for the Young in Relation to the Health of Body and Mind* (Boston: G.W. Light, 1856), p.15.
- 65 In ‘English girl’s schools and women’s colleges’ romantic friendships between girls/women were known as ‘raves’. See: Lillian Faderman, *Surpassing the Love of Men: Romantic Friendship and Love between Women from the Renaissance to the Present* (London: The Women’s Press, 1991 [1981]), pp.246-7.
- 66 A.B. Muzzey, *The Young Maiden: Her Moral and Domestic Duties* (London: J.S. Pratt, 1849), p.69.
- 67 Tissot, *Treatise on the Diseases Produced by Onanism*, p.31.
- 68 Ellis, ‘Sexual Inversion in Women’, p.147.
- 69 Ibid., p.147.
- 70 Dijkstra, *Idols of Perversity*, p.341.
- 71 P. Austin Nuttall, *Nuttall’s Pronouncing English Dictionary* (London: George Routledge and Sons Ltd., 1894), p.256.
- 72 Ibid., p.315. The use of ‘hot’ as a term for libidinous is something of a constant in nineteenth-century pornographic discourse. For example, Marthe

Cerny is described as having ‘all the faults of a real “red-hot” whore as she likes every excess’. See: Anon., *Pretty Women of Paris*, p.33.

73 Quoted in Gregory, *Facts and Important Information for Young Women*, pp.21, 24, my emphases.

74 Richard von Krafft-Ebing, *Psychopathia Sexualis*, Seventh German Edition, trans. C.G. Chaddock (Philadelphia: F.A. Davis Co., 1916 [1892]), p.428.

75 Nancy Sahli, ‘Smashing: Women’s Relationships Before the Fall’, *Chrysalis*, 8 (1979) 17-27, at p.23.

76 See: *ibid.*, p.22.

77 Ellis, ‘Sexual Inversion in Women’, p.155.

78 *Ibid.*, p.155.

79 Faderman, *Surpassing the Love of Men*, p.289.

80 Lillian Faderman (ed.), *Chloe plus Olivia: An Anthology of Lesbian Literature from the Seventeenth Century to the Present* (London: Penguin, 1995) p.295 c.f. p.294. Faderman suggests that ‘The association of lesbianism with vice and unmitigated evil may have been partly due to a concern over the rapidly declining French birthrate and the fear of anything which might promote that decline.’ See: Faderman, *Surpassing the Love of Men*, p.281.

81 Faderman, *Surpassing the Love of Men*, pp.278, 289. It is useful here to quote Faderman’s brief resume of Belot’s plot, featured on p.278: Belot ‘tells his story from the point of view of a young man who marries a woman, Paule, who behaves toward him like a comrade and gives him every polite consideration but keeps him out of their bedroom at night. He slowly discovers that she has no interest in consummating her marriage with him

because she is a helpless prisoner of lesbianism, locked in a fatal passion for an evil seductress, Berthe de Blangy, whom she met as a girl in boarding school, and who, once they became adults, cleverly vitiated all of Paule's attempts to free herself. When Paule finally does manage to extricate herself, it is too late – she dies of a brain fever brought on by too much sex. Berthe at the conclusion is drowned by the narrator, who thus rids the world of a monster.' Pertinently, on the same page as the resume, Faderman cites the opinion of Jeanette Foster who suggests that Belot's *Mademoiselle Giraud, My Wife*, may have been accepted for publication 'with the intent of capitalizing on Westphal's work on lesbianism which had just attracted so much attention in medical circles.'

- 82 Faderman, *Chloe plus Olivia*, p.295.
- 83 Charles Baudelaire, 'Femmes Damnées' (1857), reprinted in Faderman (ed.), *Chloe plus Olivia*, pp.299-303, at p.301.
- 84 Nina Auerbach, *Our Vampires, Ourselves* (Chicago and London: University of Chicago Press, 1995), p.40, original emphasis.
- 85 Cooke, *Satan in Society*, p.115.
- 86 Woodward, *Hints for the Young*, p.21.
- 87 Ibid., p.11, my emphases.
- 88 Dr A. Walker quoted in Gregory, *Facts and Important Information for Young Women*, p.49.
- 89 Cooke, *Satan in Society*, p.111. Significantly, in the latter half of the nineteenth century, drinking the fresh blood of slaughtered oxen was one of the more bizarre medical solutions to 'the anaemia which plagued and

weakened so many middle-class women', a phenomenon graphically depicted in Joseph Ferdinand Gueldry's painting *The Blood Drinkers* (1898). See: Bram Dijkstra, *Idols of Perversity*, pp.337-8, at p.337.

- 90 *a.i.*, *Beeton's Shilling Medical Dictionary*, p.251.
- 91 R.V. Pierce, *The People's Commonsense Medical Adviser*, pp.492-3.
- 92 Anon., *Pretty Women of Paris*, p.40.
- 93 Woodward, *Hints for the Young*, pp.21, 34.
- 94 Gregory, *Facts and Important Information for Young Women*, p.13.
- 95 *Ibid.*, p.13.
- 96 *Ibid.*, p.34.
- 97 Quoted in *Ibid.*, p.20.
- 98 Interestingly, perhaps, recalling the symbolism of Manet's *Olympia* (1865), an angry-looking black cat of more domestic dimensions stands on the bed at the feet of the eponymous dark-haired, sexualised, white female.
- 99 Gregory, *Facts and Important Information for Young Women*, p.42, my emphasis.
- 100 Nuttall, *Pronouncing English Dictionary*, p.388.
- 101 Gregory, *Facts and Important Information for Young Women*, p.34.
- 102 Nuttall, *Pronouncing English Dictionary*, pp.279, 38.
- 103 Ellis, 'Sexual Inversion in Women', p.147.
- 104 As H. Muller pithily asserts, 'the sick man *is not himself*.' See: H. Muller, *The Household Medical Adviser* (London: The Werner Company, n.d. [c.1900]), p.620.

- 105 Brenda Love, *The Encyclopedia of Unusual Sex Practices* (London: Greenwich Editions, 1999), p.21. In the eighteenth century, men who practiced strangulation for sexual excitement were known as ‘hanging-culls’. The phenomenon was brought to public attention in publications such as *The Grub-Street Journal* and *The London Spy*. I acknowledge the help of Rictor Norton and Michael O’Rourke in obtaining this information. An interesting and detailed consideration of auto-erotic asphyxia can be found in: H.L.P. Resnik, ‘Eroticized Repetitive Hangings: A Form of Self-Destructive Behaviour’, *American Journal of Psychotherapy*, 26 (1972), 4-21.
- 106 Anon., ‘Lady Pockingham’, p.79, my emphasis.
- 107 Gregory, *Facts and Important Information for Young Women*, p.35.
- 108 Ibid., p.30.
- 109 George R. Calhoun, *Report of the Consulting Surgeon on Spermatorrhoea, or Seminal Weakness, Impotence, the Vice of Onanism, Masturbation, or Self-Abuse, and Other Diseases of the Sexual Organs* (Philadelphia: Howard Association, 1858), p.6.
- 110 See: Ben Barker-Benfield, ‘The Spermatic Economy: A Nineteenth-Century View of Sexuality’, *Feminist Studies*, 1 (1972) 45-74.
- 111 Anon., *Pretty Women of Paris*, p.131.
- 112 Ibid., p.131.
- 113 Ibid., p.131.
- 114 J. Milne Chapman, ‘On Masturbation as an Etiological Factor in the Production of Gynec Diseases’, *American Journal of Obstetrics and Diseases of Women and Children*, 16 (1883), 449-58, 578-98, at p.455.

- 115 S.E. McCully, 'Masturbation in the Female', *American Journal of Obstetrics and Diseases of Women and Children*, 16 (1883), 844-6, at p.845. Notably too, the presence of female emissions is supported in the popular medical writing of R.V. Pierce. Pierce claims that 'the discharge occurring during the sexual orgasm of the female produces a depression of energy.' See: Pierce, *People's Commonsense Medical Adviser*, p.749.
- 116 McCully, 'Masturbation in the Female', p.846, my emphases.
- 117 Cooke, *Satan in Society*, p.113.
- 118 Pierce, *People's Commonsense Medical Adviser*, p.733, my emphasis. The albuminous secretion described by Pierce appears to bear a remarkable similarity to that observed by McCully during his experiments.
- 119 Ibid., p.796.
- 120 J. Mitchell Bruce, 'BLOOD, Morbid Conditions of' in Richard Quain (ed.), *A Dictionary of Medicine*, pp.116-22, at pp.120, 121.
- 121 Warren, *Diary of a Late Physician*, p.68. Appropriately, the Italian climate, particularly in the regions of Pisa, Rome and Naples, was also thought to be particularly beneficial to those suffering from diseases of 'the nervous system', 'the effect produced being chiefly due to diversion of the attention by the change of scene, although the bracing influence exerted on the system at large must be taken into account'. See: Edward I. Sparks, 'CLIMATE, The Treatment of Disease by', in Quain (ed.), *Dictionary of Medicine*, pp.265-9, at p.268. As a further, and more ironic, footnote to this chapter, given the suggestion of a lesbian relationship between Laura and Carmilla, it is, perhaps, somewhat apt that Laura goes to Italy for her recuperation. In the journals of

Yorkshire-born lesbian, Anne Lister, 'Going to Italy' was Lister's euphemism of choice for 'a full sexual relationship with a woman'. See: Helena Whitbread (ed.), *No Priest But Love: The Journals of Anne Lister from 1824-1826* (Otley: Smith Settle Ltd, 1992), p.56 n.6, c.f. p.52.

Chapter Four

‘That mighty love which maddens one to crime’:

Masturbation and Same-Sex Desire in *Teleny*

First published in 1893, *Teleny, or The Reverse of the Medal*, the classic erotic novel of homosexual love, is, perhaps, today best known for its alleged associations with Oscar Wilde. Indeed, authorship of the 1986 Gay Men’s Press edition is explicitly attributed to ‘Oscar Wilde and others’.¹ Critical speculation and emphasis on the enigma of its production has, however, resulted in a tendency to concentrate on *Teleny*’s relationship to Wilde’s wider literary output and cultural (or, alternately, subcultural) milieu. On the one hand, William S. Cohen considers *Teleny*’s intertextuality with Wilde’s earlier novella *The Portrait of Mr W.H.* (1889/1893), emphasising the ‘strikingly similar’ narrative structures of the two texts.² On the other, Alan Sinfield examines the way the novel locates ‘same-sex passion’ partly within what he terms ‘an emerging – though far from available – queer subculture’³ – a ‘queer subculture’, Sinfield suggests, that Wilde ‘because of his class position’ was ‘better placed to discover ... than many men.’⁴ Valuable though these textual and cultural readings are, the central importance given to Wilde serves, perhaps, to distract attention from some of the wider implications of *Teleny*’s content. It is fruitful, therefore, to approach *Teleny* without automatic recourse to Wilde and his work and thus without reference to the critical preoccupations of the late twentieth century, and to read it instead through the discourses of its age.

This chapter will consider the constructions of the eponymous René Teleny and his male lover Camille Des Grieux in the context of late-Victorian anxieties about masculinity and non-reproductive sexualities, focusing particularly on the medico-sexual discourses of masturbation, degeneration and sexual inversion/perversion. When viewed through the filter of these medical discourses, the characters of Teleny and Des Grieux appear to conform to the models of sexual inversion/perversion presented in the case studies of nineteenth-century continental practitioners such as Jean-Martin Charcot, Valentin Magnan and Krafft-Ebing rather than to function solely as propagandistically 'homosexual' figures. Recalling 'Westphal's famous article of 1870 on "contrary sexual sensations"', Foucault reminds us that 'the psychological, psychiatric, medical category of homosexuality was constituted from the moment it was characterized'.⁵ In the first edition of *Teleny*, the novel is subtitled 'A Physiological Romance of Today', which appears to give the work a somewhat clinical or scientific emphasis.⁶ If Teleny and Des Grieux are, then, to be viewed as 'gay icons', this surely raises the spectre that 'the love that dare not speak its name' can only be articulated, at least at this early point in recognisable Gay history, in problematic terms, and through a curative rather than a celebratory discourse. This reading will, thus, not only examine the clinical and fictional depiction of the late-Victorian homosexual but also reveal the heavily medicalized nature of much nineteenth-century pornographic writing.⁷

Before I turn my attention to the indisputably 'fatal' attraction between René and Camille, it is worthwhile to explore the correlation between masturbation and sodomy in Victorian medical discourse. Not surprisingly, given the contemporary growth of gender and 'queer' studies as fields of academic research, there has already been much critical debate on masturbation and its association, or otherwise, with the

discourses of sexual inversion and homosexuality in the nineteenth century. Vern L. Bullough and Martha Voght make a persuasive case for the blurring of the terminology in American medical literature in particular, asserting that ‘almost all forms of sexual activity not resulting in pregnancy could be classed with Onan’s sin’.⁸ Such views were not solely the preserve of American practitioners. In his definition of ‘Sexual Perversion’ (1892), Norman Connolly comments on the ‘disgusting details’ of such cases and asserts that ‘For the purpose of the physician it seems sufficient to look upon them as *varieties of masturbation*.’⁹ What Connolly implies, perhaps, is that onanism was perceived as by far the lesser ‘sin’, and thus it provided a euphemism more suited to general consumption. Alan Hunt, however, is rather more dubious about this alleged association. He claims that the primary target of the ‘antimasturbation panic’ was ‘middle- and upper-class teenage males ... attending residential boarding schools’,¹⁰ and although he acknowledges that ‘there were elements of a deepening homophobia imbricated within the antimasturbation discourses’, he is sceptical as to the evidence of any clear-cut conflation between the two in the medical writing of the period.¹¹ Hunt further states that ‘None of the anti-masturbation texts refers explicitly to a link between masturbation and homosexuality.’¹² Interesting though Hunt’s reading may be, he is somewhat guilty of both oversimplification and generalisation not only as to the class and gender of the intended recipients (and, presumably, readers) of anti-onanism texts but also in his bold assertion that ‘none’ of these texts draws an explicit link between onanism and pederasty.

As I have already demonstrated, particularly in the case of Eliot’s Latimer in Chapter One, there was a high degree of parental anxiety generated by the perceived ‘perils’ of the allegedly vice-ridden public school. Allusions to these ‘dangers’ are

apparent not merely in the medical but also in the mainstream and pornographic literature of the Victorian period. In *Tom Brown's Schooldays* (1869), probably the most celebrated novel of English public school life, Squire Brown tells his son Tom on the night before he enters Rugby School,

'If schools are what they were in my time, you'll see a great many *cruel blackguard things* done, and hear a deal of *foul bad talk*. But never fear. You tell the truth, keep a brave and kind heart, and never listen to or say anything you wouldn't have your mother and sister hear, and you'll never feel *ashamed* to come home, or we to see you.'¹³

Although his fatherly advice is heavily euphemised – as befits the language of a book 'written exclusively for mid-Victorian public schoolboys' – acknowledging the wider relevance of Squire Brown's words discloses some, on the surface, rather less obvious paternal tensions.¹⁴ It should be remembered that the epithet 'blackguard' functions as an adjective for all that is 'scurrilous', 'low' and 'vile'.¹⁵ Recall here that Russell, in Farrar's *Eric* (1858), was warned by his father about school vice in similar terms: 'It is more than blackguardly, it is deadly'.¹⁶ The word 'foul', too, is loaded with meaning, encompassing, in the words of a contemporary dictionary, that which is 'filthy', 'dirty', 'impure; [and] polluted'.¹⁷ Read in this way, it would appear that assaults on young Tom's moral and physical rectitude could come not only from the practices of bullying, lying, cheating and swindling but also from the dangers of witnessing sordid and despicable 'vices' and through indulging in lewd and 'dirty' conversation.

Not surprisingly, such concerns are more explicitly articulated in the pornographic novella *Teleny*. Camille Des Grieux's mother decides not to place him as a 'boarder' in school,

for she knew that such places of education are – as a rule – only
hotbeds of vice. Who is the *interne* of either sex who has not begun
life by tribadism, onanism or sodomy.¹⁸

Note here the emphasis on pupils of 'either sex' (*not* merely the upper- or middle-class male) and the striking phrase 'hotbeds of vice', a constantly recurring integer in medical/sexual advice manuals of the period aimed at both men *and* women.¹⁹ Although *Tom Brown's Schooldays* is a book that was initially marketed for young upper- and middle-class male readers, the primary focus of anti-masturbation literature according to Hunt, as can be seen in Chapter Two, the hazards facing girls at boarding school were thought to be equally as grave.

Returning, though, to the question of any explicit links between onanism and pederasty in *fin de siècle* medical writing on 'the secret sin', there was undoubtedly a certain amount of disagreement among practitioners. In his 1895 clinical article, 'Masturbation in the Adult', the physician Edgar J. Spratling emphatically regards masturbation as 'an arch enemy', 'hand in hand with its *boon companion*, sodomy, it stalks through every ward, entangling its victims more hopelessly with each passing night.'²⁰ Bernarr Macfadden's popular advice work, *Superb Virility of Manhood* (1904), is, perhaps, more ambiguous, counselling young men that 'influences or surroundings which tempt the boy or youth to masturbation *may* tempt him also to become a devotee of pervertism.'²¹ A similar level of equivocation is clearly reflected in the better-known nineteenth-century writings on sexual inversion. Krafft-Ebing claims that 'Nothing is so prone to contaminate ... the source of all noble and ideal

sentiments, which arise of themselves from a normally developing sexual instinct, as the practice of masturbation in early years.²² Havelock Ellis, while acknowledging the frequency of ‘sexual precocity’ in cases of inversion, is inclined to give ‘self-abuse ... a very subordinate place’ as a factor shaping the invert’s character.²³ Despite this lack of accord as to the impact of masturbation a far greater degree of medical unanimity is apparent when it comes to the influence of faulty heredity.

It is useful to recall the classification of sexual inverts in late-nineteenth and early-twentieth-century medical discourse. Although this is a complex discourse, with incidences of inversion often broken down into many categories and sub-divisions, in the bulk of clinical writings on the subject, such cases are essentially recognised as being either congenital (inborn) or acquired (contracted through contact with perverted individuals and/or excessive indulgence in masturbation leading to a diminished appetite for conventional coition and a preference, instead, for ‘unnatural’ sexual acts).²⁴ In an example, perhaps of a religious or Biblical discourse overmapping the medical – on observation, that ‘the sins of the fathers are visited on the children’ – what many physicians alleged to be at the root of both congenital and acquired manifestations of inversion was degenerate heredity. Havelock Ellis, despite being somewhat guarded in tone, is ‘certain that a thorough investigation [of sexual inverts’ family backgrounds] would increase the proportion of cases with [recognisably] morbid heredity.’²⁵ Krafft-Ebing though is rather more emphatic:

In almost all cases [of sexual inversion] where an examination of the physical and mental peculiarities of the ancestors and blood-relations has been possible, *neuroses*, psychoses, degenerative signs, etc., have been found in the families.²⁶

The importance of heredity in determining whether or not indulgence in homosexual acts will prove to be ultimately injurious is further stressed in his writing on ‘Acquired Homo-Sexuality’. While Krafft-Ebing acknowledges the fact that groups such as prisoners, armed forces personnel and pupils of both sexes often temporarily indulge in mutual onanism and sodomy or tribadism due to a lack of other sexual outlets, he nevertheless maintains that in ‘the *normally* constituted, *untainted*, mentally healthy individual.... No case has been demonstrated in which perversity has been transformed into perversion, – into a reversal of the sexual instinct.’²⁷ In other words, if one is physically and intellectually sound – and hails from sound stock – the occasional sensual aberration will cause no lasting harm.

Given the high degree of medical agreement on the influence of heredity in cases of sexual inversion, it is notable that, in *Teleny*, the eponymous pianist, René, and his male lover, Camille Des Grieux, are constructed as men with less-than-healthy pedigrees. In the case of Des Grieux, on two separate occasions he recalls that his father ‘died mad’ (pp.100, 109). Although the exact aetiology of this madness is never explicitly articulated, the novella does provide some intriguing clues. When Des Grieux appears in the breakfast room with nerves unstrung, looking feverish and, as his mother observes, ‘unwell’ (p.22), the morning after his first meeting with Teleny, he refuses coffee²⁸ but deigns to partake of ‘champagne and a biscuit’ (p.23). This behaviour unsettles his mother who questions the wisdom of drinking champagne ‘So early in the morning, and on an empty stomach’ (p.23). She is ‘frightened’ that Des Grieux is ‘already getting to be like [his] father’ (p.23). The implication here seems to be that his father was an alcoholic – an addiction which, according to E.B. Foote, had the ‘power to dethrone reason, and lead its victim a driveling captive to poverty, vice and crime.’²⁹ In their writing on ‘Perversions of the Sexual Instinct’, the physicians L.

Thoinot and Arthur W. Weyssé assert that ‘*Intoxications*’ and ‘especially ... *alcoholism* ... play[s] a great rôle in the procreation of degenerates.’³⁰ In *Teleny*, there is ample evidence to suggest that a possible predilection for strong drink is not the only skeleton rattling in the Des Grieux’ ancestral cupboard. Des Grieux’s mother is loath to place her son as a boarder in school not merely because of the sexual temptations of that institution, but because, as he states, she is ‘frightened lest I might have *inherited* my father’s *sensual disposition*’ (p.33, my emphases). By inference, the word ‘sensual’ emphasises that which is ‘carnal’, ‘voluptuous; [and] lewd’ – surely an allusion then to something more than merely an excessive appetite for alcohol.³¹ In his 1889 clinical lecture on ‘Sexual Perversion, Satyriasis and Nymphomania’, G. Frank Lydston asserts:

It is probable that few bodily attributes are more readily transmitted to posterity than peculiarities of sexual physiology. The offspring of the abnormally carnal individual is likely to be possessed of the same inordinate sexual appetite that characterizes the parent. The child of vice has within it, in many instances, the germ of vicious impulse, and no purifying influence can save it from following its own inherent inclinations. *Men and women* who seek, from mere satiety, variations of the normal method of sexual gratification, stamp their nervous systems with a malign influence which in the next generation may present itself as true sexual perversion.³²

Lydston’s words seem particularly appropriate in the case of Des Grieux who is, arguably, constructed as the progeny of *two* ‘abnormally carnal’ parents. His mother is said to be ‘somewhat light and fond of pleasure’ (p.22) and Des Grieux asserts that ‘If her life was not according to what we generally call “the principles of morality”, or

rather, Christian hypocrisy, the fault was my father's, not hers' (p.22). But is it? These references to her, apparently, 'racy' life-style, coupled with the evidence of her eventual sexual exploits with Teleny – she is described as 'a woman of great experience' and having 'consummate skill' (p.149) in lovemaking – surely imply that Des Grieux's mother too has libidinous tendencies. Some critics view her as largely to blame for her fictional husband's descent into madness. John McRae asserts that 'there are grounds for suggesting that the nebulous father-figure was driven mad, and then to death, by his young wife's sexual excesses.'³³ Although this is a matter of conjecture, a similar pattern of family relationships may well be discernible in the case of René Teleny. In this instance, however, his father is not so much 'nebulous' as non-existent in that he is never mentioned in the text. What is apparent though is that Teleny's mother is a woman prone to illicit lascivious indulgence. Recalling his childhood, Teleny tells Des Grieux:

'My mother actually rode a gentleman under my very eyes. I was in the parlour when a *friend* happened to call, and *had I been sent out suspicions might have been aroused*, so I was made to believe that I was a very naughty little boy, and I was put in a corner with my face to the wall. Moreover, she told me that if I cried or turned round she'd put me to bed; but if I were good she'd give me a cake. I obeyed for one or two minutes, but after that, hearing an unusual rustle, and a loud breathing and panting, I saw what I could not understand at the time, but what was clear to me many years afterwards.' (p.98, my emphases).

Note here that it was 'a gentleman' (clearly *not*, it would seem, her husband) that his mother was entertaining. The epithet 'friend' too seems to be used in an ambiguous,

Shakespearean sense as an interchangeable euphemism, which could also mean 'lover'. The fact that the boy had to remain in the room to give his mother's liaison an aura of propriety – expressly to avoid arousing the 'suspicions' (p.98) of the servants (who might have thought it dubious had she and the male visitor been left in the room unchaperoned) – suggests that she was keen to maintain the illusion of being a respectable woman with an exemplary reputation. This would be particularly important, perhaps, if she already happened to be *married* to someone else, a feasible enough proposition given that she has a son. Taking into account this textual evidence, both Des Grieux and Teleny can be viewed as the offspring of sexually rapacious progenitors – and therefore logically the inheritors of their defective heredity.

Teleny's faulty ancestry is further compounded by his racial origins. He is a concert pianist of Hungarian descent. When Des Grieux first encounters him, he plays 'a wild Hungarian rhapsody' (p.9) and 'in beauty, as well as in character, [he] was the very personification of this entrancing music (p.9), a music also described as having a 'luxurious Arabic character' (p.9). His nationality appears to be particularly relevant when examined in the light of late nineteenth-century writing on sexual inversion. In their consideration of the frequency of '*uranism in men and women*', Thoinot and Weyssé cite the 1880 work of K. Ulrichs who 'claimed that there was on average one adult invert for 200 adult heterosexual men, and that the proportion was *even greater among the Magyars*'.³⁴ A *fin de siècle* dictionary definition of 'Magyar' is 'A Hungarian, allied in race to the Turks'.³⁵ This connection with the Arab world is compelling inasmuch as, as Rudi C. Bleys asserts, in the nineteenth century 'the image of widespread sodomy was disseminated in handbooks about the world of Islam and its countries'.³⁶ In *Teleny*, the foreign 'otherness' and exoticism of the eponymous

protagonist's background is further underlined when he tells Des Grieux, 'the gypsy element is strong in me' (p.17) and emphasises that there is '*Asiatic blood* in my veins' (p.18, my emphasis).³⁷ This 'Asiatic blood' is visibly manifested in the shape of his mouth, later referred to as 'oriental in its voluptuousness' (p.135). These racial signifiers can be seen not only to indicate his nationality but also to disclose his propensity for licentious or deviant sexual behaviour. The Orient and Asia were favoured locations for pornographic texts in the Victorian period, with titles such as *The Lustful Turk* (1828), *Venus in India* (1889) and *A Night in a Moorish Harem* (1900) having a particularly enduring currency. Indeed, even medical practitioners recognised the prevalence of these received notions about the sensual nature of the Oriental and Eastern races. To quote Thoinot and Weyse: 'it is necessary to close one's eyes and ears in order to be ignorant of the fact that the Orient, the extreme Orient and Africa are active foci of unnatural relations, especially between men.'³⁸ The German forensic physician J.L. Casper further claims that the practice of 'paederastia' is 'of Asiatic origin'.³⁹ It is hardly surprising then that Teleny confesses to Des Grieux 'I do not care for a single girl in this world, I never did, I could never love a woman' (p.18).

Even Teleny's profession – he is a concert pianist who is just beginning to 'make a name' (p.7) for himself when he meets Des Grieux – has its place in the medical discourse on sexual inversion. According to Krafft-Ebing 'In the majority of cases [of sexual inversion], psychical anomalies (brilliant endowment in art, *especially music*, poetry, etc., by the side of bad intellectual powers or original eccentricity) are present'.⁴⁰ His view is supported by the American practitioner William Lee Howard who claims that 'Ninety per cent of these abnormal individuals are engaged in artistic pursuits' including 'music'.⁴¹ Teleny wrongly identifies Des Grieux as 'a poet or a

painter' (p.16) when they are first introduced. Although John McRae comments on the 'highly spurious association of musical talent with "inversion"', this nevertheless proved to be an influential and long-standing association.⁴² Musicianship was perceived to be synonymous with homosexuality in a cultural discourse that was current well into the twentieth century. As Alkarim Jivani asserts in *It's Not Unusual* (1997), a contemporary history of gay and lesbian Britain, 'Between the wars' one of the most 'popular' phrases 'to inquire whether someone was gay or not' was 'Is he musical?'⁴³

Teleny's undoubted musical accomplishments are accompanied by what Krafft-Ebing terms 'bad intellectual powers or original eccentricity'.⁴⁴ This 'eccentricity' is manifested in his outward appearance in addition to the 'bad intellectual powers' which seem to be a feature of his psychical arrangement. As Des Grieux observes, 'His dress ... though always faultless, was a trifle eccentric' (p.8). Teleny is described as a 'rather tall and slight young man of twenty-four' with '*short and curled*' hair of a 'peculiar ashy hue' on account of it always being 'imperceptibly powdered' (p.8, my emphasis), a somewhat archaic practice in the nineteenth century. This contrasts with his 'dark eyebrows' and '*short moustache*' (p.8, my emphasis). Although short hair and a moustache could be seen as syntagms of a 'gay' paradigm or factors in the adoption of a 'distinctly gay image' in the late twentieth century, Neil Bartlett asserts that 'in 1899 short hair and a moustache indicated nothing.... [such faces were] constructed for a reason: *I want to look like a man*'.⁴⁵ Teleny's complexion, however, may be seen as a significant indicator of the state of his physical health, being 'of that warm, *healthy paleness* which ... artists often have in their youth' (p.8, my emphasis). The notion of 'healthy' pallor is something of a misnomer when viewed in the light of Victorian medical discourse. As I noted earlier,

in medical writing of the period, paleness can be seen to function as a signifier of many afflictions including consumption and syphilis. Most appropriately here though, according to the physician R.V. Pierce, a 'pale' face is one of the primary symptoms of spermatorrhoea, a male physiological disorder characterised by involuntary emissions and a resultant seminal weakness 'generally induced by the early habit of masturbation.'⁴⁶ This is important inasmuch as it impacts on the pathology of sexual inversion. Many practitioners including Havelock Ellis and Krafft-Ebing identified what Ellis terms 'marked hyperaesthesia or irritable weakness' in 'a considerable proportion' of male sexual inverts and this is clearly a pertinent factor in both Teleny and Des Grieux.⁴⁷

Moving on briefly to the 'bad intellectual powers' inherent in Teleny's psychical arrangement, it is notable that even the pianist's smitten lover eventually recognises that Teleny has 'one great *defect*' (p.129, my emphasis). He has 'an *artist's lavishness* in the composition of his character' (p.129, my emphasis) or, in other words, he is an extravagant spender who lives well above his means and is frequently in debt (a factor which contributes to his ultimate downfall). It should be remembered here that in the late nineteenth century the concept of 'intellect' was defined as that which pertained to the 'intelligent or [more relevantly, the] *rational* mind'.⁴⁸ If one considers Teleny's injudicious use of money in tandem with his failure to acknowledge the parlous state of his financial affairs, his actions in no way disclose the workings of a 'rational' or practical mind. As Des Grieux recalls, 'I often lectured him on that score; he invariably promised me not to throw away his money, but alas!' (p.129). Remember, too, Des Grieux's reference to the '*artist's lavishness*' (129, my emphasis) integral to Teleny's nature, thus emphasising the seeming gulf between creative ability and talent and fiscal astuteness. It is significant then that at the

beginning of the novella, Teleny himself observes that ‘there is always so much of the madman in the composition of every artist’ (p.16). By contrast, Des Grieux’s professional background is ‘in trade’ (p.25), having been left ‘a very profitable business’ (p.26) by his father. In spite of this commercial credibility though, he does exhibit a certain ‘eccentricity’ in his ‘feminine’ tastes in antiques, having a distinct preference for the delicate and the decorative. He is ‘fond of old majolica, old fans, and old lace’ of which he has ‘a rather fine collection’ (p.26). What is, perhaps, particularly striking in the relationship between Teleny and Des Grieux is their seemingly psychic linkage, a phenomenon which can arguably be categorised among what Thoinot and Weyssse termed ‘The *psychic* symptoms, or, better, *stigmata*’, seen as a crucial factor ‘in the immense majority of cases’ of sexual perversion.⁴⁹ This is an important topic and one I shall consider in detail later in this chapter.

Firstly, however, it is necessary to examine the state of the physical health of the two and, in particular, the evidence of, in Krafft-Ebing’s words, ‘neurasthenia sexualis, which manifests itself essentially in irritable weakness of the ejaculation centre.’⁵⁰ Such ‘weakness’ is a marked feature in both Teleny and Des Grieux from the very beginning of the novella. In chapter one, Des Grieux encounters Teleny for the first time at a ‘grand charity concert’ of which his mother is ‘one of the lady patronesses’ (p.7). He is ‘spellbound’ by Teleny’s playing, experiencing ‘the strangest visions’ (p.9), all of which are Orientalist, exotic and sensual in character, and redolent with references to same-sex pleasures. Des Grieux longs to feel ‘that mighty love which maddens one to crime’ (p.10) – a variation on the more celebrated ‘love that dare not speak its name’ – and recalls, ‘the pianist’s notes just then seemed murmuring in my ear with the panting of an eager lust, the sound of thrilling kisses’ (p.10). Although he claims to have been ‘sat still, like all the crowd around me’

(p.10), he remembers that his ‘whole body was convulsed and writhed with mad desire’ (p.10). This culminates in a further and more explicit masturbatorial experience as

a heavy hand seemed to be laid upon my lap, *something* was bent and clasped and grasped, which made me faint with lust. The hand was moved up and down, slowly at first, then faster and faster it went in rhythm with the song.... and then, *some drops* even gushed out. (p.11, my emphases)⁵¹

Note here Des Grieux’s tone of detachment from, and denial of, any participation in this activity. It is ‘*a* heavy hand’ – the indefinite article, a hand which might belong to the self or to another – which clasps ‘*something*’, and that ‘*something*’ is undoubtedly, in context, his penis. So, to use a twentieth-century colloquialism, is he ‘jerking off’ in time to the music or is it all in his imagination? Admitting that one indulged in ‘solitary vice’ could be seen as reprehensible enough in the Victorian period but masturbation in a public place would have been perceived as even more perverse, if not obscene and anti-social. Given that *Teleny* is set in Paris, it should be remembered that, in French territories, ‘*public acts of ... solitary or reciprocal immodest manipulations*’ were included in the legal definition of ‘*public offences against decency*’.⁵² The implication is that what he is experiencing is within him, a figment of his imagination, and he is explaining a *spontaneous* ejaculation – symptomatic of his ‘neurasthenia sexualis’ – by way of the language of auto-eroticism. Semen too is euphemised as ‘*some drops*’ which, nevertheless ‘gushed’ out. Given that ‘Gush’ suggests, by definition, the ‘violent and copious issue of a fluid’, his experience certainly appears to have been orgasmic.⁵³ On the one hand, Des Grieux’s evasion could indicate a reluctance to acknowledge his condition. On the other,

‘some drops’ could describe a ‘watery’ emission, characteristic of an already debilitated system. In his clinical writing on ‘Spermatorrhoea’, the British physician James Cantlie asserts that the afflicted male could expel either ‘ordinary seminal fluid’ or a discharge that is ‘less in quantity, clearer, tenacious, more like synovial fluid in appearance and consistence’ and this could certainly be relevant in the case of Des Grieux.⁵⁴ After Teleny’s performance he is undoubtedly ‘spent’, to use a context from the spermatic economy. As he recalls, ‘I was powerless to applaud, I sat there dumb, motionless, nerveless, exhausted’ (p.11). This is characteristic of both the post-orgasmic state and the man rendered, in Cantlie’s words, ‘sleepless, listless, nervous, [and] anaemic’ as a result of excessive involuntary emissions.⁵⁵ Des Grieux’s mother observes how ‘pale’ her son looks and asks if he feels ‘ill’ (p.11). Later in the novella, Des Grieux confesses that whenever he watched Teleny play, the longing he felt for the musician ‘was so intense that it always made [his] penis water’ (p.43).

Des Grieux’s lascivious reaction to Teleny appears to be unerringly accurate when measured against the prototypical behaviour of male invert recorded by Krafft-Ebing. The physician claims that:

simply *embracing* and kissing, or even only the *sight* of the loved person, [will] induce the act of ejaculation. Frequently this is accompanied by an abnormally powerful feeling of lustful pleasure, which may be so intense as to suggest a feeling of *magnetic currents* passing through the body.⁵⁶

Krafft-Ebing’s words are further borne out when, after the concert, Des Grieux meets Teleny face-to-face. The effect here is even more profound. The mere touch of Teleny’s hand sets Des Grieux’s emotions ‘on fire’ and prompts another penile

erection – ‘Priapus, re-awakened, uplifted his head’ (p.13). Des Grieux recalls, ‘I actually felt I was being taken possession of [by Teleny], and I was happy to belong to him’ (p.13). The ‘carnal hunger’ in Teleny’s eyes makes him ‘feel faint’ and when the pianist hugs him ‘tightly’, he feels Teleny’s ‘hot and panting breath’ and ‘something hard press and move against [his] thigh’ (p.19). This results in Des Grieux experiencing a second and more powerful orgasmic involuntary emission, his penis ‘spout[s] one or two drops of that *creamy, life-giving* fluid’ (p.19, my emphases) – surely on this occasion a reference to a more conventionally viscid semen. Teleny appears to undergo a simultaneous reciprocal spasm as a result of their physical touching.

Just then he unclasped his arm from round my waist, and it fell lifeless of its own weight like that of a man asleep.

He stepped back, and *shuddered* as if he had received a *strong electric shock*. He seemed *faint* for a moment then wiped his *damp forehead*, and sighed loudly. All the colour had fled from his face, and he became *deathly pale*. (p.19, my emphases)

Given his convulsive movement compounded by the consequent weakness and pallor, symptoms previously noted and examined in the case of Des Grieux, the evidence suggests that Teleny is similarly afflicted by an ‘irritable weakness’ of the ejaculation centres. Taking into account the essentially saline composition of both sweat and semen, it is entirely possible that his ‘damp forehead’ encodes a ‘dampness’ around the ‘head’ of an organ rather lower down. The sensation akin to a ‘strong electric shock’ is reminiscent of what Krafft-Ebing terms the ‘feeling of magnetic currents passing through the body’. This is further reinforced when Teleny asks Des Grieux to

recall the first time their eyes met, and Des Grieux confirms that ‘there was a *current* between us, like a spark of *electricity*’ (p.20, my emphases).

The notion of ‘electricity’ here emphasises their psychic as well as physical affinity. Medical writing on sexual inversion frequently makes mention of the fact that male inverts are able to, in Casper’s words, ‘*recognise one another*’ and often ‘at a single glance’.⁵⁷ Krafft-Ebing further observes that ‘The psychical love manifest in these men is, for the most part, exaggerated and exalted in the same way as their sexual instinct is manifested in consciousness, with a *strange and even compelling force*’.⁵⁸ Both the ‘shock’ of recognition and the ‘strange’ and ‘compelling force’ of homosexual ‘psychical love’ appear to be combined when Teleny and Des Grieux lock eyes for the first time. When Des Grieux is questioned as to whether Teleny had any ‘peculiar dynamic quality’ in his eyes, he confirms that ‘*For myself of course there was*; yet he had not what you would call *hypnotising eyes*’ (p.8, my emphasis). Note here ‘For myself’, the implication being that a heterosexual male outside their community of feeling would have been impervious to the ‘peculiar dynamic quality’ of the pianist’s gaze. As William Lee Howard asserts, the sexual invert’s ‘abnormality is seldom recognized except by those of similar psychical desires’.⁵⁹ And although Des Grieux does not explicitly acknowledge this quality as ‘hypnotising’, he nevertheless recalls that Teleny’s eyes ‘had such *penetrating power* that ... I felt that he could dive deep into my heart’ (p.8, my emphasis). Likewise, in the presence of Des Grieux, Teleny plays as never before because he has a ‘sympathetic listener’ who sees ‘the same visions as I do’ (p.14). As Teleny is applauded at the end of the performance, Des Grieux feels the pangs of ‘bitter jealousy’ and swoons as he experiences a prevision of the pianist’s eventual death by suicide: ‘I saw a small dagger plunged in

his breast, with the blood flowing fast from the wound' – an incident that leaves his 'nerves ... utterly unstrung' (p.11).

The morning after the concert, Des Grieux's identity appears to be closely bound up with that of Teleny and this is described in the 'occult' terminology of demonic possession. He claims that 'the image of Teleny' haunts him and, moreover, when he looks in the mirror he '[sees] Teleny in it instead of myself' (p.22). He feels 'a grudge against the male musician who had *bewitched*' him (p.25, my emphasis) and, although he tries not to think of Teleny, 'the more I tried not to think of him, the more I did think ... he actually *haunted* me' (p.26, my emphasis). He hears the pianist's voice and has 'hallucinations' of a sexual nature which give him 'a strong erection' (p.26). Although the novella provides many examples of the couple's 'secret affinity' (p.56), perhaps the most interesting is Des Grieux's graphic and detailed recollection of Teleny's assignation with a married but childless Countess (pp.47-58). On this occasion he 'unconsciously threw [himself] into a kind of trance' and 'had a most vivid hallucination' which 'coincided with all that [Teleny] did and felt' (p.47).⁶⁰ The accuracy of his 'hallucination' is later confirmed by Teleny who 'acknowledged that everything had occurred exactly as [Des Grieux] had seen it' (p.53). When the interviewer questions him about how this could happen, Des Grieux replies that there was 'a strong transmission of thoughts between us... follow the doings of the Psychical Society and this vision will certainly not astonish you any more' (p.53). In the 1883 *Proceedings of the Society for Psychical Research*, W.F. Barrett considers the possibility of 'a *community of sensation* between the mesmeriser and the subject',⁶¹ that is, the imperceptible transmission and simultaneous experience of touch, taste, smell and temperature between the two individuals. Barrett suggests that:

when a person is thrown into a hypnotic or passive condition, the nervous action associated with thought can be excited by a corresponding action in an adjoining individual, and this across space and *without* the intervention of the recognised organs of sensation.... The energy of electricity exerts itself in two ways, by transmission along a material conductor and by influence, or induction as it is termed, across space. May not nerve energy, whatever be its nature, also act by influence as well as conduction?⁶²

If one recalls the ‘penetrating power’ (p.8) of Teleny’s eyes and the ‘current’ like a ‘spark of electricity’ (p.20) between the pianist and his lover whose ‘natures seemed to be bound to one another by a secret affinity’ (p.56), it is possible that Barrett’s theory could have informed the construction of these characters. Whatever the truth of the matter, this ‘secret affinity’ certainly appears to be strong given that ‘nine months after Teleny’s liaison with the Countess, the lady ‘[gives] birth to a fine boy’ (p.58), a ‘fine boy’ moreover who does not look like either ‘the rickety old count’ (p.58), her husband, or Teleny but resembles Des Grieux. Given Teleny’s earlier claim – ‘I never did, I could never love a woman’ (p.18) – his behaviour seems somewhat ambiguous, and I shall return to the subject of male inverts’ attitudes to women shortly.

At this point, however, it seems pertinent to consider Camille Des Grieux’s formative sexual experiences in early life. As a boy, he is of ‘a rather shy disposition’ (p.27) – not only a classic signifier of the masturbator according to many Victorian doctors but also typical of what William Lee Howard terms the ‘secretive, reserved and obmutescent’ nature of the sexual invert.⁶³ The emergence of his growing awareness of an attraction to the same sex has many echoes in the case histories of

practitioners such as Krueg, Krafft-Ebing and Havelock Ellis. As a boy he was aware of an attraction for 'grown-up men' of the 'prize-fighter's type, with huge limbs, rippling muscles, [and] mighty thews' (p.32) and his 'first infatuation' was for 'a young Hercules of a butcher' (p.32) whom Des Grieux spied on whilst the former enjoyed amorous assignations with the family's maid. The male invert's apparent preference for strong and virile men is well documented in medical writing of the period. Thoinot and Weyssé claim that 'What the uranist prefers, as a general rule, is the adult male, normal (*not inverted*) and vigorous'.⁶⁴ This is borne out, to cite but one example, in William Lee Howard's case study of 'H.W.F.', a thirty-year-old male invert who 'desire[s] only handsome and robust men'.⁶⁵ The 'young Hercules' favoured by Des Grieux did, however, occasionally 'fondle' (p.32) the boy and, one day, when the maid was unreceptive to his advances and he was in an agitated state of sexual excitement, the butcher took up Des Grieux and 'greedily' (p.32) kissed him. Des Grieux recalls that 'this act must have brought about an erection.... I still remember the pleasure I felt when – like a cat – I could rub myself against his legs, nestle between his thighs, sniff him like a dog' (p.32). The urge to 'embrace' and 'press' oneself against a male from a lower social stratum is recorded in Krafft-Ebing's case of 'Mr Z.' who was 'especially attract[ed]' to 'Youths of the lowest classes'.⁶⁶ As a child, Des Grieux's 'greatest delight' was to 'see men bathing' (p.33) and the sight of a 'phallus' (p.33) actually makes his mouth water, a tempting prefiguring perhaps of his later confession that the desire he felt for Teleny 'was so intense that it always made [his] penis water' (p.43), although he states that, at the time, 'I never understood that I loved men and not women' (p.33). This early experience bears striking similarities to the case of Julius Krueg's patient, 'Herr N.', a young man who not only has 'perverted sexual feelings' but also 'suffers from

nervous symptoms' – not unlike those of Des Grieux.⁶⁷ Krueg recalls that 'when only six years old the sight of naked men in a bath gave [Herr N.] a peculiar pleasure, which, at that time, he knew not how to interpret, but which he now recognises to have been a sexual sensation'.⁶⁸

This youthful but unacknowledged impulse towards men impacts on his encounters with women. Although Des Grieux admits to having been with a few women 'by chance, rather than by choice' (p.33), his first attempt to woo and love a girl is little short of a disaster. Having already offended the young woman, Marguerite's, sensibilities in a chance encounter in a 'water-closet' (p.29), he clumsily attempts to engineer a meeting alone with her in the garden of the 'Pension Bellevue' (p.29) where they are both staying. This is hardly a romantic encounter as he catches Marguerite in the act of relieving herself in a secluded spot, seeing a 'faint glimpse of pinkish flesh and a stream of yellow liquid pouring down and flowing on the gravel' (p.31). Needless to say, she is *not* amused. Thus, as De Grieux asserts, 'the only love I ever had for a woman ... came to an end' (p.31). In some cases of sexual inversion examined by Havelock Ellis, Ellis discovered 'a disappointment in normal love which, acting upon a predisposed organism, produced a profound nervous and emotional shock.'⁶⁹ This could well be a factor in the case of Des Grieux, particularly given the rather more tragic outcome of his later abortive efforts to 'forget [Teleny] entirely' (p.60) and seduce his mother's new chambermaid, 'a country wench of sixteen or thereabout' (p.60) with 'the slender lithesomeness of a *young boy*' (p.61, my emphasis), as a means of 'getting rid of [his] horrible infatuation' (p.60). The girl tells him that 'if you ruin me, I shall kill myself' (p.65) but he nevertheless twice feebly ventures to penetrate her hymen without success. The girl's other suitor in the household, a young coachman who has wooed her with gifts and offers of marriage, is

informed about her seeming 'infidelity' by the cook and this arouses in him 'an ungovernable fit of jealousy' (p.69). The coachman steals into the maid's bedroom while she is getting ready for bed and violates her, following which she commits suicide by jumping out of the window (p.73). This is an event which causes Des Grieux 'no slight amount of trouble and worry' and leaves his nerves in an explicitly 'shattered' state (p.74).

Harking back to his formative encounters with women, his inexperience with the female sex leads him to eschew brothel-crawling trips with his peers and his first visit to such an establishment comes 'Upon leaving college' (p.35) although he is loathe to expose himself to the 'ridicule [of his implicitly heterosexual comrades] and to all the *horrors of syphilis*' (p.35, my emphasis). Here, he clearly equates venereal disease with heterosexual rather than homosexual love, and this dread of contamination is a further element in the medical discourse on sexual inversion. According to Krafft-Ebing, in cases of 'acquired homosexuality', 'the development of higher sexual feelings toward the opposite sex suffers, on account of hypochondriacal fear of infection in sexual intercourse'.⁷⁰ Although I would argue that Des Grieux's homosexuality is scripted as being of the 'congenital' type – and bearing in mind that some physicians such as William Lee Howard refused to draw a distinction between 'congenital' and 'acquired' manifestations of the condition – it is interesting that Des Grieux appears to share this aversion. Indeed, the emphasis on foulness and infection is reflected in Des Grieux's perceptions of the brothel's exterior, which he describes in notably diseased terms. He recalls

a low, beetling-browed house which seemed to have suffered from water on the brain when a child.... painted in yellowish-red, its many excoriations gave it the appearance of having some

loathsome, scabby, skin disease. This place of infamous resort seemed to forewarn the visitor of the illness festering within its walls. (p.36)

Given that chancres, lesions and ‘thickened, scaly patches on the skin’ are characteristic symptoms of syphilis, the very building itself seems to be ‘sick’.⁷¹ Even the interior is illuminated by a less-than-healthy sounding ‘asthmatic, flickering gaslight’ (p.36). Not surprisingly, perhaps, the whores and the sexual acts they perform are similarly described in terms of distaste and loathing, the former being ‘cadaverous’, ‘pock-marked’ and ‘repulsive’ (p.37). An act of cunnilingus between two prostitutes, performed as a spectacle for the paying punters, culminates in the death of one of the participants, depicted as a girl in ‘the very last stage of consumption’ (p.37) who, in ‘a fit of lubricity’ (p.42), bursts a blood vessel. As we have seen, this notion of the libidinous consumptive is something of a constant in both medical and pornographic discourse. American physician G. Frank Lydston asserts that some ‘very pitiful’ cases of ‘nymphomania’ are ‘known to be associated with the cerebral disturbance incidental to pulmonary consumption.’⁷² Regarding the incident in *Teleny*, however, the conflation of blood, sex and death echoes the later homosexual act of ‘bottlery’ (p.124) at Briancourt’s symposium, another publicly performed sex act that hastens the death of one of the participants.

As Des Grieux begins to understand the significance of his ‘natural feelings’ for Teleny he purports to be ‘staggered, horrified; and filled with dismay’ (p 44). He agonises over his condition and is determined to ‘stifle’ (p.44) his feelings. This is not uncommon in medical discourse. Havelock Ellis recalls three cases of sexual inversion where the subjects ‘have fought in vain against their perversion.’⁷³ Thoinot and Weyssse consider the ‘*agony*.... a feeling of more or less intense *moral suffering*’

that ‘degenerates’ can experience in coming to terms with their predilections.⁷⁴ De Grioux proceeds to read all he could find ‘about the love of one man for another, that loathsome crime against nature’ (p.45). One work in particular makes a very strong impression. He recalls:

I ... read in a *modern medical book*, how the penis of a sodomite becomes thin and pointed like a dog’s, and how the human mouth gets distorted when used for *vile purposes* [presumably, oral sex], and I shuddered with horror and disgust. Even the sight of that book blanched my cheek! (p.45, my emphases).

The ‘modern medical book’ Des Grioux refers to here is almost certainly the Parisian physician Ambroise Tardieu’s treatise *Etude médico-légal sur les attentats aux mœurs*, first published in 1858. In his book, Tardieu ‘went so far as to pretend that the pederast’s penis looked like that of a dog as a result of anal penetration.’⁷⁵ A fellow medical practitioner, Johann Ludwig Casper, rightly identified that Tardieu’s work was written ‘with more ardour and fancy than with the necessary critical caution’.⁷⁶ Yet in his consideration of the validity of Tardieu’s graphically-described physical evidences of ‘Paederastia’, Casper asserts that ‘Such descriptions may cause the hair of non-medical people to stand on end’ – a fancifully predicted but nominally accurate prediction given the shocked reaction of the fictional protagonist Des Grioux.⁷⁷ The fact that, in *Teleny*, Des Grioux gains access to Tardieu’s clinical work raises interesting questions about the availability and dissemination of medical discourse on sexual inversion beyond the limits of specialist practitioners and suggests, perhaps, that such literature might have had a rather wider distribution. Given the undeniable medical accuracy of the anonymous author’s depictions of Teleny and Des Grioux, it is difficult to believe that the novella was written in

isolation from *fin de siècle* medical thought and that such details are purely coincidental.

A further striking aspect of this medical authenticity can be seen in the representation of Teleny's relationship with Des Grieux. Although Teleny proclaims to his lover that 'I can only find happiness in your love, and in yours alone' (p.84), his actions appear to belie his words and the pianist is portrayed having erotic interludes with partners of *both* sexes. The fact that he can make love to a woman is not to contradict his self-confessed homosexuality. Havelock Ellis, among others, asserts that, in some cases, inverts can 'find sexual satisfaction both with their own and the opposite sex.'⁷⁸ The issue here is rather one of fidelity – or the lack of it; Teleny's inability to be 'faithful' to Des Grieux is a characteristic of homosexual passion, according to Thoinot and Weyssé. In their words, '*Constancy* is not a trait of uranistic love; inverts are, with rare exceptions, rather flighty and have temporary love affairs.'⁷⁹ Teleny's 'temporary affairs' with the Countess and especially with Briancourt, an openly flamboyant general's son with 'a way of ogling which made you feel quite uncomfortable' (p.12), maddens Des Grieux with 'Jealousy' (p.77) and drives him to attempt 'suicide' (p.82). The pianist's evident knowledge of the homosexual cruising ground, revealed to Des Grieux when he follows Teleny and Briancourt, indicates that Teleny may have frequently indulged in a degree of casual sexual activity. Des Grieux recalls that although the 'men-whores' (p.80) gave him a 'creepy feeling', 'the scene was so entirely new' that it 'rather interested' (p.81) him. The incident of Teleny's infidelity with the most impact, though, is undoubtedly his liaison with Des Grieux's mother at the end of the novel, an 'affair' which was to have undeniably tragic repercussions. In this instance, Teleny tells Des Grieux that he has to play at 'a grand concert' (p.133) which will take him out of town for a few days.

Given the precarious state of the musician's finances, Des Grieux notes that, of late, 'Teleny had been dunned a good deal' and 'his life had often been rendered unpleasant by usurers' (p.143); he certainly needs the money. However, when Des Grieux sees 'a faint light' (p.147) glimmering through the blinds of Teleny's apartment (while his lover is supposed to be away) he investigates further, only to confront the pianist and his 'own mother' (p.152) locked in a passionate clinch. The sight wracks Des Grieux with feelings of 'shame', 'terror' and 'despair' (p.152) and he makes a second unsuccessful suicide bid. After he has recovered in 'hospital' (p.153), he visits his lover to offer forgiveness, only to find Teleny on the brink of death, lying in 'a pool of coagulated blood' with a 'small dagger' (p.155) protruding from his chest. A suicide note, left for Des Grieux but which 'had got to be public property' (p.158) – thus exposing him to societal censure and opprobrium – explains that '[Teleny's] debts, which had been paid by my mother, had been the cause of his infidelity' (p.158). Although it could be argued here that there were mitigating circumstances for Teleny's fickleness, that he was bribed and coerced into compromising his lover by a woman who was paying off his creditors, it should also be remembered that, earlier in their relationship, the economically-adept Des Grieux had offered to take over Teleny's accounts and he declined (p.129). He did, therefore, have an alternative (and homosexual) solution to his fiscal woes open to him and he could have accepted his lover's offer *if* he had perceived fidelity to be a crucial factor in their relationship.

Harking back to somewhat happier times, however, the idea of fidelity would seem to be important within the structure of their union, the 'consummation' of which is described in terms reminiscent of a conventional heterosexual marriage. As Teleny welcomes Des Grieux into his home, the pianist's language is noticeably Biblical as he tells his lover-bride, 'My body hungereth for thee, soul of my soul, life of my life!'

(p.89). This paraphrase of the Old Testament ‘flesh of my flesh’, said by Adam to Eve when he wakes to find her beside him in Eden, seems to function here as a kind of symbolic celebration of matrimony.⁸⁰ The bridal analogy continues when Teleny ushers his lover into a sumptuously appointed ‘white’ bedchamber, redolent with the scent of ‘white heliotrope’ (p.89) (a variety of sunflower), a room which, he tells Des Grieux, ‘has been fitted up for you and you alone’ (p.90). Their wedding breakfast is an ambrosial repast of sensual ‘delicacies’ (p.95) washed down with ‘sparkling champagne’ (p.95) and Des Grieux’s remembrance of his initiation into sodomy with its emphasis on penetrated and ripped flesh and spilt blood echoes the experience of a conventional heterosexual loss of virginity. He recalls: ‘the *skin extended* to such a degree that tiny, *ruby beads of blood* trickled from all around the *splitting* orifice; still, notwithstanding the way I was *torn*, the pleasure I felt was much greater than the pain’ (p.96, my emphases). The ‘virginity’ allusion is given further clarity when it is Des Grieux’s turn to be the ‘active’ participant. In this instance it is far easier for Des Grieux to effect entry as Teleny has already explicitly ‘lost his *maidenhood*’ (p.98, my emphasis). Their homosexual relationship is again represented in normative heterosexual terms when they attend Briancourt’s symposium, an orgiastic gathering of gay men mostly seeking casual sexual thrills. Briancourt makes it known from the outset that ‘Camille is like a sugar-plum on a cake, something to be looked at and not touched. René and he are on their *honeymoon* yet and this *fête* is given in their honour’ (p.118, first emphasis mine). Krafft-Ebing emphasizes the element of parody characteristic of uranistic love in his assertion that ‘since it is the exact opposite of natural feeling, it becomes a caricature’ of conventional heterosexual passion.⁸¹ The marriage bond implicit in their relationship is later reinforced by Des Grieux, who

asserts that ‘had our union been blessed by the church, it could not have been a closer one’ (p.130).

Previous to Teleny’s demise, the serpent in Des Grieux’s Eden comes in the form of an anonymously-penned couplet, a two-line ‘blackmail’ letter received a fortnight after his wedding night of ‘thrilling delight’ (p.103). The letter warns Des Grieux:

If you do not give up your lover T-

you shall be branded as an *enculé*. (p.103)

The epithet *enculé* literally means ‘someone who has been fucked’, and the term could also be used to denote someone obstinate or stupid, colloquially a ‘fuckwit’.⁸² One can only wonder why the writer did not plump for the more emphatic ‘sodomite’, though the subtle structure of the poetic couplet would then be lost. The letter has the desired effect, leaving its recipient in a state of ‘utter prostration’ (p.103). The physicians Thoinot and Weyssé note the commonness of ‘*blackmail*’ by ‘male prostitutes and their supporters’ as a ‘preferred practice’ to extort money from punters wishing to keep their pederastic peccadilloes a secret, and this method is employed by the promiscuous Briancourt who has been ‘watching’ (p.109) them.⁸³ When Des Grieux shows Teleny the missive he quickly identifies the culprit. Teleny, one of the blackmailer’s former lovers himself, recognises the waft of Briancourt’s signature scent, ‘attar of roses’ (p.109), emanating from the paper the note is written on. He disparages Briancourt as ‘simply mad’ (p.109). Jealousy is the motive behind the letter. Briancourt has allegedly been ‘in love’ with Des Grieux ‘for a long time’ (p.110) and Teleny informs him that ‘he would like to have us both together, so that we might form a kind of trinity of love and bliss’ (p.110). When Teleny and Des Grieux confront Briancourt at the opera, he confesses to penning the letter and begs

their forgiveness, telling them 'I bear you no grudge' (p.112). Since issuing the threat, however, Briancourt has found himself 'a new lover', notably 'a young Arab' (p.110) which again reflects both the association of homosexual practices with the Orient and medical assumptions on the fickle and inconstant nature of uranistic love.

Teleny is, like *The Lifted Veil*, 'Lady Pockingham' and 'Carmilla' in its narrative structure, told in a retrospective first-person voice. In *Teleny* though, the narrative differs inasmuch as it is constructed in the form of an 'interview', reminiscent in many ways (particularly given the frank nature of Des Grieux's confessions) of a physician or alienist quizzing a patient in his consulting room. The male 'interviewer', however, remains anonymous throughout the work. Who is he? Is it a friend, another gay man, a medical practitioner or, perhaps, all three? When the inquisitor asks Des Grieux about Teleny's disposition, Des Grieux recalls that he was 'very superstitious' as are 'all persons like – well, like ourselves; for nothing renders people so superstitious as vice – ' (p.8). Note here 'like ourselves'. Is he referring only to himself and his lover or is the interrogator himself included in his assertion? When Des Grieux recalls the effect of reading Tardieu's treatise, and evaluates its accuracy in retrospect, he confirms to the interviewer that his member is far from 'thin and pointed like a dog's' (p.45). He observes, 'As for my cock, or yours, its bulky head – but you blush at the compliment, so we will drop this subject' (p.45). The interviewer's blush here hints at a degree of knowingness but, whatever his identity, his enigmatic presence remains an intriguing question long after the book is closed.

Notes

- 1 Oscar Wilde and Others [attrib.], *Teleny* (London: Gay Men's Press, 1986).
- 2 William A. Cohen, *Sex Scandal: The Private Parts of Victorian Fiction* (Durham and London: Duke University Press, 1996), p.210.
- 3 Alan Sinfield, *The Wilde Century: Effeminacy, Oscar Wilde and the Queer Moment* (London: Cassell, 1994), p.18.
- 4 Ibid., p.18. Sinfield makes the point that the novel *Teleny*, 'exhibits a same-sex subculture around the dandy aristocrat Briancourt, and an outdoor cruising ground, but the middle-class Des Grieux has initially no idea of such things' (p.17).
- 5 Michel Foucault, *The History of Sexuality: An Introduction*, Vol.1 (London: Penguin, 1990), p.43. The article Foucault refers to is Carl Westphal's work on 'contrary sexual sensations' published in the journal *Archiv für Neurologie* (1870).
- 6 A facsimile title page of the first edition of *Teleny*, published by Cosmopoli in 1893 can be found in: *Teleny: A Story of a Forbidden Relationship* (London: Icon Books, 1966), p.5.
- 7 In the preceding two chapters I have already considered the influence of tubercular pathology in the construction of self-confessed 'poor consumptive', Lady Beatrice Pockingham, eponymous heroine of an anonymously-authored

erotic novella first published in *The Pearl* (1879), as well as the depiction of ailing and phthisical prostitutes in *The Pretty Women of Paris* (1883).

- 8 Vern L. Bullough and Martha Voght, 'Homosexuality and Its Confusion with the "Secret Sin" in Pre-Freudian America', *Journal of the History of Medicine and Allied Sciences*, 28 (1973), 143-155, at p.145, cf. Rudi C. Bleys, *The Geography of Perversion: Male-to-Male Sexual Behaviour outside the West and the Ethnographic Imagination 1750-1918* (London: Cassell, 1996), p.126.
- 9 Norman Conolly, 'Sexual Perversion' in D. Hack Tuke (ed.), *A Dictionary of Psychological Medicine*, 2 vols (London: J&A Churchill, 1892), Vol.II, p.1157, my emphasis. In his writing on 'Auto-Eroticism', Havelock Ellis asserts that "'Onanism" is largely used [as a term for masturbation], especially in France, and some writers even include all forms of homosexual connection under this name'. See: Havelock Ellis, 'Auto-Erotism: A Psychological Study', *Alienist and Neurologist*, 19 (1898), 260-99, at p.261.
- 10 Alan Hunt, 'The Great Masturbation Panic and the Discourses of Moral Regulation in Nineteenth- and Early Twentieth-Century Britain', *Journal of the History of Sexuality*, 8/4 (1998), 575-615, at p.576. Interesting though Hunt's argument is, I would contend that the 'target audience' for 'antimasturbation panic' literature extended far beyond 'middle- and upper-class teenage males' at boarding school. In Chapter Two particularly, I considered the plethora of anti-masturbation literature aimed at women. Moreover, Colin Buckle argues that many such texts for men were targeted at, and read by, men working in clerical occupations. See: Colin Buckle, "'The

Defence Set Up by the Male Kind”: Male Masturbatory Pathology Versus Safer Sex in Early Victorian England’ in Nickianne Moody and Julia Hallam (eds), *Medical Fictions* (Liverpool: MCCA, 1998), pp.188-200.

- 11 Hunt, ‘The Great Masturbation Panic’, p.605.
- 12 Ibid., p.605.
- 13 Thomas Hughes, *Tom Brown’s Schooldays* (Oxford: Oxford University Press, 1989 [1869]), p.72, my emphases. Although the text was first published in 1857, the Oxford reprint I am using here is a reproduction of the first illustrated edition published by Macmillan in 1869.
- 14 Andrew Sanders, ‘Introduction’ to *Tom Brown’s Schooldays*, p.xix.
- 15 P. Austin Nuttall, *Nuttall’s Pronouncing English Dictionary* (London: George Routledge and Sons Ltd, 1894), p.70.
- 16 Frederic W. Farrar, *Eric, Or, Little by Little* (London: A. & C. Black, 1905 [1856]), p.100.
- 17 Nuttall, *Nuttall’s Pronouncing English Dictionary*, p.260.
- 18 Anonymous, *Teleny, or The Reverse of the Medal* (Ware: Wordsworth Editions, 1995), p.33. All subsequent references are to this edition and will be included in parentheses in the main body of the text. Later in *Teleny*, Des Grieux’s anonymous interviewer expresses surprise that Des Grieux gave himself to another man’s pleasure so readily, ‘not having, *like most of us*, been inured to sodomy from your schooldays’ (p.101, my emphasis). This, again, could indicate the widespread acknowledgement and acceptance that such practices were very much part and parcel of the public school experience.

- 19 To give but two examples (there are many more), in her medical advice book for women, Anna Longshore-Potts asserts that 'Boarding schools may become the very hot-beds of this terribly destructive vice'. Likewise, in a chapter entitled 'Private Words for Men', Edward Bliss Foote considers the 'dangers of school-life', claiming that 'writers on this subject agree that boarding-schools and colleges are the main hot-beds for the planting of the seeds of early vice and perversions'. See: Mrs. A.M. Longshore-Potts, *Discourses to Women on Medical Subjects* (San Diego and London: Published by the author, 1895), p.47. E.B. Foote, *Dr Foote's Home Cyclopedia of Popular Medical, Social and Sexual Science* (New York and London: Murray Hill Publishing Co., 1900), p.651.
- 20 Edgar J. Spratling, 'Masturbation in the Adult', *Medical Record*, 28 September 1895, pp.442-3, at p.442, my emphasis.
- 21 Bernarr Macfadden, *Superb Virility of Manhood* (New York and London: Physical Culture Publishing Co./Bernarr Macfadden Publishing Co., 1904), p.179, my emphasis.
- 22 Richard von Krafft-Ebing, *Psychopathia Sexualis*, translation of the Seventh German Edition by C.G. Chaddock (Philadelphia: F.A. Davis Company, 1916 [1892]), p.188.
- 23 Havelock Ellis, 'Sexual Inversion: With an Analysis of Thirty-Three New Cases', *Medico-Legal Journal*, 13 (1895-6), 255-67, at p.258. Interestingly though, Ellis goes on to state that 'while at least five of my cases have never at any time indulged in this habit, eighteen have given way to it, at all events occasionally or at some period in their lives' (p.258). Therefore, the vast

majority of his patients have also been masturbators. Many practitioners, however, attributed the prevalence of the 'vice' among inverts to their inability or lack of opportunity to gain access to their preferred mode of sexual gratification.

- 24 That being said, not all physicians recognized acquired sexual inversion as a distinct category. For example, American practitioner William Lee Howard asserts 'I do not believe that true inversion is ever an acquired condition; it is congenital.' See: William Lee Howard, 'Psychical Hermaphroditism: A Few Notes on Sexual Perversion with Two Clinical Cases of Sexual Inversion', *Alienist and Neurologist*, 18 (1897), 111-18, at p.114.
- 25 Ellis, 'Sexual Inversion: With an Analysis of Thirty-Three New Cases', p.256.
- 26 Krafft-Ebing, *Psychopathia Sexualis*, p.226.
- 27 Ibid., p.190, original emphases.
- 28 Notably, Des Grieux complains that 'for some time back I have been getting sick of coffee' (p.23). This, in itself, could be an indicator as to the, arguably, delicate state of his health and particularly his seemingly hypersensitive ejaculatory centres. Physician E.B. Foote advises that 'in [cases of] spermatorrhoea, coffee aggravates the condition of nervous "high tension", and should be avoided'. See: Foote, *Home Cyclopedia of Popular Medical, Social and Sexual Science*, p.99.
- 29 Ibid., p.105. In Victorian fiction, a particularly graphic and dramatic depiction of progressive, alcohol-induced mania can be found in Grant Allen's characterization of Colonel Walter Egremont. See: Grant Allen, *A Splendid Sin* (London: F. V. White & Co., 1897 [1896]).

- 30 L. Thoinot, *Medicolegal Aspects of Moral Offenses*, translated from the original French and enlarged by Arthur W. Weyssse (Philadelphia: F. A. Davis Company, 1911 [c.1895]), p.270, original emphases.
- 31 Nuttall, *Nuttall's Pronouncing English Dictionary*, p.575.
- 32 G. Frank Lydston, 'Sexual Perversion, Satyriasis and Nymphomania', *Medical and Surgical Reporter*, 61 (1889), 253-8, 281-5, at p.255, my emphasis.
- 33 John McRae, 'Introduction' to the Gay Men's Press edition of *Teleny*, attributed to 'Oscar Wilde and Others', p.18.
- 34 Thoinot and Weyssse, *Medicolegal Aspects of Moral Offenses*, p.333, original emphasis, and p.334, my emphasis. Although Thoinot and Weyssse later concur 'Only half credence can be given to the statements of Ulrichs, who is rather inclined to exaggerate the number of his kind' (p.334), Ulrichs' claims as to the particularly high proportion of inverts among the ethnic Hungarian population could nevertheless be seen as influential in the construction of *Teleny*.
- 35 John Ogilvie and Charles Annandale (ed.), *The Student's English Dictionary* (London: Blackie & Son Ltd, 1903), p.435.
- 36 Bleys, *The Geography of Perversion*, p.163.
- 37 To the twenty-first century reader, *Teleny's* allusion to his 'gypsy element' could be seen to function as a further signifier of his sexual orientation. As Alkarim Jivani points out, in the early twentieth century, 'gay men used a secret language called Polari which would have baffled all. Although the origins of the language are obscure, it appears to have originated with show people and gypsies in the nineteenth century.' See: Alkarim Jivani, *It's Not*

- Unusual: A History of Lesbian and Gay Britain in the Twentieth Century* (London: Michael O'Mara Books, 1997), p.14.
- 38 Thoinot and Weyse, *Medicolegal Aspects of Moral Offenses*, p.286.
- 39 Johann Ludwig Casper, *A Handbook of the Practice of Forensic Medicine, Based Upon Personal Experience*, 3 vols (London: The New Sydenham Society, 1864), Vol.III, p.330.
- 40 Krafft-Ebing, *Psychopathia Sexualis*, p.225-6, my emphasis.
- 41 Lee Howard, 'Psychical Hermaphroditism', p.114.
- 42 McRae, 'Introduction', p.10.
- 43 Jivani, *It's Not Unusual*, p.14.
- 44 Krafft-Ebing, *Psychopathia Sexualis*, p.226.
- 45 Neil Bartlett, *Who Was That Man?: A Present for Mr Oscar Wilde* (London: Penguin Books, 1993), p.70, original emphasis.
- 46 Pierce, *The People's Commonsense Medical Adviser*, pp.800, 795.
- 47 Ellis, 'Sexual Inversion', p.258.
- 48 Nuttall, *Nuttall's Pronouncing English Dictionary*, p.344, my emphasis.
- 49 Thoinot and Weyse, *Medicolegal Aspects of Moral Offenses*, pp.270, original emphasis, and 269.
- 50 Krafft-Ebing, *Psychopathia Sexualis*, p.225.
- 51 Notably, in his book, *A Secret World of Sex*, Steve Humphries recalls that, in early twentieth-century Britain, 'Packed picture palaces, cinemas and music halls were favourite spots for [homosexual] soliciting.' Humphries further records the experience of John Binns (a young, heterosexual man) on a visit to the Islington Music Hall in the early 1930s. In Binns' words, 'I was enjoying

this turn and all of a sudden someone undone me bloody flies and started pulling me off. Much to my discredit I let them do it for a couple of minutes before I buzzed off and thought, “Oh blimey”. It was the biggest shock of my life that kind of thing.’ Although Binns’ homosexual encounter occurred somewhat later than the events of Teleny, it does, nevertheless, appear to have a certain similarity with the experience of the fictional Des Grieux. See: Steve Humphries, *A Secret World of Sex, Forbidden Fruit: The British Experience 1900-1950* (London: Sidgwick & Jackson, 1988), p.206.

- 52 Thoinot and Weyssse, *Medicolegal Aspects of Moral Offenses*, p.256, original emphases.
- 53 James Wood, *Nuttall's Standard Dictionary* (London: Frederick Warne and Co., 1898), p.331.
- 54 James Cantlie, ‘Spermatorrhoea’, in Richard Quain (ed.), *A Dictionary of Medicine* (London: Longmans, Green, and Co., 1883), p.1449.
- 55 Ibid., p.1449.
- 56 Krafft-Ebing, *Psychopathia Sexualis*, p.225, my emphases.
- 57 Casper, *A Handbook of the Practice of Forensic Medicine*, Vol.III, p.331, original emphasis. This is further reinforced in the case of Herr N. recorded by Vienna physician Julius Krueg. Krueg asserts that ‘[Herr N.] confirms the statement, repeatedly made by others, that individuals affected by this abnormality are able to recognise one another.’ See: Julius Krueg, ‘Perverted Sexual Instincts’, *Brain*, 4/15 (1881), 368-76, at p.372. The notion that gay men are able to recognise one another indeed retains a great deal of currency

among homosexuals to this day. This ability to spot a fellow homosexual is known as ‘Gaydar’ in twenty-first-century gay slang.

- 58 Krafft-Ebing, *Psychopathia Sexualis*, p.225, my emphasis.
- 59 Lee Howard, ‘Psychical Hermaphroditism’, p.114.
- 60 In many ways, Des Grieux’s words recall the claims of George Eliot’s character, Latimer, examined in Chapter One. In the latter’s case, however, although Latimer purports to be ‘more intensely and continually preoccupied with [the] thoughts and emotions [of his brother, Alfred, of whom he is intensely jealous] than with those of any other person who came in my way , his self-proclaimed clairvoyant abilities, as I have already shown, appear to have very little basis in fact. In Des Grieux’s case, however, the reverse seems to be true.
- 61 W.F. Barrett, ‘On Some Phenomena Associated with Abnormal Conditions of Mind, *Proceedings of the Society for Psychical Research*, 1 (1883), 238-44, at p.241, original emphasis.
- 62 Ibid., p.244.
- 63 Lee Howard, ‘Psychical Hermaphroditism’, p.114.
- 64 Thoinot and Weyssse, *Medicolegal Aspects of Moral Offenses*, p.303, original emphasis.
- 65 Lee Howard, ‘Psychical Hermaphroditism’, p.116.
- 66 Krafft-Ebing, *Psychopathia Sexualis*, p.234.
- 67 Krueg, ‘Perverted Sexual Instincts’, p.370.
- 68 Ibid., p.370.
- 69 Ellis, ‘Sexual Inversion’, p.258.

- 70 Krafft-Ebing, *Psychopathia Sexualis*, p.189.
- 71 Arthur Cooper 'Syphilis' in Richard Quain (ed.), *A Dictionary of Medicine*, p.1578.
- 72 Lydston, 'Sexual Perversion, Satyriasis and Nymphomania', p.284. As I have demonstrated in the preceding two chapters, such medical thinking clearly informs the construction of the eponymous character in 'Lady Pockingham' (1879-80) and assumptions about female consumptives similarly abound in *The Pretty Women of Paris*, an 1883 directory of the French capital's houses of ill repute.
- 73 Ellis, 'Sexual Inversion', p.260.
- 74 Thoinot and Weyssse, *Medicolegal Aspects of Moral Offenses*, p.272.
- 75 Bleys, *The Geography of Perversion*, p.157.
- 76 Casper, *A Handbook of Forensic Medicine*, Vol.3, p.329.
- 77 Ibid., p.329.
- 78 Ellis, 'Sexual Inversion', p.259.
- 79 Thoinot and Weyssse, *Medicolegal Aspects of Moral Offenses*, p.304, original emphasis.
- 80 Genesis 2:23-24. Notably, Bram Stoker uses a paraphrase of this Biblical verse to underline the Count's union with or possession of Mina in *Dracula*. See: Bram Stoker, *Dracula* (Oxford: Oxford University Press, 1996 [1897]), p.288. For an earlier usage of the 'flesh of my flesh' analogy, this time used to illustrate a conventional husband and wife conjugal union, see: Charlotte Brontë, *Jane Eyre* (London: Granada, 1983 [1847]), p.479.
- 81 Krafft-Ebing, *Psychopathia Sexualis*, p.255.

- 82 I acknowledge and appreciate the help of Dr Terry Hale of the Department of Drama, University of Hull, for his translation from the French.
- 83 Thoinot and Weyssse, *Medicolegal Aspects of Moral Offenses*, p.347, original emphasis.

Chapter Five

‘His behaviour betrays the actual state of things’:

Onanism and Obsessive Behaviour in *Our Mutual Friend*

In the Gothic world of his last completed novel *Our Mutual Friend* (1865), Charles Dickens portrays a society which is obsessed by the appearance of respectability and driven by self-interest. The dominance of this respectability over unacknowledged self-interest is sustained by a process of concealment. Although there are many examples of characters with ‘something to hide’ in the book, the importance of concealment is particularly crucial in examining Bradley Headstone.

Subjected to scrutiny through the filter of nineteenth-century medico-sexual writing, the schoolmaster’s ‘secret past’ and ‘guilty secrets’ are manifested in and narrated through the imagery and discourse of the so-called ‘secret vice’ of masturbation or onanism. In an evocation of the Biblical allusion used earlier by Alfred Hitchcock (see Chapter Three), masturbation was described as a ‘Moloch’ by the British physician James Copland in the 1850s.¹ The condition is particularly significant in as much as it provides an important point at which medical discourse meets with religious discourse in nineteenth-century culture. The American and self-styled ‘Public Lecturer on the Science of Human Life’, Sylvester Graham, in his 1835 ‘Lecture on Onanism’, views the affliction in unequivocally apocalyptic terms: an ‘evil that threatens to undermine the constitution and destroy the hopes of the rising generation, as well as of the country, the church, and the world’.² In indulging his or her ‘vice’, the onanist not only risked damaging their physical health but also their

relationship with spirituality and society. As is the case with other masturbators, the symptoms of Headstone's complaint and his gradual deterioration are inscribed on his body for others to recognise. In a novel centrally concerned with concealment and appearance, Bradley Headstone, in the performance of his public duties, quite literally, has nowhere to hide. Indeed, a close reading of this character reveals one of the most interesting, if extreme, examples of the etiology of masturbation in the male to be found in nineteenth-century fiction.

Before embarking on a literary dissection of the hapless schoolmaster's remains it is worth considering the words of Colin Buckle. In his essay on what he terms the 'Manhood genre' (defined as early-nineteenth-century works with titles like *The Secret Companion* and *The Silent Friend* describing the dire consequences of onanism, printed in their thousands and distributed to young men), Buckle notes the influence of this popular medical discourse in Dickens' construction of Uriah Heep in 1850. He suggests that

Uriah Heep was instantly recognisable to a (male?) Victorian readership as a representation of a masturbator and that Dickens' character in whole and in his parts (cadaverous body, clammy hands, etc.) can be seen as existing in a close intertextual relationship with the manhood genre. Dickens' fiction plays with the characteristics and tropes of an already familiar genre.³

If one accepts Buckle's assertion – that Uriah *is* an iconic epitome of the masturbator – it is compelling to note a discernible textual echo in Dickens' description of Headstone when compared with this earlier character. Heep is 'dressed in *decent* black, with a white wisp of neckcloth'.⁴ Likewise, Headstone is attired in a '*decent* black coat and waistcoat and *decent* white shirt' and so on.⁵ The key word in both

descriptions is *decent*. Although Dickens applies the adjective to Heep, there is a notable amplification of its usage in the case of Headstone, where Dickens utilises the word ‘no less than seven times in a single sentence.... intentionally building the anaphora in order to emphasize Bradley’s superficial “decency.”’⁶ Clearly then there is much more to these characters than meets the eye. The texts imply that beneath their ‘decent’ black veneers lurk altogether darker and grosser natures (the ‘beast’ – or the ‘beastliness’ – within).⁷ As one might expect, given that both Colin Buckle and myself are examining a common pathology, albeit in different periods of Dickens’ work, there are some other points of contact between the figures of Heep and Headstone in *David Copperfield* (1850) and *Our Mutual Friend* (1865). But it is my intention from this point to concentrate on the schoolmaster, thus illustrating both the seeming pervasiveness of masturbation as a motif in Dickens’ fiction and the accuracy of this case study in both popular (e.g. manhood genre) and clinical medical discourse.

From the beginning, Dickens emphasises that Headstone is a man with a secret. The ‘highly certificated stipendiary schoolmaster’ (p.265) has a humble background. He is a ‘pauper lad’, from the poorest of classes, and this hidden ‘past’ is something he appears to feel a certain amount of guilt about or, at least, does not wish to openly acknowledge. His status as a ‘schoolmaster’ places him in a liminal state akin to that of a female governess in a respectable or middle-class family, intimate to and dependant upon the family but not *of* the family. Similarly, Headstone occupies his position by reason of education rather than birthright. It should be remembered that even ‘public-school masters were often of lower social status than their pupils’ in the nineteenth century.⁸ This immediately sets up for Headstone a sense of anxiety as to his place in culture and society. Joel Brattin in his detailed essay on ‘Dickens’ Creation of Bradley Headstone’ (1985) asserts that many of the

author's textual revisions of the character 'involve the presentation or representation of emotion through gesture, making interior feelings known through external actions.'⁹ While Brattin is entirely correct in identifying the significance of these actions in externalising Headstone's 'unease', further tensions are revealed in the way that many of these suggestive, if highly codified, hand gestures have specifically sexual and indeed medical connotations.

At the commencement of the schoolmaster's involvement in the text, when Headstone quizzes Charley Hexam on the suitability of Lizzie's company (having already announced that he has 'a mind' to accompany the boy when he visits his sister), he draws 'his right forefinger through one of the buttonholes of [Charley's] coat' and focuses his gaze on it 'attentively' (p.265). The gesture imitates the coital act of penetration, hinting, perhaps, that his thoughts are fixated upon his own physical needs and desires rather than on his pupil's welfare. Further ambiguity occurs as to the object of his lust. Just whom does he wish to 'penetrate' or possess: Charley, Charley's sister or someone else? If the former, there is an implication of latent homoeroticism, if not of paedophilia. Eve Kosofsky Sedgwick views *Our Mutual Friend* as 'thick with themes associated with male homophobia and homosexuality', being '*the* English novel that everyone knows is about anality'.¹⁰ Sedgwick's largely psychoanalytic reading, though interesting, makes assumptions that can be seen to inhibit the text's interpretation. Recalling the previous chapter on onanism and sodomy, it is significant here to note that in nineteenth-century medico-sexual discourse, in the words of Vern L. Bullough and Martha Voght, 'homosexuality was often classified under the term *onanism* or *masturbation*'.¹¹ There are, however, some elements of the schoolmaster's actions that make them susceptible to a psychoanalytic interpretation. When Headstone pulled his finger out

of the boy's buttonhole he 'bit the side' of it and 'looked at it again' (p.265). In Freudian terms, this finger biting may represent a classic castration image, but it is also a behaviour that can be observed elsewhere in Dickens' undeniably pre-Freudian fiction.¹²

William A. Cohen, in his examination of onanism in *Great Expectations* (1860-1), cites the example of Jaggers, whose trademark gesture involves 'biting the side of his great [i.e., right] forefinger' while his left hand is held in his trouser pocket.¹³ Cohen points up the way this action not only draws attention to the hand Jaggers is biting but also hints at the possibly more furtive manoeuvres of that (left)¹⁴ hand that he hides in the trouser pocket.¹⁵ Note too the word 'great' in Dickens' description of Jaggers' digit. This epithet accentuates the size of another presumably 'erect' member lower down. Although this emphasis on the activity of the hands may be overlooked by today's reader, in the nineteenth century such outward displays of inner turmoil were more commonly understood. That being said, Terry Richardson's photographs for the 1998 Jigsaw Menswear billboard advertising campaign features similar masturbatorial imagery. The poster depicts the lower body of a be-suited male figure. The focus is on his seemingly huge right hand, which gives 'the Universal Sign' and is held in close proximity to his genitals.¹⁶ According to *The Independent on Sunday* style correspondent James Sherwood, 'Its Jack-the Ladness is played up in its reference to the cheeky truism that big hands mean there's something big going on somewhere not so far away'.¹⁷ Interestingly too (and, perhaps, echoing the 'clammy palms' of the Victorian onanist), the model's hands were deliberately made up to look 'greased and oily' to add 'a certain sleaziness' to the picture.¹⁸ This exaggerated greasiness gives the hands an uninviting and even rather repellent aura – an example

of twentieth-century artifice which has resonances in nineteenth century thinking on masturbation.

In the nineteenth century, the hand was a particularly important locus of attention. Not only was it, like the face, one of the few body parts to appear regularly and openly 'naked' in Victorian society but also, within the pseudo-sciences of chiromancy and graphology, contemporary 'observers believed the hand to be fully saturated with information about its possessor's character'.¹⁹ In popular culture, the use of ostentatious hand gestures to convey emotion was a commonplace of theatrical melodrama and according to one anonymously authored 1848 pseudo-scientific work the hand was a valuable indicator as to the possessor's 'general habit of body, of the kind of temperament, and of the mental tendency and disposition'.²⁰

The hand played a crucial role in the medical discourse on masturbation and this impacts particularly on the construction of Bradley Headstone. In Samuel Woodward's 1835 symptomatology of the masturbator, the physician states that the persistent offender's 'extremities' are invariably 'cold and damp' – definitely *not* nice to be near.²¹ The presence of perspiration (not to mention its effect on others) is made even more explicit by British practitioner Robert P. Ritchie in 1861. Ritchie contends:

[The] relaxed condition of the perspiratory system is especially marked in the palms, and the exception is to find these dry in a masturbator; for generally a cold, clammy perspiration is constantly present, [which] makes it *particularly disagreeable* to take the hand of one of these persons.²²

As I have already noted, the hands of Dickens' schoolmaster are the subject of constant scrutiny and comment. When Headstone is introduced to Lizzie Hexam for

the first time there is something in ‘the momentary touch’ (p.279) of his hand that makes her draw away from his arm. In addition, Dickens portrays Headstone as a man with a serious perspiration problem. Indeed, the schoolmaster appears to break out in a sweat at crucial moments throughout the text. On his second visit to Lizzie to remonstrate with her about the intentions (honourable or otherwise) of Eugene Wrayburn, his rival in her affections, Headstone is overcome by ‘a heat of passion and torment’, and has to wipe his ‘forehead and hands’ (p.401).²³ When it comes to leave-taking, as he holds out his hand to Lizzie she touches it ‘with manifest hesitation, not to say reluctance’ (p.402). Clearly, the text implies that there is something disconcerting about Headstone’s touch, something that repels others. On the evidence presented, Lizzie certainly finds it ‘*particularly disagreeable*’ to say the least.

But what of the schoolmaster’s reaction to *her* touch? It is worthwhile here to compare the depiction of Headstone’s response with that of a case history recorded by British practitioner W.H. Ranking in 1843. Ranking’s patient, a young man who had ‘confessed to the long and frequently indulged habit of masturbation’ was so badly afflicted that ‘The mere act of conversing with a female induced an emission’.²⁴ Recall now Bradley’s reciprocal reflex to Lizzie’s hesitant parting touch. As she ‘touched [his hand], a *strange tremble* passed over him, and his face, so *deadly white*, was moved as by a *stroke of pain*’ (p.402, my emphasis). Although the act of ‘trembling’ is associated with the experiencing of ‘fear’ and ‘cold’, it was also frequently used in contemporary pornographic discourse to signify a specifically sexual agitation. In *The Romance of Lust* (1873-6) when the voluptuous houseguest Mrs Benson invites the young hero Charles Roberts into her bed, Roberts recounts ‘I trembled in every limb and almost felt sick with excitement’.²⁵ Emily Barlow, the

female narrator of *The Lustful Turk* (1828), also remembers the ‘tremor unaccountable’ aroused in her on first touching what she refers to as the eponymous hero’s ‘terrible instrument, that fatal foe to virginity.’²⁶ If one acknowledges these examples, Headstone’s ‘strange tremble’ is open to a sexualised reading. Note too his ‘deadly white’ complexion – an indicator of libidinous propensities in the nineteenth century. And what about the convulsive spasm of his face ‘moved as by a stroke of pain’? According to anthropologist Alexander Walker, writing in 1838, one evidence of ‘Unnatural Indulgence’ (his euphemism of choice for masturbation) in the male is that ‘the slightest allusion to the dominating passion produces motion of the muscles of the face’.²⁷ Given the fact that Lizzie – surely Headstone’s ‘dominating passion’ – was in close proximity at the time, we can read Headstone’s ‘tremble’ as a ‘polite’ disclosure of spontaneous ‘Orgasm’, defined in one Victorian dictionary as ‘Immoderate excitement’.²⁸

Before leaving the subject of the schoolmaster’s hands, it is worth examining two other signifiers of his overwrought emotions. First, he appears to betray his feelings for Lizzie through a ‘curious tight-screwing motion of his right hand in the clenching palm of his left’ (p.400), another penetration image if one interprets the cupped and ‘clenching’ left hand as a representation of the vagina – indicative, perhaps, of his violent and possessive sexual fantasies about her. Furthermore, in his ‘desperate interview’ (p.449) with Lizzie in the churchyard – when he is intent on plighting his troth – she is startled by ‘the passionate sound’ (p.452) of his voice and unsettled by the repetitive and correspondingly ‘passionate action’ (p.452) of his hands accompanying these words. Headstone tells her ‘I have no government of myself when you are near me or *in my thoughts*’ (p.452, my emphasis).²⁹ Note particularly, ‘in my thoughts’. According to Henry Maudsley:

The victim of the vice [that is, masturbation], though shy of women's society, and silent and constrained in general company, will fall in love, or *think he does*, with some female whom circumstances may have made him intimate with. He is then apt to be unpleasantly close and pressing in his attentions which have a lascivious look about them.... In fact, his behaviour betrays the actual state of things – a morbid sexual feeling, in the excitement of which he finds pleasure, and a want of restraint or manliness, which is an indication of a real sexual impotence.³⁰

Aside from Headstone's evident social unease and solitary lifestyle – aspects of his character which I shall consider later – the schoolmaster expressly articulates his lack of self-government or 'want of restraint' around Lizzie. The way she reacts towards him is in itself highly relevant. From the outset, Lizzie is loath to be left alone with Headstone, 'detaining' (p.452) her brother Charley's hand as he tries to walk away. She keeps moving on rather than standing still to talk to him. She fixes 'her eyes upon the ground' (p.453) and refuses to look Headstone directly in the face and when she does meet his gaze it is with a 'glance of fear' and a 'shrinking gesture' (p.454). As his 'wild energy' becomes more 'terrible' (p.454), she implores him, 'I have heard enough.... Let us find my brother' (p.454). And when he bloodies his knuckles on a tombstone in moment of frustration and rage after she has rebuffed his marriage proposal, she is 'so afraid of him that she turn[s] to run away' (p.456). These are hardly the actions of a woman totally at ease with her companion. Dickens thus arguably uses these gestures of visible avoidance to demonstrate his heroine's recognition of the 'lascivious' and 'pressing' nature of Headstone's attentions.

The bloodied knuckles scene is one of only two crucial places in the text where Headstone is depicted wearing gloves (the other occasion being *after* his assault on Eugene Wrayburn, in a symbolic and, perhaps, literal, attempt to 'hide' his guilt – the 'blood on his hands'). Given Lizzie's earlier 'reluctance' (p.402) to touch him, it is as if he knows his 'nervous [perspiring?] hands' (p.449) will give him away, thereby revealing him as a degraded habitué of 'secret vice'. Moreover, in this churchyard scene (a central episode in the development of the Headstone/Wrayburn plot strand) there is an echo of the aforementioned 'blood': in this case, however, it is arguably the moral 'stain' of another vital fluid he wishes to conceal. Dickens likens one of Headstone's gestures to 'flinging his heart's blood down before her in drops upon the pavement-stones' (p.453). Although it is commonly received that the heart is the 'seat of love' in English culture, in the Victorian period the term '*Heart-blood*' literally meant 'the blood of the heart; life'.³¹

Given the masturbatory pathology I am exploring, this is a fascinating image. Elsewhere in criticism, the Freudian Ernest Jones states that 'In the unconscious mind blood is commonly an equivalent for semen'.³² However, if one recalls the work of Swiss physician, Tissot (cited in Chapter One), this conflation of vital bodily fluids also has a sound basis when viewed from a materialist perspective, both blood and semen being largely saline in constitution. If one interprets Dickens' phrase through either of these filters, Freudian or materialist, then the schoolmaster's action takes on rather different – and less romantic – connotations. He is not so much prostrating himself before her as a result of blood loss (his 'bleeding heart') as enervating himself through his excessive 'spending' of seminal fluid, the upshot of the 'lascivious dreams' (presumably of Lizzie) and 'nocturnal pollutions' attendant upon his diseased condition.³³ It is fitting that, following the fateful interview, he tells Charley 'I must

walk home by myself to-night, and get shut up in my room without being spoken to' (p.458). What the American physician N.F. Cooke terms 'the disposition to solitude' was, after all, thought to be a crucial behavioural signifier as to the practice of 'secret' habits.³⁴

But his clammy hands and solitary leanings are not the sole palpable manifestations of Headstone's 'vice'. Much is also made of his 'deadly white' (p.402), 'haggard' (p.608) and 'passion-wasted' (p.688) face. The 'pasty'³⁵ or 'palè complexion' is one of the most frequently cited symptoms in both clinical and popular medical writing on the 'secret sin'.³⁶ Many physicians point up the prematurely ageing effects of the affliction. According to R. & L. Perry's 'manhood genre' work *The Silent Friend* (1853), the countenance of the onanist is characteristically 'pallid and haggard'.³⁷ In that respected medical journal *The Lancet*, Athol A.W. Johnson, writing in 1860, recalls the distressing case of a young boy in his care. The physician states that, through excessive indulgence in masturbation, 'from being a fine, stout child [the boy] had assumed the aspect of a little old man'.³⁸ Clearly then, through the inscription of these very 'visible' symptoms on his body, the masturbator could not help disclosing himself as such to those around him – or at least to those capable of interpreting this distinctive bodily discourse.

Although it could be argued that such knowledge was 'specialised' and thus outside the orbit of the general reader in Victorian society, this would be to discount the prevalence of laymen offering efficacious restoratives for sexual disorders. As Michael Mason states, the 'practitioner, in competing for patients and thus patient-approval, was up against not only his own peers but all the non-qualified men trying to make a living out of patent medicines, herbal and dietary remedies, water and electrical cures, and so forth'.³⁹ The literature produced by these ersatz 'experts' was

widely distributed, ‘The dozen or so most profitable concerns probably spent between £1,000 and £2,000 a year on advertising.’⁴⁰ The prevalence of such material was a source of worry for medical professionals. Writing to *The Lancet* in 1857, ‘M.D.’ pronounces on the damaging effects of ‘these disgusting and nefarious advertisements ... carried by the newspaper press, with a few honourable exceptions, into *every family in the country*.’⁴¹ The doctor chose to air his views in the journal to ensure that they reached the widest possible audience. In his words, ‘As the readers of *The Lancet* are not, however, confined to the professional class, this notice may not be without effect as a warning.’⁴² Because of these warnings, alongside the heavy commercial promotion of alleged ‘cures’ for self-pollution, it is conceivable that a high proportion of the literate middle and lower-middle-class population would have been able to recognise onanism’s characteristic signifiers.

There are other instances in *Our Mutual Friend* where characters make observations about Headstone based on their assessment of his demeanour and appearance. Recalling the schoolmaster’s second interview with Lizzie at the home she shared with Jenny Wren (whose real name is Fanny Cleaver), Jenny remarks that if Headstone was a man paying court to her, if he ‘should be *that* sort of man, he may spare himself the trouble’ (p.402, original emphasis). Note the character’s italicised emphasis of ‘*that*’, in ‘*that* sort of man.’ But *what* sort of man is Jenny – and indeed Dickens – alluding to? The text seems to imply that Headstone conforms to a certain identifiable sexual ‘type’ which may also have been familiar to the reader. It should be remembered, too, that Jenny was basing her deductions on viewing Headstone’s behaviour over two visits and through conversing with him herself. Although on the surface her chat with the schoolmaster may appear trifling and unimportant, it is an intriguing indicator as to the condition of Headstone’s inner emotional state. When

Jenny asks Charley Hexam and Headstone (on their first visit) to guess what it is that she makes, Charley's initial response is 'pincushions' (p.272). Headstone, on the other hand, replies 'Pen-wipers' (p.272). Sandra M. Gilbert and Susan Gubar have famously considered the question, 'Is the pen a metaphorical penis?',⁴³ thenceforth comparing male literary creativity with phallic sexual/generative power. The term, 'penwiper', though, had rather different connotations in the nineteenth century. In fact, the word was in colloquial usage as a euphemism for the female pudenda from the 1850s and interpreted in this way – given the schoolmaster's unpremeditated reaction to Jenny's quizzing – his reply could be seen as an illuminating indicator of the subject uppermost in his mind, namely the gratification of his libidinous desires.⁴⁴

There is a hint of sexual harassment in this scenario too, as if the schoolmaster gave the answer he did to provoke a reaction, as if he finds some degree of titillation in 'shocking' women, albeit verbally. Jenny responds with 'Ha! Ha! What else do I make? You're a schoolmaster and you can't tell me' (p.272). Note her emphatic 'Ha! Ha!' Although the joke is rapidly turned around by the doll's dressmaker to mock Headstone's supposed cleverness (given his 'schoolmaster' status), she could also be using humour to diffuse a potentially difficult situation and to disguise her own unease. Dickens describes Jenny as 'a child' (p.271), and as Michelle Landsberg states, 'Children, like all the powerless, find their best release and choicest weapon in humour; they are always ready to drop an armload of tension or anger to indulge in a liberating shout of laughter.'⁴⁵ Given that Jenny (like the one time 'pauper lad', Headstone) comes from the lowest stratum of society – the cultural background in which such vulgarisms as 'penwiper' would have been commonplace – her reaction echoes that of a twentieth-century child confronted with words like 'tit', 'bum' or 'willie'. She recognises the salacious implication of Headstone's answer and her

initial outburst of laughter could be viewed as a means of releasing 'uncomfortable tension' thus allowing her to regain a sense of mental equilibrium and, therefore, a semblance of control over the situation.⁴⁶

But Jenny is not the only character to comment on Headstone's countenance. When the schoolmaster meets Rogue Riderhood for the first time (outside the residence of Eugene Wrayburn, the man Headstone perceives to be his erotic rival for Lizzie), Riderhood greets him 'And wishing that your elth may be better than your looks, which your inside must be bad indeed if it's on the footing of your out' (p.612). Although lacking a certain verbal eloquence, what Riderhood's statement essentially means is that a man's moral weakness or sickness (sin) has a habit of revealing itself through tangible physical signifiers. Just prior to his meeting with the lock-keeper, Riderhood, Dickens twice describes Headstone as a 'haggard head' (p.610). The effect of this is both reductive and dehumanising in the sense that it makes his disembodied head a synecdoche for his body. In a form of literary dissection, Dickens singles out a representative portion of the character and holds it up for closer scrutiny. The reader's attention is thus drawn to the visible evidence of the schoolmaster's degeneration whilst, simultaneously, the identity of the character himself is absorbed into that of his disease. He is not so much a person, more a set of symptoms or, perhaps, a heap of body parts awaiting articulation by Mr Venus, the articulator of human bones who appears elsewhere in the novel. The epithet 'haggard' in the nineteenth-century could be defined as 'Wild; lean; pale; [and] deformed'.⁴⁷ Viewed in this broader sense – and alongside what the text explicitly states is the schoolmaster's 'dark soul' (p.609) – the adjective implies that Headstone is somehow less-than-human or, perhaps, little more than a tortured soul in the anteroom to hell.

In the latter stages of the novel, Headstone's decline is charted in images of decay and death. After he has found Lizzie – and seen her 'walking side by side' (p.704) with Eugene – he reports back to Riderhood. The lock keeper remarks to Headstone, 'Your face is like a ghost's' (p.705). Immediately preceding Riderhood's comment, however, '[Headstone had] dropped into a chair, and laughed. Immediately afterwards, a great spirt of blood burst from his nose' (p.704). When Riderhood asks him how this happens he replies

I don't know. I can't keep it back. It has happened twice – three times – four times – I don't know how many times since last night. I taste it, smell it, see it, it chokes me, and then it breaks out like this. (p.704)

Throughout this novel, blood has operated as a euphemism for semen. In this respect, Headstone's speech – we might say confession – becomes a discussion of his symptoms, the connotations and consequences of which will be readily identifiable by the reader, as they would have been to Riderhood. Headstone stresses the involuntary nature and frequent occurrence of his embarrassing problem. And as W. H. Ranking warned, 'The tendency of every case of morbid nocturnal emission, if unchecked, is to become diurnal.'⁴⁸ His condition is no longer containable within his own bedroom and under cover of darkness; elsewhere in the novel the schoolmaster attests that 'I am a man who has lived a retired life. I have no resources beyond myself. I have absolutely no friends' (p.871). The affliction breaks out of his nights and into his days thus indicating a breakdown of self-control and a collapse between his conscious and unconscious mind, his private and public selves. He can no longer consciously explain or control his emissions – 'I don't know. I can't keep it back.' His unconscious mind has taken over and he is left powerless to affect the relentless and debilitating progress

of his disease. No longer a 'secret', the schoolmaster's lack of control is becoming obvious to others.

Headstone's emphatic use of 'Taste it, smell it, see it', thus confirms the exchange between the sanguine and the seminal. Here he bleeds, and he is left pale – like a 'ghost'. His pallor condenses the paleness of the body deprived of blood, the symptomatic pallor of the masturbator and the uncomfortable, perspiring countenance of the 'guilty' or 'cowardly' onanist. Headstone perspires profusely throughout the novel. And although his ghastly pallor is ostensibly attributable to blood loss, seminal depletion had a similar effect in medical discourse. As Alexander Walker asserts, 'the secretion of the reproductive liquid ... withdraws a very precious portion from the blood'.⁴⁹ The timing of Headstone's epistaxis – after observing Eugene and Lizzie 'side by side' – is again interesting. Eve Kosofsky Sedgwick claims that 'The bloody nose ... is an emblem of a specifically female powerlessness' which, 'as Janet Todd points out ... occurs in eighteenth-century novels at moments of sexual threat against women.'⁵⁰ Although, on the one hand, Eugene's presence represents a 'sexual threat' to Headstone (inasmuch as the former is the socially superior rival suitor for Lizzie's affections), on the other, nosebleeds are a symptom of a degenerative epileptic and masturbatory pathology in medical discourse. Cooke, writing in 1870, recalls the case of a degraded onanist in whom 'the spermatic flux was continual' who also 'lost often a pale and watery blood by the nose'.⁵¹ Later in the century C. E. Brown-Sequard cited 'haemorrhages from the nostrils' – which could occur 'a day or two before the attack' – as one premonitory indication of impending epileptic seizure.⁵² Brown-Sequard states that 'epilepsy is very frequently due to an irritation of the sexual organs, especially brought on by masturbation.'⁵³ Headstone, indeed, evidences further symptoms of epilepsy later in the text and I shall consider these in due course.

But returning briefly to the schoolmaster's epistaxis, it could be argued that, just as nosebleeds occur to release congestion and pressure in the veins and blood vessels, Headstone indulges in onanism to 'release the pressure' of his 'unrequited' love for Lizzie. In his 1842 article on 'Insanity and Death from Masturbation', American practitioner Alfred Hitchcock considers 'a number of fatal cases' of the condition and, in each case, friends and relatives of the deceased had mistakenly 'assigned "disappointed love" as the "*fons et origo mali*."' ⁵⁴ Headstone is certainly 'disappointed' in amatory matters and the practice of onanism – far from relieving his sufferings – serves only to undermine his health and bodily powers. Riderhood's reference to the schoolmaster's 'ghostly' physiognomy implies that he is already half dead at least, an ominous parallel perhaps to a case recorded by Cooke where the physician found his male patient to be 'less a living being than a corpse'. ⁵⁵

Riderhood's allusion to Headstone's spectral appearance, in turn, presents a significant conflation of medical and religious (moral) discourses. Pallor here functions simultaneously as both a medical symptom and a barometer as to the state of the schoolmaster's moral health. As I have demonstrated throughout this dissertation, the pallid complexion was frequently a feature of characters exhibiting sensual or libidinous propensities in Victorian novels and a commonly cited symptom in the pathology of sex-related disorders within medical discourse. Recalling the words of the Biblical Revelation – 'I saw, and behold, a *pale* horse: and he that sat upon him, his name was *Death*' – pallor is clearly associated with expiration and doom in religious discourse. ⁵⁶ Echoing the 'ghostly' Headstone and Cooke's 'corpse-like' onanist, there was a tendency in nineteenth-century religious writing to liken the moral (sexual) transgressor to one already deceased – and in hell. The Protestant divine Thomas De Witt Talmage's homily 'The Shears of Delilah', published in a

collection of his sermons entitled *Sports That Kill*, includes an admonition about the dangers and temptations afforded by the ‘social evil’ (prostitution). In the fleshpots of the city, Talmage warns, ‘the *dead* are there’ and beneath the bordello’s veneer of gaiety and opulence lurk ‘the *wan* faces of the *damned*.’⁵⁷ Note Talmage’s unequivocal use of ‘dead’ – in his view the whore and her punter are already as good as six-feet-under. The specifically ‘wan’ (or pale) faces of such unredeemed sinners mark them out for imminent and eternal damnation. What is more, much nineteenth-century medical writing on masturbation partakes of a similarly Biblical rhetoric. Dr Debrayne depicts the hideous and inexorable demise of the onanist, exhorting the reader to:

Consider now this imbruted and degraded being; behold him bent under the weight of crime and infamy, dragging in darkness a remnant of material and animal life. Unfortunate! He has sinned against God, against nature, and against himself. He has violated the laws of the Creator; has disfigured the image of God in his own person, and has changed it into that of a beast, *imago bestiae*. He is even sunken below the brute, and, like him, looks only upon the ground. His dull and stupid glance can no longer raise itself toward Heaven; he no longer dares lift his miserable brow, already stamped with the seal of reprobation; he descends little by little into death, and a last convulsive crisis comes at length, violently to close this strange and horrible drama.⁵⁸

According to Debrayne, indulgence in the ‘evil habit’ renders the human individual inhuman – ‘even sunken below the brute’. A being residing in metaphorical ‘darkness’, he is estranged from God, society and his senses. Within religious and

medical discourse, the wages of moral/sexual laxity and sin, signified by pallor, is inevitably spiritual alienation, physical enfeeblement and, ultimately, death.

In the dark world of *Our Mutual Friend*, Headstone is not the only young man in danger of succumbing to such a fate. It is entirely possible that a similar demise awaits the 'gloomy' (p.55) and languid lawyer, Eugene Wrayburn who also manifests recognisable symptoms of masturbation. Headstone's relationship with Wrayburn is disclosed through the characteristically Gothic device of 'Doubling'. The Headstone/Wrayburn pairing forms the initial part of a complex pattern of 'doubles', revolving around their interaction with each other and the progress of their disease as it is examined within the novel.

Although the two have little in common beyond their shared desire for Lizzie, Catherine Wearing, the producer of BBC Television's 1998 adaptation of *Our Mutual Friend*, asserts that 'Eugene could not have existed without Bradley Headstone.'⁵⁹ Essentially they represent separate fragments or embodiments of a single individual. Adrian Poole too claims that 'Eugene's crisis has its own resolution, but it remains shadowed by that of his *dark double*', the schoolmaster.⁶⁰ Ironically, their names as well as their respective positions within the social class system reflect this light/dark binary. The supposedly enlightened middle-class Eugene, whose Christian name means 'Nobly born', is set against that of the former 'pauper lad' (p.268), Headstone, whose surname is suggestive of ignorance (head of stone or blockhead) and death – the grave marker he should eventually underlay.⁶¹ It must be remembered here that the 'secret vice' was considered by physicians to be a problem affecting all classes of society. In his 'Inquiry into a Frequent Cause of Insanity in Young Men', Robert P. Ritchie goes so far as to claim that masturbation produces madness 'apparently *twice as frequently* in the upper as in the lower classes.'⁶² According to Ritchie then,

Wrayburn was *even more* likely to fall prey to the 'evil' than Headstone. And although critics including Joel Brattin and Howard W. Fulweiler see their 'sexually based conflict ... for Lizzie Hexam'⁶³ – which apes the Darwinian discourse of 'survival of the fittest' – as the major reason for their 'strange, secret and sure bond'⁶⁴, I would rather suggest that their 'common bond' was established long *before* her entry into their lives.

From the outset Wrayburn exhibits clear evidences of autoerotic indulgence and an, albeit repressed, capacity for violence. Wrayburn is introduced into the narrative with his 'indolent' (p.57) friend, Mortimer Lightwood, as a guest of the Veneerings, and Dickens constantly describes him as 'gloomy' (p.55). He is reserved and anti-social in company. Eugene utters only one word at the dinner table, thus creating the 'reviving impression' that he is 'coming out' (of his shell) but the 'impression' is 'unfulfilled' as he 'goes in again' (p.54). This allusion to the behaviour of a snail, retreating into its casing at the first perception of danger, gives a sense of Wrayburn's dislike of mingling in general society – reminiscent, perhaps, of Headstone who 'never was' quite 'at his ease' (p.275) in company. The masturbator, according to Samuel Woodward, 'avoids social intercourse' as much as possible.⁶⁵ Recall here Wrayburn's slouching posture (he is described as 'buried alive in the back of his chair' [p.53]), his 'hands in his pockets' (p.61) – a signifier discussed earlier – and his frequently mentioned 'gloom'. Woodward again asserts that the masturbator 'when at rest ... instinctively assumes a lolling or recumbent posture' and his 'mind is depressed and gloomy'.⁶⁶ Ominously, however, this 'gloom' can intensify to such an extent that his 'temper becomes irritable'.⁶⁷ At the Veneerings' *soiree*, Wrayburn's already morose mood can be seen to deteriorate accordingly. Dickens states 'his gloom deepens to that degree that he trifles quite ferociously with his dessert-knife'

(p.57). Leonard Wolf notes the ‘phallic’ or ‘sexually totemic’ aspects of ‘sharp-pointed instruments’ with particular regard to the men in Bram Stoker’s *Dracula* (1897).⁶⁸ John Seward nervously ‘plays’ with a lancet while courting Lucy, Arthur Holmwood slays Lucy with a ‘sharpened’ stake and Quincey Morris’s ‘great bowie knife’ is instrumental in the destruction of Count Dracula.⁶⁹ The knife here appears to symbolise both the penis and the penetrative and/or destructive capabilities of the individual possessed of such an organ (or wielding such a ‘weapon’).⁷⁰ In *Our Mutual Friend*, which pre-dates *Dracula* by some thirty-two years, the knife Wrayburn toys with so ‘ferociously’ seems to function as a similarly double-edged signifier, not only serving as a representation of his penis (and thus his desire for gratification) but also acting as an indicator of his latent potential for sexual aggression or other violence – tendencies more overtly associated with his ‘dark half’, Bradley Headstone.

Additional characteristics marking Wrayburn out as a suitable case for treatment include his unconcealed languor and self-confessed lack of energy and enterprise. Although he has been ‘called’ to the legal profession for ‘seven years’ he has never had any business and, as he tells his old ‘public school’ (p.61) friend Lightwood, he ‘never shall have any’ (p.62). He further claims to hate his ‘profession’ and to ‘abominate’ the word ‘energy’ (p.62). Given his ‘public school’ background – ‘perfect nurseries of vice’ according to Cooke – such bald proclamations of idleness can be viewed as suspicious.⁷¹ In the words of Lord Chesterfield, writing in his widely distributed 1840 conduct manual for young men, ‘It is a universal maxim, that idleness is the mother of vice.’⁷² One such ‘vice’ would clearly have been masturbation as is revealed in nineteenth-century medical discourse. Henry Maudsley asserts that the onanist ‘never enters seriously into any occupation’ and never wearies

of 'going on day after day in the same purposeless and idle life.'⁷³ This is certainly true of Wrayburn who, later in the novel, goes so far as to acknowledge that he is a 'bad idle dog' (p.285) and 'useless' (p.286). In another echo of Headstone (who eschews the society of anyone other than Charley Hexam), he prefers a relatively 'solitary' existence in a 'batchelor cottage' (p.191) with Lightwood rather than the 'unlimited monotony of one's fellow-creatures' (p.192). Up until his meeting with Lizzie, Wrayburn also exhibits a marked aversion to the company of young women. When his 'respected' father contacts him with high hopes that he has found him a wife 'with some money' (p.193), Wrayburn is 'opposed to touching the lady' (p.194). In a similar way, Headstone is 'insensible' (p.268) to the emotions of his neighbour, the 'shining, neat, [and] methodical' (p.268) teacher Miss Peecher, who would dearly love to be his wife. Ritchie, writing in *The Lancet* in 1861, notes that a 'disinclination for female society' is often a 'prominent feature' of the onanist.⁷⁴ By dint of his lowly status in society, Headstone cannot afford to spurn employment in the same way as Wrayburn. But given their preference for sequestered lifestyles, their anti-social natures and their marked lack of desire for women from their own social spheres, the implication seems to be that these two disparate men are, in essence, the same in the sense that they partake of a common affliction: an affliction which manifests itself, in both men, through their shared (and possibly erotic) monomania for Lizzie Hexam.

Monomania of this type is a feature of masturbatory pathology in nineteenth-century medical discourse. Robert P. Ritchie claims that, in the onanist, it is 'not unusual to find that delusion upon one subject or upon one class of ideas exists.'⁷⁵ In the case of Headstone and Wrayburn, Lizzie Hexam provides the human focus for their libidinous impulses, a 'subject' about which to fantasize. But before I briefly consider the effect she has on them, it is interesting to examine the evidence of this

condition in Wrayburn *before* he is aware of Headstone's involvement. After seeing Lizzie for the first time, Wrayburn becomes ever more secretive and withdrawn, even towards Lightwood, and appears to be obsessed with possessing her. On his initial encounter with Lizzie, Wrayburn 'looks hard' (p.70) at her and this appears to trigger a series of symptoms pointing up his lascivious fixation. Lightwood catches his distracted friend 'drawing a lady's head upon his writing-paper, and touching it at intervals' (p.201); Wrayburn later confesses to Lightwood 'that lonely girl with the dark hair runs in my head' (p.210). Another 'long and stead[y]' (p.211) glance at the object of his desires prompts an attack of what Dickens terms 'the fidgets' (p.212) in the bar of the Three Jolly Fellowship Porters. Wrayburn likens these involuntary tremors in the limbs to being 'tickled and twitched all over' by 'Invisible insects of diabolical activity' (p.212). James Copland cited 'hysterical and neuralgic affections, epilepsy, and irregular forms of convulsion' in his symptomatology of masturbation.⁷⁶ Samuel Woodward also notes that, in the onanist, 'the limbs tremble'.⁷⁷

If one accepts that Wrayburn is a masturbator, his allusion to these torments being the work of an 'invisible' and 'diabolical' agency is illuminating, impacting not only on his own condition but also on the way he and Headstone perceive the 'power' exerted over them by Lizzie Hexam. *Both* men use occult analogies in describing the effect she has on them. On his second visit to her Headstone claims 'There is a *spell* upon me, I think!' (p.402, my emphasis). In the churchyard, he tells her that, even had he already been married, 'if the same *spell* [his fixation with Lizzie] had come upon me for my ruin, I know I should have broken that [marriage] tie asunder as if it had been thread' (p.453, my emphasis). Wrayburn, moreover, informs her that 'You don't know how you *haunt* and bewilder me' (p.760, my emphasis). These references to magical or unnatural forces have resonances in the medical writing of Henry

Maudsley. Maudsley asserts that the onanist frequently attributes his 'strange feelings' to 'mesmeric, electric, or other mysterious agencies.'⁷⁸ In this case, however, Headstone and Wrayburn project the blame for their own lack of self-control, or inability to cease the practice of masturbation, onto Lizzie. Within this context, her surname 'Hexam' (Hex 'em),⁷⁹ given its overtones of witchcraft – often viewed as essentially erotic in character – could be somewhat ironic.⁸⁰ Here Dickens appears to play on common sexual fantasies and received notions about the earthiness, eroticism and animality of the working-class woman – in pornographic books, servants and other lower-class females were usually portrayed as excessively libidinous and/or 'fair game'.⁸¹ The sub working-class figure of (poor yet 'pure') Lizzie seems to reflect the findings of social explorer Henry Mayhew. In comparing the dredgers or river-finders with the costermongers (the latter noted for their moral laxity), Mayhew asserts that, 'There can be no two classes more dissimilar' and the river-finders, Lizzie's own social circle, although 'altogether uneducated', are characteristically 'sober and steady ... laborious, persevering and patient.'⁸² Therefore, even if certain other members of her family did not conform to Mayhew's model of upright rectitude, it appears that Lizzie undoubtedly did.

Given Wrayburn's and Headstone's many similarities, it is hardly surprising that there is 'some secret sure perception between them, which set them against one another in all ways' (p.341). Their 'difference' from the norm is recognised by others. Observing the 'restless' Eugene on the riverbank, police officer Mr Inspector thinks him a 'Singular and entertaining combination' (p.224); Wrayburn later pronounces Headstone to be an 'entertaining study' (p.345): the adjective which the men share underlines their fundamental homogeneity. The very peculiarities the policeman sees in Wrayburn are the traits Wrayburn sees magnified and reflected back at himself by

Headstone. When Headstone first visits Wrayburn, despite the latter's outward show of self-possession, the lawyer knows exactly what to say to inflame the anger of the schoolmaster and in so doing discloses his own *idée fixe* to the reader. Wrayburn thinks Headstone 'rather too *passionate* to be a good schoolmaster' (p.345, my emphasis). 'Passion' in this context could, of course, allude to a 'violent or strong emotion of the mind', something he himself is affected by.⁸³ Wrayburn asserts that Charley Hexam's sister 'is something too much upon your lips' (p.346) – Wrayburn has earlier confessed to Lightwood that thoughts of her 'run' in his head (p.210). Although Charley Hexam is present at the meeting, Dickens emphasises that 'Very remarkably, neither Eugene Wrayburn nor Bradley Headstone looked at all at the boy' (p.341). They are concerned solely with each other. After Headstone leaves, Wrayburn proclaims the schoolmaster to be 'a curious monomaniac' (p.347) – an uncannily accurate diagnosis for an amateur and a polite euphemism, perhaps, for 'a curious masturbator'. Arguably, this insight comes about as a result of Wrayburn's own inner turmoil or, put another way, 'it takes one to know one'. In studying Headstone, what he actually sees is an image of himself. Like Headstone, his 'dark half', Wrayburn is a masturbator with a monomaniac fixation for a sub-working-class woman. Although it could be argued that Wrayburn and Headstone are merely 'rivals in love', their mutual 'passion' for Lizzie is just one aspect of their 'secret sure perception', in this instance providing the catalyst which 'set[s] them against one another in all ways' (p.341).

In order to explore this point more fully it is worthwhile to compare their case with a similar 'secret sure perception' between Ozias Midwinter and Mr Bashwood in Wilkie Collins' 1866 novel, *Armadale*. In the novel, Bashwood is the steward brought in to school the young 'sensitive self-tormenting' Midwinter, who exhibits the

unmistakable symptoms of onanism: he has ‘haggard jaws’, is ‘ill at ease’ in company and he ‘perspir[es] at the palms of the hands’ in a way that is ‘horrible’ to see.⁸⁴ When Midwinter inadvertently meets Bashwood (without then knowing who he is) on the road, he instantly recognises ‘his own shy uneasiness in the presence of strangers reflected, with tenfold intensity of nervous suffering, in the face of another man – and that man old enough to be his father.’⁸⁵ When they are formally introduced at Thorpe-Ambrose, the Armadale family seat, they are ‘drawn invisibly one to the other ... by those magnetic similarities of temperament which overleap all difference of age or station, and defy all apparent incongruities of mind and character.’⁸⁶ Given the very clear medical signifiers, these men are almost certainly constituted as masturbators. What sets them apart from Headstone and Wrayburn, however, is that they are explicitly *not* linked together (at this point in *Armadale*, anyway) through any form of monomania or perceived sexual rivalry *over a young woman*.⁸⁷ Seen in this context, it could be argued that Headstone and Wrayburn’s obsession with Lizzie is but one contributing factor in their ‘secret sure perception’ (p.341).

After their meeting, the lives of Wrayburn and Headstone become inexorably and fatally intertwined. Although thus far I have been referring to Headstone as Wrayburn’s ‘dark half’ (the text explicitly articulates his lack of self-control and propensity to physical violence), at this point it is far from clear cut just who is the ‘aggressor’. Wrayburn may be ‘languid’, but his ability to inflict both mental and physical torture knows no bounds. There is a sense too of mirroring in their behaviour patterns, as if to emphasise their essential connectedness. They follow each other around and always happen to find themselves in the same places. On the night Headstone plights his troth to Lizzie in the churchyard, he does not look ‘very well, lurking at a corner’ (p.451) as he waits for her to come along. Afterwards, Wrayburn

is seen 'loitering discontentedly' on the same corner 'looking up the street and down it' (p.463). It is as if he knows that Headstone has been there and Lizzie will surely be along directly. Their respective 'lurking' and 'loitering' implies that their nocturnal activities are somewhat furtive – the sort of activity they would rather keep concealed.

When Lizzie departs from London, the two men's interest in each other intensifies rather than diminishes and the progress of their common condition is exacerbated accordingly. Wrayburn's demeanour becomes increasingly bizarre and extreme – an amplification of his masturbatory monomania – and this does not go unnoticed by Lightwood. At the Lammles' first anniversary breakfast, Lightwood is uneasy talking about Lizzie in front of his friend; 'he feels that the subject is not altogether a safe one in that connexion' (p.471). Put another way, he is aware of the strong emotions the topic is capable of arousing – an indicator that Wrayburn is finding it difficult to suppress his symptoms. He is variously described as 'all idle and shiftless' (p.595) and 'the express picture of discontented idleness' (p.598). He is distracted and unable to concentrate on his desperate financial situation. When the normally patient Lightwood confronts him about his single-minded quest for Lizzie – "'about town" meant about Lizzie, just now, Eugene' (p.599) – he is deliberately evasive as to his feelings for her. Here he gives himself away through the physical gesture: 'Eugene Wrayburn rose, and *put his hands in his pockets*, and stood with a foot on the fender, *indolently rocking his body* and looking at the fire' (p.599, my emphasis). Given that Lightwood has just mentioned 'Lizzie', the focus of his excitement, his action appears to be distinctly autoerotic. Moreover, his monetary 'affairs are in a bad way' (p.598) or, put another way, he is 'spending' rather too profusely – 'spend' being an economic term in use as a colloquialism for orgasm in

the nineteenth century. Within Victorian medical discourse, semen – like money – is seen as a finite resource. Acton, in his 1857 work on *The Functions and Disorders of the Reproductive Organs*, considers the increasing concern among ‘medical men’ about ‘the amount of ill-health and debility which follows the lavish waste of seminal fluid in those who, so to speak, *cannot afford it*.’⁸⁸ Given the evidence of Wrayburn’s worsening medical condition, the correspondingly perilous state of his finances could be seen to function as a further stratum of signification pointing up his impending fiscal and physical ‘bankruptcy’.

In the case of Headstone, the prognosis is, if anything, worse. Ostensibly to check whether Wrayburn knows anything of Lizzie’s whereabouts, the schoolmaster begins a nightly pursuit of his ‘rival’. There is an ambiguity here, however, inasmuch as Wrayburn (the ‘pursued’) takes a somewhat sadistic pleasure in inflicting ‘grinding torments’ (p.608) on the schoolmaster (his ‘pursuer’), leading him on fruitless wild goose chases around London. As Wrayburn tells Lightwood, ‘I goad the schoolmaster to madness’ (p.605). Their roles have undergone a reversal and this is reflected in Headstone’s acute physical and mental deterioration. Dickens states that he looks ‘like the hunted and not the hunter ... white-lipped, wild-eyed, draggle-haired ... and torturing himself with the conviction that *he showed it all* and [Wrayburn] exalted in it’ (p.608, my emphasis). Not only is Headstone unable to control his affliction but also, and, perhaps more importantly, he is increasingly incapable of concealing its evidence from others. His ‘decent’ veneer is rubbing away and the ‘passion-wasted nightbird’ (p.618) within is gradually emerging. Even Lightwood is ‘impressed’ (or shocked) by Headstone’s appearance and is ‘horribly wakeful’ and unable to sleep after he has seen him (p.608). The text asserts that, ‘The state of the man [Headstone] was *murderous*’ (p.609, my emphasis). He leads a dual

life performing ‘educational tricks’ by day while at night ‘he broke loose ... like an ill-tamed wild animal’ (p.609). This escalation of violent impulses is entirely accurate in the medical discourse on masturbation. Physicians including Ritchie, Maudsley and Skae cited ‘a true suicidal and sometimes homicidal impulse’ as one consequence of ‘self-abuse’.⁸⁹ And as Ritchie sinisterly asserts ‘violence to others would appear to be of more frequent occurrence than violence to self.’⁹⁰ Impacting on Headstone’s ‘pauper’ origins, Ritchie found that, with onanist patients, ‘pauper’ class patients were the ones most likely to be ‘dangerous to others.’⁹¹ Given the sequence of events at the culmination of *Our Mutual Friend*, this is certainly true in the case of the schoolmaster.

Another prominent feature in the ‘doubling’ of Headstone and Wrayburn – and one that has some bearing on their further moral decline – is the way that *both* men employ corrupt or degraded ‘underclass’ or ‘low’ figures as ‘instruments’ (pp.602, 614) in their quest to find Lizzie. Wrayburn favours the rum-sodden Mr Dolls, the father of Jenny Wren, described as an ‘indecorous threadbare ruin’ (p.292). Headstone, on the other hand, uses the cruel and avaricious Rogue Riderhood, ‘a waterside-man with a squinting leer’ (p.107). The schoolmaster first encounters Riderhood – the man destined to become his next ‘double’ – as he leaves Wrayburn and Lightwood’s chambers. As regards Wrayburn, his association with Dolls is viewed with increasing concern by Lightwood. He asks his friend ‘can you *stoop* to the use of such an instrument as this?’ (p.602, my emphasis). Note ‘stoop’: clearly his standards are dropping – and what is more, it shows. Lightwood also recommends that Wrayburn should ‘[wash his] hands of Mr Dolls, morally’ (p.603). It is as if his friend is somehow being further ‘tainted’ and ‘dragged down’ merely by doing business with such a debased specimen of humanity. Wrayburn, however, protests

that he 'can't do without' (p.603) the services of their 'obscene visitor' (p.600) who promises to obtain Lizzie's address for 'Fifteen shillings' (p.602). Although Dolls fulfils his purpose, it is ironic that he drinks himself to death with the money Wrayburn gives him while Wrayburn, in following up the information, encounters 'near death' in the form of Headstone. If Dolls represents a facet of Wrayburn's moral corruption, it is as if he is symbolically purged of this element on Dolls' demise. Riderhood, however, who has already survived a potentially fatal drowning, lives long enough to take his 'double' (Headstone) down with him.

Headstone's assault on Wrayburn, raining down 'blows that were blinding him and mashing his life' (p.767), not only arrests the 'idle' lawyer in his masturbatorial 'career' through the injuries he sustains but also fractures their relationship as 'doubles'. If, as I have argued, their 'secret sure perception' stems largely from the recognition of a common affliction in each other, this is surely only to be expected. The progress of Wrayburn's condition – deteriorating enough to be remarked upon by his friend, Lightwood – is brutally curtailed by Headstone's violent intervention. Wrayburn's 'drowning figure' (notably rescued or 'redeemed' from the river by Lizzie) is described as 'mutilated' (p.769). He has 'fearful wounds upon him' and a 'disfigured forehead' and 'face' that even his 'mother might have covered' (p.769). More importantly, however, he has head injuries, a 'broken and bruised' hand and 'broken arms' (p.770) – the latter not ideal instruments for the practice of onanism. He is largely comatose and 'insensible', reduced to 'a figure on the bed, swathed and bandaged and bound, lying helpless on its back, with its *two useless arms* in splints at its sides' (p.805, my emphasis). Clearly, given his injuries and state of unconsciousness, he is unable to continue the practice of 'secret vice'. His 'connection' to Headstone is, therefore, disrupted. Note also the shift in emphasis

from 'he' to 'its'; his status as a seriously ill 'patient' temporarily strips him of any other identity, as if to accentuate this transient state. The outcome of his illness and, crucially, the life decisions he makes after recovery, will determine any future 'identit[y]/ies' he is to have.

Wayburn's sick-bed wedding to Lizzie, albeit a sentimental gesture, seals his fate. She is no longer a lascivious fantasy figure who 'haunts' and 'bewilders' him but his wife. Their relationship has shifted from being something that could be perceived as inappropriate and subject to moral censure to one that is morally approved/appropriate. The nuptials do, however, seem to bring back an awareness of his former 'degraded' condition. He wonders whether 'the best thing I can do' is 'die' (p.824). He is afraid that 'If I live you'll find me out' (p.825). Moreover, he has 'a sharp misgiving in [his] conscience' that, if he were to live, 'I should disappoint your good opinion and my own' (p.825). He is apparently alarmed about the prospect of being unable to stop himself returning to the practice of onanism once he has recovered from his wounds. His doubts are echoed in Victorian medical writing on masturbation. Maudsley asserts that 'the [onanist] is less able to control what is more difficult of control, and there would be almost as much hope of the Ethiopian changing his skin, or the leopard its spots, as of his abandoning the vice.'⁹² Clearly, the marriage – although desired – will, in a sense, also be a test of his resolve; Wayburn later professes to Bella Harmon that he wants her to see how his wife has 'changed' him (p.883).

Things are rather different, however, in the case of Headstone, whose 'secret' but failed murder attempt on Wayburn further exacerbates his condition. When Mrs Milvey recognises Headstone at the station, he is described as 'a young man of reserved appearance, in a coat and waistcoat of black, and pantaloons of pepper and

salt' (p.819). Dickens here drops the somewhat ironic prefix 'decent', as if to emphasise the schoolmaster's degenerate state and the impending physical and moral collapse that awaits him. Even the 'veneer' of respectability has completely worn away – his descent is sealed. He stands with his 'back towards [the Milvey party], and his *gloved* hands clasped behind him' (p.819, my emphasis). Again – as in the churchyard – he vainly attempts to conceal the evidence of his actions, the bodily fluid on his hands, although this time the stuff of life is blood rather than semen. The perilous state of his health becomes ever more visible and worthy of comment by others. Reverend Milvey remarks that he looks 'a little overworked' (p.820) and then 'quite ill' (p.821), the latter comment coming after he has told the schoolmaster about Wrayburn and Lizzie's forthcoming marriage. The shock to the system delivered by the news results in further physical and mental deterioration for Headstone. Many physicians including Copland and Cooke cited 'epilepsy' or 'convulsive movements like epilepsy' as one eventual consequence of masturbation, and Headstone manifests some unmistakable symptoms.⁹³ His face is 'ashy' (p.821). He is 'seized with giddiness' (p.821). He 'pull[s] at his neckcloth as if he were trying to tear it off' (p.821). This develops into a violent 'fit', which the station attendant describes as 'biting and knocking about him ... furiously' (p.821). If one compares this to the symptomatology of 'epilepsy' in *Beeton's Shilling Medical Dictionary*, a popular health advice work of the period, the similarities are all too apparent. According to *Beeton's*, the characteristics of a fit include 'dizziness', 'heavy and difficult' breathing, 'the muscles of the lower jaw act violently, producing gnashing of teeth', and 'the arms are sometimes thrown violently about, and the lower limbs may be agitated in a similar manner, while the fingers with great power clutch at whatever comes in their way.'⁹⁴ Headstone suffers many more such fits – and most of them in public – as if to

emphasise the peeling away of his 'veneer'. There is no respite even at school, where 'his pupils' saw him 'in that state' and were 'possessed by a dread of his relapsing' (p.864). And when Riderhood enters the classroom with Headstone's discarded bargeman's clothes (the dress adopted by the schoolmaster to 'do the deed' on Wrayburn – adapted to resemble the garb worn by Riderhood himself), Headstone has 'a passing knowledge that he was in danger of falling, and that his face was becoming distorted' (p.864). These are also features of the epileptic condition. Another name for epilepsy is '*falling sickness*' on account of the afflicted person 'suddenly falling to the ground' after which the face often 'becomes violently distorted'.⁹⁵ Perhaps Dickens uses this motif of the 'violently distorted' face to exaggerate and bring to the surface Headstone's internal 'ugliness'; the beast within is 'going public', as it were.

From the time of the attack on Wrayburn, Headstone 'doubles' with Riderhood. He copies the lock-keeper's style of dress to commit the offence. This could be seen as a superficial attempt to cast the blame for the crime elsewhere yet, at a deeper level, it could be a symbolic indicator of this new interconnection. In this instance, however, Riderhood functions as an 'external' conscience reminding him of his guilt. He is not simply aware of Headstone's sickness – as witness 'And wishing that your elth may be better than your looks' (p.612). He also knows the truth about his 'T'otherest' (p.865) governor's crime, having watched him bathe and attempt to get rid of the bloodstained clothing (p.775-6). His arrival in Headstone's classroom exemplifies the continuous fragmentation and breakdown between the schoolmaster's supposedly 'respectable' or 'decent' public persona and his private and 'passion wasted' night-time self. He can no longer hide *anything* from *anyone*. The symptoms of his sickness overmaster him at all times and Riderhood means to blackmail him. Thereby, Dickens points up Headstone's final relinquishing of the 'genteel' world,

albeit a world based on hypocrisy and ‘concealment’, which he is plainly unfitted to participate in as he cannot ‘hide’ anything. Headstone leaves his ‘decent silver watch and its decent guard’ (p.867) – the trappings of his ‘respectability’ – with Miss Peecher. By the time he takes Riderhood over the lock in one final, fatal embrace, like an ‘iron ring’ (p.874), he has visibly degenerated into a ‘decaying statue’ (p.872). Like Cooke’s onanist patient, he is ‘less a living being than a corpse’ and the only way he can erase the evidence of his guilt – his obvious medical symptoms and the ‘secrets’ held by Riderhood – is to ensure that his ‘guilt’ dies with him.⁹⁶

By the end of the novel, Wrayburn is well enough to be visiting the Harmons with Lizzie, but he is much changed. Dickens declares that ‘Sadly wan and worn was the once gallant Eugene, and walked resting on his wife’s arm, and leaning heavily upon a stick. But, he was daily growing *stronger* and *better*, and it was declared by the medical attendants that he might not be much disfigured by-and-by’ (p.883, my emphasis). Note, ‘stronger’ and ‘better’. These words imply that Wrayburn is showing signs of both *physical* and *moral* improvement and will be ‘not much disfigured’ in *either* respect when he eventually recovers from his ordeal. At the end of *Our Mutual Friend*, then, Wrayburn ‘doubles’ with himself: Eugene the languid onanist (the way he was) as against Wrayburn the ‘cured’ (if ‘flawed’) married man (the way he is). The former, diseased, aspect of his character has to die in order that the latter can live. As for Lizzie, his wife, it seems that, in common with Charlotte Brontë’s Jane Eyre, a woman may not marry above her station in the Victorian novel unless the man she marries is ‘flawed’.

Although Joel Brattin has alluded to ‘the prison of Bradley’s monomania’ and his ‘potential for self destruction’ no one has yet traced the development of Headstone’s condition from its genesis nor fully explored his ‘doubling’ with

Wrayburn.⁹⁷ Moreover, the motif of onanism in Dickens' fiction, utilised in the construction of Uriah Heep, appears to feature again in his late novels, not only in *Great Expectations* and *Our Mutual Friend* but also, as I shall now demonstrate, in the figure of John Jasper, the obviously opium-addicted protagonist of *The Mystery of Edwin Drood* (1870).

Notes

- 1 James Copland, *A Dictionary of Practical Medicine: Combining General Pathology, The Nature and Treatment of Diseases, Morbid Structures, and the Disorders Especially Incident to Climates, to the Sex, and to the Different Epochs of Life*, 4 vols (London: Longman, Brown, Green, Longmans & Roberts, 1844-1858), Vol.III, p.442. The term is an allusion to the God of the Ammonites to whom children were made to 'pass through the fire' (II Kings 23:10). The word is often used to mean 'Any influence which demands from us the sacrifice of what we hold most dear.' See: Ivor H. Evans (ed.), *The Wordsworth Dictionary of Phrase & Fable* (Ware: Wordsworth Editions Ltd, 1993), p.721. Within the context of Copland's work the epithet has two important resonances. Not only does Copland claim that the disease (or 'evil') causes 'complete prostration of the powers of both body and mind' (p.443) leading to premature death (the sacrifice of body, mind and life) but also that 'The evil consequences of self-pollution...are transmitted to the offspring' (p.444 original emphasis). Thus, the masturbator (in the gratification of

- his/her habit) 'sacrifices' both their own life *and* that of their children. cf. Alfred Hitchcock, 'Insanity and Death from Masturbation', *Boston Medical and Surgical Journal*, 26 (1842), p.286.
- 2 Sylvester Graham, 'Lecture on Onanism', *Boston Medical and Surgical Journal*, VIII (1835), 206-8, at pp.206, 207.
 - 3 Colin Buckle, "'The Defence Set Up By The Male Kind': Male Masturbatory Pathology Versus Safer Sex In Early Victorian England", in Nickianne Moody & Julia Hallam (eds), *Medical Fictions* (Liverpool: MCCA, 1998), pp.188-200, at p.193.
 - 4 Charles Dickens, *David Copperfield* (London: Everyman, 1993 [1850]), p.207, my emphasis.
 - 5 Charles Dickens, *Our Mutual Friend* (London: Penguin, 1985), p.266, my emphasis. All subsequent references are to this edition and will be included in parentheses in the main body of the text.
 - 6 Joel Brattin, 'Dickens' Creation of Bradley Headstone', *Dickens Studies Annual*, 14 (1985), p.148.
 - 7 Notably, Dickens suggests that, in Headstone, 'there was enough of what was animal, and of what was fiery (though smouldering) still visible in him' (p.267). Animal analogies are also frequently utilized in descriptions of Heep: he is likened to, among other things 'a malevolent baboon' Dickens, *David Copperfield*, p.541. Significantly the term 'Beastliness' was used by Henry Maudsley to denote the unrestrained lustful fantasies of a female masturbator (expressed in a letter to a young man) in the 1860s. See: Henry Maudsley, 'Illustrations of a Variety of Insanity', *Journal of Mental Science*, 14/66

(1868) p.157. The epithet was later – and perhaps more famously – utilised by Lord Baden-Powell as a euphemism for masturbation in the early twentieth century. See: Robert Baden-Powell, *Scouting for Boys* (London: C. Arthur Pearson Ltd, 1948 [1908]), pp.206-7.

- 8 F. M. L. Thompson, *The Rise of Respectable Society: A Social History of Victorian Britain, 1830-1900* (London: Fontana, 1988), p.145.
- 9 Joel Brattin, 'Dickens Creation of Bradley Headstone', p.150.
- 10 Eve Kosofsky Sedgwick, *Between Men: English Literature and Male Homosocial Desire* (New York: Columbia University Press, 1985), p.163.
- 11 Vern L. Bullough and Martha Voght, 'Homosexuality and Its Confusion with the "Secret Sin" in Pre-Freudian America', *Journal of the History of Medicine and Allied Sciences*, 28 (1973), p.145, original emphasis. Indeed, Bullough and Voght assert that almost any form of recreational and non-procreational sexual pursuit (therefore, resistant and transgressive to what Buckle calls the 'heterosexual family narrative') could be lumped under these catch-all terms. They state: 'almost all forms of sexual activity not resulting in pregnancy could be classed with Onan's sin, and it became a convenient medical handle partly because its Biblical sanction made it less likely to offend sensibilities' (p.145).
- 12 Headstone's 'biting' of the finger could indicate a recall of childhood 'castration anxiety' as a result of warnings about masturbation, his fears in this instance being displaced from his penis to his finger. In his lecture on 'Paths to the Formation of Symptoms' (1916-17) Freud emphasises that autoerotic behaviour in young boys often leads to the threat of more than the loss of their

penis: 'It is by no means a rare thing, for instance, for a little boy, who is beginning to play with his penis in a naughty way and is not yet aware that one must conceal such activities, to be threatened by a parent or nurse with having his penis or his sinful hand cut off.' Freud also cites the example of Frankfurt doctor Heinrich Hoffmann's influential and widely distributed children's picture book *Struwwelpeter* (1844) to illustrate the way 'castration' is 'softened into a cutting-off of thumbs as a punishment for obstinate sucking.' See: Sigmund Freud, 'Lecture 23: The Paths to the Formation of Symptoms' reprinted in Sigmund Freud, (ed.) Anna Freud, *The Essentials of Psycho-Analysis* (London: Penguin, 1991), p.549. For a materialist examination of the relationship between thumb sucking and masturbation in nineteenth-century medical/paediatric discourse with particular reference to *Struwwelpeter* see: Diane Mason, 'Masturbation, Little Suck-a-Thumb & Struwwelpeter', *Udolpho*, .32 (Spring 1998), 24-9.

- 13 William A. Cohen, *Sex Scandal: The Private Parts of Victorian Fiction* (Durham and London: Duke University Press, 1996), p.42.
- 14 The left (Latin *sinister*) side of anything is often thought to be unlucky or of bad omen. See: Evans, *The Wordsworth Dictionary of Phrase & Fable*, p.633, cf. Iona Opie and Moira Tatem (eds), *A Dictionary of Superstitions* (Oxford: Oxford University Press, 1992), pp.230-1. Interestingly too, to 'follow the left-hand path' is a phrase frequently used to indicate a devotee of the occult.
- 15 Cohen, *Sex Scandal*, p.42.

- 16 James Sherwood, 'Another Taboo Bites the Dust', *The Independent on Sunday: Real Life*, 10 January 1999, p.2. Indeed, the position of the clenched hand also closely resembles that of the 'unsucked' hand of Little-Suck-a-Thumb immediately prior to the Tailor's entrance in Heinrich Hoffmann's *Struwwelpeter*. I have argued elsewhere as to the masturbatory pathology of the aforementioned character. See note 12.
- 17 Sherwood, 'Another Taboo Bites the Dust', p.2.
- 18 Ibid., p.2.
- 19 Cohen. *Sex Scandal*, pp.33-4.
- 20 Quoted in Ibid., p.34.
- 21 'W' [Samuel Woodward], 'Remarks on Masturbation', *Boston Medical and Surgical Journal*, XII (1835), p.95.
- 22 Robert P. Ritchie, 'An Inquiry Into a Frequent Cause of Insanity in Young Men', *Lancet*, 23 March 1861, p.286, my emphasis.
- 23 Again, these symptoms and actions are reminiscent of Uriah Heep. Not only is the clerk described as having an 'uncomfortable' (p.213) hand that 'felt like a fish, in the dark', Dickens, *David Copperfield*, p.223, but David also notices him 'frequently [grinding] the palms against each other as if to squeeze them dry and warm, besides often wiping them in a stealthy way on his pocket-handkerchief.' Ibid., p.222.
- 24 W. H. Ranking, 'Observations on Spermatorrhoea or the Involuntary Discharge of the Seminal Fluid', *Lancet*, 1 (1843-4), p.52.
- 25 Anon., *The Romance of Lust* (Ware: Wordsworth Editions, 1995 [1873-6]), p.27.

- 26 Anon., *The Lustful Turk* (Ware: Wordsworth Editions, 1997 [1828]), pp.18, 19.
- 27 Alexander Walker, *Intermarriage* (1838), extract reprinted in Regina Barreca (ed.), *Desire and Imagination: Classic Essays in Sexuality* (New York: Meridian, 1995), pp.26, 27. Notably the schoolmaster also exhibits this symptom in his interview with John Rokesmith (Harmon). When Rokesmith asks him about 'young Hexam's sister', Headstone is unable to utter Lizzie's name without 'a strong contraction of his whole face' (p.445).
- 28 P. Austin Nuttall, *Nuttall's Pronouncing English Dictionary* (London: George Routledge and Sons, 1894), p.447.
- 29 In this scene he also notably 'feminises' or emasculates himself, telling her 'You are the ruin of me' (p.452). In the nineteenth century it was more commonplace to think of young women being 'ruined' through seduction by men rather than vice versa. For example, in *The Lustful Turk*, Emily Barlow recalls the 'inflamed suction' of the hero's kisses 'softening me to ruin' (p.19).
- 30 Maudsley, 'Illustrations of a Variety of Insanity', p.156-7, my emphasis.
- 31 Nuttall, *Pronouncing English Dictionary*, p.301, original emphasis.
- 32 Ernest Jones, 'On the Vampire' in Christopher Frayling (ed.), *Vampyres: Lord Byron to Count Dracula* (London: Faber and Faber, 1991), p.411.
- 33 'W', 'Remarks on Masturbation', p.95.
- 34 'A Physician' [Nicholas Francis Cooke], *Satan in Society* (New York: Edward F. Hovey, 1878 [1870]), p.100.
- 35 William Acton, *The Functions and Disorders of the Reproductive Organs* (1857), extract reprinted in Barreca, *Desire and Imagination*, p.273.

- 36 Ritchie, 'An Enquiry into a Frequent Cause of Insanity in Young Men', p.286.
- 37 Quoted in Alex Comfort, *The Anxiety Makers: Some Curious Preoccupations of the Medical Profession* (London: Nelson, 1967), p.84. This is a discourse also echoed later in multiple references to Headstone as a 'haggard head' (p.610).
- 38 Athol A. W. Johnson, 'On an Injurious Habit Occasionally Met With in Infancy and Early Childhood', *Lancet*, 7 April 1860, p.344.
- 39 Michael Mason, *The Making of Victorian Sexuality* (Oxford: Oxford University Press, 1995), p.187-8.
- 40 Ibid., p.188.
- 41 M.D., 'The Spermatorrhoea Imposture', *Lancet*, 2 (1857), p.537, my emphasis.
- 42 Ibid., p.537. Given this allusion to the journal's wider readership – not solely confined to the 'professional class' – and its status as a medical publication, regularly featuring papers on masturbation, spermatorrhoea and other sexual disorders, *The Lancet* too could be seen as a source for the dissemination of these medical discourses over a broader societal spectrum than may previously have been acknowledged.
- 43 Sandra M. Gilbert & Susan Gubar, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination* (New Haven and London: Yale University Press, 1984), p.3.
- 44 Eric Partridge (ed.) and Jacqueline Simpson (abridge.), *The Penguin Dictionary of Historical Slang* (London: Penguin Books, 1972), p.680.

- 45 Michelle Landsberg, *The World of Children's Books: A Guide to Choosing the Best* (London: Simon & Schuster, 1989), p.73. Arguably though, children are not alone in doing this. Recall the late-century example of Van Helsing in Bram Stoker's *Dracula* (1897). After the funeral of the vampirised Lucy Westenra, Van Helsing, recognising the irony of the situation inasmuch as he knows that all the solemn rites of the Christian burial service will not restore her soul to peace, bursts into fits of laughter and tears, perceived by Dr Seward as 'hysterics'. However, Van Helsing explains that 'we men and women are like ropes drawn tight with strain that pull us different ways.... But King Laugh, he come like the sunshine, and he ease off the strain again; and we bear to go on with our labour'. 'King Laugh', in the words of William Hughes, is Van Helsing's 'term for the involuntary release of mental pressure through spontaneous, emotional laughter.' See: Bram Stoker, *Dracula* (Oxford: Oxford University Press, 1996), pp.174-5; William Hughes, 'The Madness of King Laugh: Hysteria, Popular Medicine and Masculinity in Bram Stoker's *Dracula*' in, Moody and Hallam (eds), *Medical Fictions*, pp.226-35, at p.226.
- 46 Landsberg, *The World of Children's Books*, p.86.
- 47 Nuttall, *Pronouncing English Dictionary*, p.294.
- 48 Ranking, 'Observations on Spermatorrhoea', p.47.
- 49 Walker, 'Intermarriage', p.27, cf. Edward Bliss Foote, *Dr Foote's Home Cyclopedia of Popular Medical, Social and Sexual Science* (New York: Murray Hill Publishing Co., 1900), p.167.

- 50 Eve Kosofsky Sedgwick, 'Murder Incorporated: *Confessions of a Justified Sinner*' in Duncan Wu (ed.), *Romanticism: A Critical Reader* (Oxford: Blackwell, 1995), p.363. Interesting though Sedgwick's reading of Robert Wringhim's bloody nose is, the circumstances preceeding the discharge is somewhat different. In Hogg's novel *The Private Memoirs and Confessions of a Justified Sinner* (1824), Robert's nose bleeds as a result of fighting with (and being hit by) his physically-stronger brother, George – there is arguably a predisposing (and violent) cause for his blood loss – whereas, in the case of Headstone, the flow is entirely involuntary and not prefigured by any physical contact or accident.
- 51 Cooke, *Satan in Society*, p.98. Note here the way his continuous seminal losses or 'spermatic flux' have impacted on and affected the quality of his blood, described as 'pale and watery'.
- 52 C.E. Brown-Sequard, 'Epilepsy' in Richard Quain (ed.), *A Dictionary of Medicine* (London: Longmans, Green, and Co., 1883), p.446.
- 53 Ibid., p.446.
- 54 Hitchcock, 'Insanity and Death from Masturbation', p.283.
- 55 Cooke, *Satan in Society*, p.98.
- 56 Revelation 6:8, my emphasis, cf. n.1.
- 57 T. De Witt Talmage, *Sports That Kill* (Wakefield: William Nicholson and Sons, n.d. [c.1875]), p.148, my emphasis.
- 58 Quoted in Cooke, *Satan in Society*, p.102.
- 59 Catherine Wearing, 'Afterword'to Charles Dickens, *Our Mutual Friend* (London: BBC/Penguin, 1998), p.896.

- 60 Adrian Poole, 'Introduction' to Charles Dickens, *Our Mutual Friend* (London: Penguin, 1997), p.xxiii my emphasis.
- 61 Hilary Spence, *The Modern Book of Babies' Names* (London: Foulsham, 1988), p.62.
- 62 Ritchie, 'An Inquiry into a Frequent Cause of Insanity in Young Men', p.160, my emphasis.
- 63 Howard W. Fulweiler, "'A Dismal Swamp': Darwin, Design and Evolution in *Our Mutual Friend*", *Nineteenth Century Literature*, 49/1 (1994), p.71.
- 64 Brattin, 'Dickens' Creation of Bradley Headstone', p.151.
- 65 'W', 'Remarks on Masturbation', p.95.
- 66 Ibid., p.95.
- 67 Ibid., p.95.
- 68 Leonard Wolf (ed.), Bram Stoker, *The Essential Dracula* (New York: Plume, 1993), p.75.
- 69 Stoker, *Dracula* (Oxford University Press Edition), pp.56, 214, 376.
- 70 Significantly, in contemporary pornographic discourse the penis is often likened to a 'terrible' and cutting 'instrument' or weapon. In one example from *The Lustful Turk* (1828), Emily Barlow remembers her defloration at the hands of the Dey of Algiers with his 'terrible shaft': 'I felt him moving up and down upon me with a force and energy that made me feel every motion of the instrument which I was impaled upon like the *cutting of a knife* ... he drove himself up to the hilt in me'. See: Anon, *The Lustful Turk*, p.25, my emphasis.
- 71 Cooke, *Satan in Society*, p.62.

- 72 Lord Chesterfield, *Chesterfield's Principles of Politeness/The Young Man's Own Book* (London: Scott, Webster, and Geary, 1840), p.81.
- 73 Maudsley, 'Illustrations of a Variety of Insanity', p.153-4.
- 74 Ritchie, 'An Inquiry into a Frequent Cause of Insanity in Young Men', p.285.
- 75 Ibid., p.235.
- 76 Copland, *A Dictionary of Practical Medicine*, Vol.III, p.444.
- 77 'W', 'Remarks on Masturbation', p.95.
- 78 Maudsley, 'Illustrations of a Variety of Insanity', p.160.
- 79 According to the *O.E.D.*, the word 'hex' or 'hexe' was in use from the early nineteenth century onwards, particularly in America, as a term meaning 'A witch' or 'witch-like female', or, as a verb, 'To practise witchcraft' or 'to bewitch, to cast a spell on', as a word for 'A magic spell or curse.' Given Dickens' travels in America – and his popularity with that country's readers and audiences – it is difficult to believe that he would have been ignorant as to the term's connotations. See: J. A. Simpson and E.S.C. Weiner, *The Oxford English Dictionary* (Oxford: Clarendon Press, 1989), Vol.VII, p.196.
- 80 The witch is an erotic figure to the male not only because many of her ritual practices are thought to involve nudity and sexual congress with demonic beings but also inasmuch as she represents a particularly potent form of female power. In the words of Erica Jong, 'She is either exceedingly beautiful or horribly ugly; bewitching in her physical graces or terrifyingly hideous. In either case, she menaces men, for her beauty both blinds and binds, and her ugliness assaults and astounds the senses. Whether he meets an ugly witch or

a beautiful one, man is victimized by female power – a condition devoutly to be unwished.’ See: Erica Jong, *Witches* (London: Granada, 1982), p.66.

- 81 To give just one example of the salacious female servant in contemporary pornography, in *The Ups and Downs of Life*, the sexual autobiography of Captain Edward Sellon first published in 1867, Sellon recalls bedding a ‘pretty, rosy, laughing little chambermaid’ who, although only just turned sixteen, had already enjoyed sexual relations with ‘about fifteen’ different men. See: Edward Sellon, *The Ups and Downs of Life* (Ware: Wordsworth, 1996 [1867]), pp.21, 23. Also on the subject of masculine attraction for the ‘earthy’ qualities of the working-class woman see: Frances Barrat-Ducroq, *Love in the Time of Victoria* (London: Penguin, 1992), p.60.
- 82 Henry Mayhew, (ed.) Peter Quennell, *Mayhew’s London* (London: Spring Books, 1969 [1851]), p.321.
- 83 Nuttall, *Pronouncing English Dictionary*, p.462.
- 84 Wilkie Collins, *Armada* (Oxford: Oxford University Press, 1989 [1866]), pp.233, 237, 279, 282. Indeed, Bashwood’s onanistic propensities are also noted by Natalie Schroeder who asserts that ‘Collins’s description [of Bashwood] recalls William Acton’s, of a boy who habitually masturbates.’ See: Natalie Schroeder, ‘*Armada*: A Book That Is Daring Enough to Speak the Truth’, *Wilkie Collins Society Journal*, 3 (1983), 5-19, at p.17.
- 85 Collins, *Armada*, p.237.
- 86 *Ibid.*, p.279-80.

- 87 Although they *both* develop a passion for – and are manipulated by – Lydia Gwilt later on in the text. Indeed, Midwinter even goes so far as to marry her. The two do not, however, enjoy a happy union.
- 88 Acton quoted in Barecca, *Desire and Imagination*, p.297, my emphasis.
- 89 David Skae, ‘The Morisonian Lectures on Insanity for 1873’, *Journal of Mental Science*, 19 (1874), p.499. See also: Ritchie, ‘An Inquiry Into a Frequent Cause of Insanity in Young Men’, p.186; Maudsley, ‘Illustrations of a Variety of Insanity’, p.161.
- 90 Ritchie, ‘An Inquiry Into a Frequent Cause of Insanity in Young Men’, p.186.
- 91 Ibid., p.186.
- 92 Maudsley, ‘Illustrations of a Variety of Insanity’, p.161.
- 93 Copland, *A Dictionary of Practical Medicine*, Vol.III, p.443. Cooke, *Satan in Society*, p.99.
- 94 *a.i.*, *Beeton’s Shilling Medical Dictionary* (London: Ward Lock & Co., n.d. [c.1870]), pp.154, 153.
- 95 Ibid., p.153.
- 96 Cooke, *Satan in Society*, p.98.
- 97 Brattin, ‘Dickens’ Creation of Bradley Headstone’, pp.161, 155.

Chapter Six

‘Sin is a thing that writes itself across a man’s face’:

Conflicting Signifiers of Vice in

The Picture of Dorian Gray and The Mystery of Edwin Drood

‘Mad Hungers’: Dorian Gray and Drug Addiction

In his 1999 book *A Geography of Victorian Gothic Fiction: Mapping History’s Nightmares*, Robert Mighall examines the way in which Oscar Wilde utilises ‘physiognomical codes for sensational and narrative effects’ in *The Picture of Dorian Gray* (1890).¹ Drawing on Victorian medical discourse as a basis for his reading, Mighall suggests that the symptomatology of ‘onanism can be considered a likely candidate for an imaginative model’ in the construction of Wilde’s eponymous protagonist.² According to Mighall, ‘the central motif of the tale – the portrait that bears the traces of Dorian’s life – operates within a framework of expectations about the visibility of vice’.³ He further recalls the words of Basil Hallward, the artist responsible for painting Dorian’s portrait; ‘Sin is a thing that writes itself across a man’s face’.⁴

Mighall appears to contradict himself, however, in his assertion that ‘Like the onanist’s true appearance, Dorian’s horrible wasting is hidden from the public gaze.’⁵ Although he identifies a ‘supernatural dimension’ in *Dorian Gray* (inasmuch as it is the portrait rather than his body that bears the evidence of Gray’s evil), Mighall argues that, within the context of medical writing on masturbation, ‘The

consequences of onanism are hideous, but it is often only the “practised” eye of the physician that can read their unmistakable signs.’⁶ Given the widespread dissemination of masturbatory symptomatology in popular medical texts, Mighall’s viewpoint may be perceived as somewhat problematic. Undeniably, Gray’s hidden ‘evil and ageing’⁷ portrait, like the invariably deteriorating figure of the masturbator in medical literature, ‘provides a progressive narrative of decomposition.’⁸ Moreover, widely-distributed ‘before and after’ illustrations depicting (particularly the male) masturbator, initially as a healthy and untainted youth and thereafter in varying stages of dribbling decay, could be seen in popular medical advice publications in the nineteenth century.⁹ These largely function as ‘hidden’ portraits of the self, a graphic prophesy of what will happen if the reader does not take heed and mend his ways. Essentially, it is only the *concealed* nature of the portrait that occludes the symptoms of their debased origins. There are, however, other signifiers of deviance written upon the unconcealed body that appears in public, and reinforced by the behaviours it exhibits.

What Mighall appears to overlook is that, in Wilde’s novel, Gray is already afflicted with what W.A.F. Browne, Medical Commissioner for Lunacy in Scotland in 1875, termed a ‘hideous vice’ and ‘ruinous propensity’.¹⁰ This indulgence too was regarded as a ‘secret vice’, an often relentless and degenerative disorder with no ‘relief to a desperate case ... save death.’¹¹ The condition under scrutiny here is not, for all Mighall’s assertions, onanism but Gray’s explicit and ‘hideous hunger for opium’ (p.146). This has not passed unnoticed. In *Pleasures and Pains: Opium and the Orient in 19th-Century British Culture* (1995), Barry Milligan asserts that Gray, ‘reaches the depths of his decadence amidst “the heavy odour of opium” in an East End den’.¹² Milligan’s account, in common with others, neglects to mention Gray’s

medical symptoms, manifested not only in his carefully secreted portrait but also, as the period of his addiction increases, in some highly public behavioural symptoms which are increasingly remarked upon as the narrative progresses.

At first glance, opiate abuse and self-abuse may appear to have little in common. On the one hand, opium eating involves the ingesting or taking in of an alien substance while, on the other, onanism can be perceived as the profligate 'spending' or discharging of a natural secretion. Within the context of nineteenth-century medical writing, addiction to opium, like habitual masturbation, was thought not only to have an adverse impact on the sufferer's physical and moral health but also to impair his or her reproductive capabilities. And, as with onanism, the signs of opium abuse were often thought to be inscribed upon the surface of the body.¹³ In the words of the American physician Charles W. Earle, 'The opium-eater's countenance, in the greater number of cases, betrays him.'¹⁴ In diagnosing opium addiction, physicians frequently made use of physiognomical and physical signifiers to detect the cause of a patient's affliction, as was the case with the discourse on masturbation. In his 1850 article 'On the Habitual Use of Opium', R.J. Little asserts that, 'By-and-by the figure stoops, and a peculiar shuffling gait is acquired, by which alone a practised eye may recognise an old opium debauchee.'¹⁵ Such a 'gait', however, is not the sole preserve of the opium eater. According to Henry Maudsley, writing in 1867, many habitual onanists also 'shuffle along in a slouching and slovenly manner, with eyes bent upon the ground.'¹⁶ Note here the position of the onanist's eyes, 'bent upon the ground.' This is a crucial signifier in the case of the opium addict also. In the words of T.S. Clouston, the opium eater 'cannot look you in the face.'¹⁷ This avoidance tactic is clearly associated with guilt by Daniel Yellowlees in his 1892 article, 'Masturbation'. As Yellowlees asserts, the onanist 'cannot look you in the face

because he is haunted by the consciousness of a dirty secret which he must always conceal and always dreads that you may discover.’¹⁸ Arguably, the same consciousness of shame is held by the opium eater. The notion here is that the ‘contaminated’ man (who knows his vice and infirmity) cannot meet the gaze of the clean and implicitly healthy man for fear of being ‘found out’. In *The Picture of Dorian Gray*, there is an interesting and quite complex reversal of this idea. Gray, outwardly the untainted youth with his ‘purity’ (p.102) of face, secretes the ‘hideous painted thing’ (p.112) in the attic nursery. He does this not only because he fears that his ‘secret’ (p.97) will be discovered by others, but also so that ‘He himself would not see it’ (p.98). Although Gray is, in part, fascinated by the loathsome image of his impure self – the ‘contaminated’ man – essentially he is uncomfortable at confronting its gaze: ‘For weeks he would not go there’ (p.112). Viewed in this way, then, in Gray’s case, it is the (outwardly) ‘pure’ man who cannot look the ‘impure’ man in the eye, rather than vice versa.

In addition to these physical indicators of disorder, opium addiction and masturbation share a markedly homogeneous symptomatology within Victorian medical literature and, in writing about these conditions, authors employ a discourse with distinctive linguistic features which are, in many areas, identical. In this chapter I will explore these similarities and compare the pathology of the opium abuser with that of the onanist, showing how the symptoms of the two conditions can be seen to inform each other. In studying these pathologies, I shall examine Wilde’s *Dorian Gray*, looking at the textual evidence for the eponymous character’s opium addiction, and then proceed to a consideration of John Jasper, the ‘solitary’, and, up till now, unquestionably, opium-addicted protagonist of Dickens’ last, unfinished novel, *The Mystery of Edwin Drood* (1870).¹⁹

Before I turn to Gray and Jasper, though, it is interesting to examine the attitudes towards opium use exhibited in the writings of nineteenth-century physicians and medical commentators. Opiates and opium-based patent medicines were both widely available and readily used in the Victorian period; therefore, it would be easy to assume that consumption of these substances on demand was largely unproblematic.²⁰ In *Opium: A History* (1998), Martin Booth claims that opium addiction was viewed not 'as evil' but merely as 'a minor social vice' by the medical community.²¹ However, such assertions appear somewhat simplistic on closer inspection of writings on the subject from across the nineteenth century. Writing in *The Lancet* in 1832, the London surgeon G.R. Mart considers the 'baneful influence' attendant on the 'detestable habit' of 'opium-eating'.²² T. Hodgkin, Physician to the London Dispensary, in a series of lectures aimed at the working man, warns his readers that the 'practice [of opium taking] has a most pernicious effect on the nervous system, and invariably tends to shorten life.'²³ In 1857, the French physician B.A. Morel went so far as to describe opium smoking as 'the most fatal and degrading habit it is possible to conceive'.²⁴ And in a 1900 popular medical advice manual, Edward Bliss Foote counsels his readers that '*opium is dangerous stuff; let it alone*'.²⁵ Although I make no extravagant claims here that opium abuse was subject to the same level of almost universal opprobrium as masturbation, practitioners writing on the use of the drug are hardly dismissive as to its harmful effects. It is certainly more than a mere 'social vice', in that it has physical and moral implications.

If one compares this language of opium addiction to that of masturbation in nineteenth-century medical literature, some strong similarities can be seen to emerge. Onanism too was deemed a 'detestable vice' by Samuel Woodward and a 'baneful and degrading habit' by Daniel Yellowlees.²⁶ The key issue here appears to be the

debasement of nature and effects of these practices. One nineteenth-century dictionary definition of 'Degrade' is 'to reduce from a higher to a lower civil rank ... to disgrace; [and] to lower in character or natural rank.'²⁷ Note here the use of 'natural', meaning 'not artificial', and the notion of a 'natural order' or hierarchy of class, racial types and species.²⁸ Within the discourses of opium addiction and masturbation, the allegedly degrading effects of these practices can be seen to threaten these carefully gradated and, supposedly natural, boundaries, functioning as both animal (or bestial) and racial. The masturbator, in allowing his or her desire for sexual self-gratification to get the upper hand, was reverting to the standards of an atavistic forebear or, in the words of Lawson Tait, becoming a 'lower moral type'.²⁹ Tait makes this explicit when he goes on to assert that 'no one can ever have watched the habits of monkeys without having discovered that masturbation is almost universal among them in confinement.'³⁰ In indulging his/her habit, then, the masturbator was seen to be slipping down the evolutionary scale and lowering him/herself to the level of humanity's apish ancestors. The association of onanism with the behaviour of animals is a consistent factor of writings on the subject by both medical practitioners and lay commentators. In his 1835 clinical article on 'Insanity, Produced by Masturbation', Samuel Woodward described the practice as a 'beastly habit'.³¹ This is later, and perhaps more famously, reinforced in the work of Robert Baden-Powell whose favoured euphemism for masturbation was 'beastliness'.³²

In a similar way, the opium addict, in giving in to his or her craving for the drug, could be seen to be degenerating into what was perceived as a lower racial type. Barry Milligan, in *Pleasures and Pains*, explores the association of opium with the orient. In nineteenth-century writings on London's opium dens 'Orientalness' was often 'portrayed as a transmittable disease, [with] opium smoke as the means of

transmission.’³³ This is illustrated in Dickens’ *Edwin Drood* when Jasper observes that Princess Puffer, a British woman, ‘has opium-smoked herself into a strange likeness of the Chinaman’ (p.38). This could also be a factor in the declining visage of Lord Henry Wotton – himself a lover of the ‘heavy opium-tainted cigarette’ (p.6) – in *Dorian Gray*. Towards the end of the novel, Wotton quizzes Gray on how he has managed to preserve his looks while he himself is ‘wrinkled, and worn, and *yellow*’ (p.170, my emphasis), a skin colouration expressly and popularly associated with the Oriental opium smoker.³⁴ The implication here is effectively that he too has taken on some oriental characteristics as a result of his long-continued opium smoking. In his 1832 clinical observations on the ‘Effects of the Practice of Opium Eating’, G.R. Mart notes changes in the skin tone of some of his opium-habituated patients, variously taking on ‘a tawny colour’ and ‘a sun-burnt colour’.³⁵ Given the Victorian definition of ‘Tawny’ as ‘a yellowish-dark colour, like things tanned or people who are sun-burnt’, the suggestion that the addict could inherit a complexion not usually associated with the British as a result of his or her habit seems clear.³⁶

In his later work, T.S. Clouston asserts that the opium-eater ‘prefers to be among a class of society less moral, less educated, less refined and less evolved generally than that in which he was born.’³⁷ This certainly seems to be borne out in the case of Wilde’s Dorian Gray who, despite his wealth and social status, frequents some ‘dreadful places near Blue Gate Fields’, where he stays ‘day after day’ until he is ‘driven away’ (p.112). Moreover, it is ‘rumoured that he had been seen brawling with *foreign* sailors in a low den in distant parts of Whitechapel’ (p.113, my emphasis). Although Whitechapel is better known as the site of the notorious ‘Jack the Ripper’ murders in 1888, like Bluegate Fields, it was also a district noted for opium smoking in nineteenth-century London. Writing in 1868, a French journalist described the

clientele of one, Chinese-run, Whitechapel opium den as ‘Chinamen, Lascars, and a few English blackguards who have imbibed a taste for opium.’³⁸ ‘Lascar’ was ‘a name commonly applied to Oriental sailors on board British ships’ – foreign sailors in other words, – not unlike, perhaps, the sailors Gray is reputed to have fought with.³⁹ This oriental connection is further reinforced inasmuch as the opium quarter of Bluegate Fields was ‘known to the police as “Chinaman Court”’ and the ‘chief frequenters of these dens’ were also said to be ‘Lascars’.⁴⁰ In choosing to spend time in such haunts, then, Gray is not only largely mixing with individuals of a lower class but also of a different racial order to his own.

Because he moves between the two strata of society with relative ease, he could be perceived as dangerous; he brings the vices of the Oriental opium den into the heart of English aristocratic society. Just as Gray himself probably acquired his habit through contact with the opium-smoking Wotton, so he, in turn, may introduce other young men of his own rank to the delights and consequences of the drug. Opium smoking is, after all, a transmissible habit which can be passed on to others. On his last, calamitous visit to Gray’s house, Basil Hallward asks his former muse, ‘Why is your friendship so fatal to young men?’ (p.119). Hallward has heard many dark and sinister allegations as to Gray’s conduct and berates him that

One has a right to judge a man by the effect he has over his friends.

Yours seem to lose all sense of honour, of goodness, of purity. You have filled them with a madness for pleasure. They have gone down into the depths. You led them there. (p.120)

Although Hallward is not explicit as to the nature of the sinful pleasures Gray has inducted his friends into, given that opium was thought to have at least as grave an effect on the moral sense as it had on the physical body of the user – Fitz Hugh

Ludlow asserts that ‘Opium is a corrosion and paralysis of all the noblest forms of life’ – opium certainly could be part of that process of degradation.⁴¹ Thomas De Quincey, the original, self-styled, English opium eater, commenced his use of the drug on the advice of a friend. After suffering ‘excruciating rheumatic pains in the head and face’ for twenty days, De Quincey recalls, ‘By accident, I met a college acquaintance who recommended opium.’⁴² Although De Quincey’s recourse to the drug had a medical origin, a friend (such as Dorian Gray) might, equally, commend the drug to others for recreational or non-therapeutic purposes. This seems probable inasmuch as, towards the end of the novel, when Gray goes to the opium den in search of his fix, he meets Adrian Singleton, a former associate from his own set, who has been disowned by his family and friends (pp.148-9). Singleton is evidently addicted to the drug, telling Gray, ‘As long as one has this stuff, one doesn’t want friends’ (p.148). As Gray moves on to the next opium den he fleetingly wonders whether the ‘ruin’ of Singleton’s ‘young life was really to be laid at his door’ (p.150) and, later, acknowledges that ‘he had been an evil influence to others’ (p.174). The notion of contagion, the danger of placing an onanist among his or her uninfected fellows, was a feature of the discourse on masturbation. To quote the words of one headmaster, if a boy suspected of onanism was brought before him and the lad ‘decline[d] to confess, and be slow to reform, he is very plainly told that such a contaminating influence can no longer be permitted to remain in the school’.⁴³ Like the opium addict, who could conceivably infect others by passing their habit on, the onanist too could be perceived to be a fatal friend.

It is worth noting that, in writing about the dangers of the drug, practitioners such as Clouston, Ludlow, Hodgkin and Morel are all alluding to the – effectively, improper – use of opium. It should be remembered, though, that the fine line between

use and misuse of the substance was by no means always consistent or easy to draw. As Virginia Berridge suggests, ‘the medical uses of opium shaded imperceptibly into “non-medical” or what can be termed “social” ones.’⁴⁴ Drugs that were initially resorted to in cases of medical need could be enjoyed by the patient (for their effect) long after his or her original ailment had been cured. Celebrated examples of this phenomenon include the cases of Romantic poet Samuel Taylor Coleridge, who commenced taking opium in 1801 to relieve ‘gouty swellings and bowel troubles’, and the author Wilkie Collins who resorted to laudanum in the 1860s to ease the pain of rheumatic gout.⁴⁵ Both remained regular opium users for the rest of their lives. Medicinally, opium was usually administered orally in the form of preparations such as laudanum, or as morphine which could be injected hypodermically. In the novels under consideration here, the method of choice for imbibing the substance is the ‘fatal and degrading’ practice of opium smoking. According to Browne, this was ‘perhaps [the] most deleterious’ form in which the drug could be enjoyed.⁴⁶ Their drug habits, thus, appear to have no foundation in conventional ingestive or invasive medical treatment and are most certainly not a practice that a doctor would condone.

Having already made some initial observations on *Dorian Gray* in relation to nineteenth-century writing on opium addiction, and having established that the title character’s habit has neither a medical origin nor a therapeutic purpose, I shall from this point concentrate on further evidences of drug use/abuse in Wilde’s narrative. From the outset, then, Gray’s opium habit appears to commence after his meeting with Lord Henry Wotton at the artist, Basil Hallward’s, studio. The ‘wonderfully handsome’ (p.16) but ingenuous Gray ‘rather take[s] a fancy’ (p.17) to the worldly Wotton who openly smokes an ‘opium-tainted cigarette’ (p.6). That their potential friendship is a cause for anxiety is signalled by Hallward who warns Gray not to ‘pay

any attention to what Lord Henry says' as 'He has a very bad influence over all his friends, with the single exception of myself' (p.17). Although Hallward could be accused of acting out of self-interest – he confesses to Wotton that Gray 'is all my art to me' (p.11) – he also seems genuinely concerned about Gray's welfare when, before they are introduced, he implores Wotton, 'Don't spoil him. Don't try to influence him. Your influence would be bad' (p.15). Though the nature of Wotton's 'bad influence' is unsaid, critics have suggested that homosexuality could be a factor here. Richard Ellman recalls that Wotton is 'feebly married' (his wife actually leaves him before the end of the novel) and that he 'takes a cottage in Algiers (often a vacation spot for English homosexuals) for himself and Dorian'.⁴⁷ Although such speculation is tantalising in the light of Wilde's own life, to assume that same-sex desire provides the only motivating force in the author's works restricts the text's availability to alternative readings. I argue rather that, given the clear textual revelation of Wotton's drug use, his liking for opium would be seen as a more obvious pernicious trait – a 'bad influence'. Wotton's habit was viewed with some gravity by the medical profession. In his clinical article on 'Opiophagism' (1875), W.A.F. Browne asserts that the 'ruinous' practice of opium smoking 'must not be regarded as entirely exotic' as there are 'instances where our [that is, British] countrymen have sought for solace and somnolency from smoking opium or opiatished tobacco.'⁴⁸

That Wotton is a regular smoker of a rather special kind of cigarette – and has introduced Gray to their particular delights – is intimated in Chapter 6. Wotton, Hallward and Gray dine together at 'the Bristol' (p.60) before going to see Gray's erstwhile fiancée, Sibyl Vane, perform in *Romeo and Juliet*. After dinner, Wotton calls for 'coffee, and *fine-champagne*, and cigarettes' then tells the waiter, 'No, don't mind the cigarettes, I have some' (p.65). What could be insinuated here is that the

more conventional blend on offer at the restaurant is not to Wotton's taste. Wotton is certainly alert to their addictive properties (albeit tobacco and/or opium) when he remarks to his fellow diners that 'A cigarette is the perfect type of perfect pleasure. It is exquisite, and it leaves one unsatisfied' (p.65). It is worth remembering here that perpetual gratification, or incorrect hunger, lies at the heart of addiction. As Browne attests, 'The delirium of the opium-eater or smoker' and the 'dreams' concurrent with the use of the drug 'are not merely pleasurable, but are generally alleged to impart exquisite enjoyment'.⁴⁹ Following Wotton's tribute to the 'exquisite' qualities of cigarettes, the text is surprisingly ambiguous as to when the after-dinner puff is actually partaken of. Gray and Wotton travel together as 'there is only room for two in the brougham' (p.65), leaving the conventional cigar-smoking Hallward to follow them in a separate cab. Therefore, the two could well have enjoyed an opium-enriched smoke together on their way to the theatre. Hallward feels a 'strange sense of loss' as he watches Gray depart with Wotton, as if 'Life had come between them' (p.65). 'Life' here could function as a euphemism for any number of worldly activities and it could be that Hallward already suspects something of the extent of Wotton's bad influence.

Gray's foray 'eastward' into the 'labyrinth of grimy streets' (p.41) – where he discovers Sibyl Vane – comes after a walk with Wotton, who invites Gray to go with him and 'look at life' (p.37). In the days following their expedition, as Gray recalls, 'There was an *exquisite poison* in the air. I had a passion for sensations' (p.41, my emphasis). This is a complex gesture, and may be subject to a number of discourses. On a metaphorical level, the odour of the east is an odour of difference, of poison, plague and pestilence within the familiar shores. Svengali, after all, comes from the 'poisonous East', as does Count Dracula, whom more than one critic has associated

with animals, aliens and disease.⁵⁰ The odour of the east may be, literally, though, that of heated opium, bringing with it an equally heated imagination. The ‘exquisite poison’ here could equally be a veiled reference to the drug, especially given Gray’s subsequent yearning for activity and ‘sensations’. Gray remembers of the fateful evening, ‘I determined to go out in search of some adventure’ and ‘I fancied a thousand things’ (p.41). Given that Gray’s previous demeanour has been characteristically listless (p.23) and languid (p.26) – even the passive act of posing for Hallward tires him so that he asks to ‘sit in the garden’ (p.19) – this sudden enthusiasm is quite a contrast. Such behaviour though is entirely consistent with the ‘stimulant’ effects of opium ‘to those who are not habituated to its use.’⁵¹ According to Cassell’s popular medical encyclopaedia, *The Family Physician* (c.1896), on taking a large dose of opium, ‘the mind is apparently elevated to such an extent as to produce intoxication or even delirium, and the various functions, both mental and corporeal, are invigorated.’⁵²

Gray’s exalted initial impressions of Sibyl Vane’s acting and the ‘tremulous ecstasy’ (p.42) of her voice could also have more to do with his drug use than Vane’s artistic talent. As Browne asserts, the opium taker’s ‘intense sensibility’ towards ‘certain external impressions, such as music’ is ‘entirely subjective’, dependent ‘not upon the concord of sweet sounds, but upon the abnormal condition of consciousness.’⁵³ Gray’s florid recollections of the ‘divine’ (p.45) Vane’s ‘genius’ (p.46) then, may not be wholly rooted in reality. His grip on reality after witnessing Vane’s performance for the first time, seems, to say the least, tenuous. When the theatre manager invites him backstage to meet the actress, he conflates the performer with the fictional character she has played, telling him that ‘Juliet had been dead for hundreds of years’, thus giving the manager ‘the impression that I had taken too much

champagne, or something' (p.44). Gray, in commenting that the theatre manager imagines him to have 'taken too much champagne', is, on the one hand, casting himself in the role of a fictional or stereotypical stage figure. As the historian and critic Dave Russell asserts, in the music-hall song 'the spendthrift upper-class youth was held up as an object of attraction', a figure to be envied, and one of the most renowned and popular songs about such a youth was *Champagne Charlie*, itself an 'immediately recognisable persona' adopted in the 1860s by the performer, George Leybourne.⁵⁴ In the gaze of the manager, then, Gray appears to assume that he too is perceived as a privileged 'Champagne Charlie' figure. On the other hand, though, his allusion to the consumption of too much alcohol – 'or *something*' (p.44, my emphasis) – could imply that his behaviour can be viewed as that of a man 'intoxicated'. And given Grey's reticence in naming the alternative tipples to 'champagne' (he simply refers to it as 'something'), his intoxicant of choice could conceivably be 'something' other than alcohol.

Although Vane admits that she has acted 'badly' (p.69) on the night Gray takes Wotton and Hallward to see her perform, Gray's startling about-turn in perception as to the 'mediocre' (p.68) nature of her art could also be heightened by his use of opium. It is useful to recall here that, prior to that fateful night, Gray's 'sudden mad love' (p.49) for Vane has bordered on the obsessive. He has watched her act 'Night after night' (p.43) and, in a state of high excitement, he declares to Wotton, 'I worship her!' (p.46). Are we to accept, then, that, merely as a result of one indifferent performance, his avid devotion is turned to callous hatred? He looks at her with an expression of 'exquisite disdain', pronounces her 'shallow and stupid' and tells her, 'you have killed my love' (p.71). If this is the case, he appears to be distinctly unbalanced emotionally given that his feelings are naturally subject to such

violent change. On the one hand, Gray's actions can be seen to reflect Wilde's interest in aesthetics and his literary exploration of the 'tensions between life and art.'⁵⁵ Interpreted in this context, Gray reveres Vane as an object or 'ideal' of art and beauty, but once her talent is tarnished by reality – and fails to measure up to Gray's lofty artistic 'ideal' of her – his interest rapidly wanes. On the other hand though, Gray's behaviour is equally susceptible to a medical reading. If one accepts that his feelings and perceptions could be influenced by the use of opiates, such rapid changes would be far from unexpected. Although physicians do not specify an exact time period for habituation to occur, M'Gregor-Robertson states that 'Opium is one of the drugs for which tolerance is quickly established, and if it be taken regularly for any time, constantly increased doses are required to maintain the effect.'⁵⁶ Clouston further asserts that, 'One of the most characteristic facts of the morphia [or, opium] habit is that the dose which this month produced full effects will next month cease to do so, and must be increased'.⁵⁷ Given that it is fully 'a month' (p.38) after he has first been captivated by Vane (possibly under the influence of opium) that he announces his engagement to the actress to Wotton (p.49), it could be that, by the time he takes his friends to see her act, he has become habituated to his regular intake and the effects of the dose are diminishing.

The dreams and visions enjoyed by the opium eater were by no means always pleasant ones and the drug could have a dramatic impact on the perception of the user. In his 1860 book, *The Seven Sisters of Sleep*, the naturalist and mycologist Mordecai Cooke asserts that

the worst pandemonium which those who indulge in opium suffer, is that of the mind. Opium retains all its power of exciting the imagination, provided sufficient doses are taken; but when it has

been continued so long as to bring disease upon the constitution, the pleasurable feelings wear away, and are succeeded by others of a very different kind.... The fancy, still as powerful, changes its direction. Formerly it clothed all objects with the light of heaven – now it invests them with the attributes of hell.⁵⁸

In *Dorian Gray*, as Gray leaves the theatre after Sybil Vane's disappointing performance, the 'grimy streets' whose 'mere danger' had formerly given him a sense of delight' (p.41) have also, suddenly, lost their appeal. Instead, Gray wanders dazedly through a hive of 'evil-looking houses' peopled by coarse women, drunkards 'cursing and chattering to themselves like monstrous apes' and 'grotesque children' (p.72). As critics such as Andrew Martin have noted, these descriptions of London's low-life inhabitants can be seen to be informed by nineteenth-century physiognomical theories of degeneration – theories supposedly 'repudiated' by Wilde.⁵⁹ Alternately, however, giving credence to Cooke's words on the changing 'fancy' of the opium eater – and the need to take larger amounts of the drug to maintain the same levels of excitement – the increasingly hellish attributes of the capital's urban poor could be read as another figment of Gray's capricious and opium-disordered perception, a further signifier as to the depth of his descent into drug addiction. He is rarely seen without 'a cigarette' (p.77) from the time of his meeting with Wotton and even though the prefix 'opium-tainted' (p.6) is never used in the text in relation to Gray's smokes, such a possibility remains intriguingly implicit. On the night Hallward visits Gray (and is subsequently murdered by him), Gray's servant makes the unfortunate artist feel 'at home', offering him Gray's 'best gold-tipped cigarettes' (p.118). Although it is impossible to claim with any certainty that these cigarettes are produced from opiatized tobacco, the paraphernalia required

to make cigarettes at home was readily available in the nineteenth century and the opium-enriched version was frequently a hand-made rather than a commercially manufactured product.⁶⁰ It is possible that Gray customised his opiated cigarettes with a gold tip to signify their difference and exclusivity. Whatever the case, as the novel progresses, the textual evidence suggests that Gray needs to obtain more frequent and stronger doses of the drug.

Following Gray's rejection of Vane, as Gray observes the changes wrought in the portrait as a result of his behaviour, Wilde writes 'There were opiates for remorse, drugs that could lull the moral sense to sleep. But here was a visible symbol of the degradation of sin' (p.78). In other words, the portrait would remain as a constant reminder of Gray's actions regardless of how much he tried to numb his conscience in drugs. This certainly seems to be what he intends to do if one takes Gray's remark to Wotton as a veiled reference to opium. When Wotton informs Gray that Vane is dead, Gray tells him 'I must sow poppies in my garden' (p.82). Although this is a Classical reference (as Cooke asserts, 'Homer speaks of the poppy growing in gardens') it should also be remembered that, in Roman times, 'the poppy was sacred to Somnus' – the god of sleep.⁶¹ The Greek equivalent of Somnus is Morpheus, the name from which morphine, opium in its injectable form, is derived. Gray's words, then, could be interpreted as a statement of intent inasmuch as he means to assuage his sense of guilt, or, in Browne's words, to seek 'solace and somnolency' in opium.⁶² This seems particularly relevant given that Gray chooses to embrace a life of 'Eternal youth, infinite passion, pleasures *subtle and secret*, wild joys and wilder sins' (p.85, my emphases). Recall here that Thomas De Quincey alluded to his drug of choice as 'subtle, and all-conquering opium!'⁶³ Moreover, the practice of opium taking was, according to Browne, a 'secret indulgence'.⁶⁴ On this

evidence, I would certainly argue that Gray's very specific reference to the poppy has more symbolic import within the context of the continued sowing of his own 'wild oats' than in any conventional horticultural cultivation.

From this point onwards, although Gray's symptoms are supposedly hidden from view with his portrait, his friends, nevertheless, note the changes in his demeanour and character; 'from time to time strange rumours about his mode of life crept through London and became the chatter of the clubs' (p.102). Hallward tells him that 'Something has changed you completely', and these are changes he notably blames on 'Harry's influence' (p.88). Among Wotton's bad influences is his presentation to Gray of a 'yellow book' (p.100) with which the latter becomes 'fascinated' (p.101). The book, deemed by some critics to be J.K. Huysmans' novel *À Rebours* (1884), translated as *Against Nature*, 'features the intriguing figure of Des Esseintes, whose experiments in hedonistic excess made him into the ultimate icon of *fin-de-siècle* Decadence' (p.182, n.72). Gray strongly empathises with the hero of the 'yellow book' who 'became to him a kind of prefiguring type of himself' (p.102). If one accepts that the book is *Against Nature*, it is worth bearing in mind that Des Esseintes' pleasure-seeking pursuits include experimentation with drugs: 'At one time he had ... resorted to opium and hashish in the hope of seeing visions, but these two drugs had only brought on vomiting and violent nervous disorders'.⁶⁵ Gray, however, appears not to heed the warning of the character he reputedly models himself on. Similarly disordered nerves appear to afflict him as he descends not only into opium addiction, but also into exploratory dabblings in hashish. The text reveals, after all, that Gray 'had mad hungers that grew more ravenous as he fed them' (p.103).

As the novel progresses, the likelihood of Gray's opium addiction becomes more overt. He spends 'mysterious and prolonged absences' from home, not only in the dens of Bluegate Fields and Whitechapel but also 'in the sordid room of the little ill-famed tavern near the Docks' (p.102).⁶⁶ This could be a further allusion to Bluegate Fields, situated in the London district of Shadwell, a dockland area with many opium divans.⁶⁷ This seems particularly likely given that Gray makes his forays into these east-end opium establishments 'under an assumed name, and in disguise' (p.103). Gray dresses 'commonly' on these excursions 'with a muffler wrapped around his throat' (p.145). This is certainly a departure from the 'Champagne Charlie' persona adopted by Gray on his initial ventures east in pursuit of Sybil Vane: that of the Toff 'slumming' among the Hoi-Polloi. Although such precautions could be deemed necessary to protect his identity and, thus, avoid the social opprobrium of his own set, the common disguise assumed by Gray as he goes in search of opium may, equally, function as a practical means of self-protection. In *London, a Pilgrimage*, first published in 1872, Blanchard Jerrold asserts that:

A fop of St. James's Street would fare badly if he should attempt a solitary pilgrimage to Shadwell. His air of wealth would be regarded as aggressive and impertinent in these regions, upon which the mark of poverty is set, in lively colours.⁶⁸

As a lowly-dressed figure, then, Gray could move around areas like Shadwell without drawing too much unwelcome attention to himself. By blending into his surroundings in this way he could minimise the risk of a violent assault on his person. This would surely be useful to a well-heeled opium addict who needed to operate in unsalubrious circles to obtain his favoured fix.

Gray indulges his appetite for drugs at home as well as in the low dens he frequents. He studies the 'secrets' of manufacturing, 'burning odorous gums from the East' (p.107). Although, conventionally, his interest is in 'perfumes' (p.107), implicitly incense, one of these Eastern or Oriental substances could well be opium, in Ludlow's words 'a simple gummy paste' with a distinctive aroma described by one observer as that of 'burnt sugar and laudanum'.⁶⁹ Further signs of Gray's addiction occur when he attends the dinner party at Lady Narborough's towards the end of the novel. Lord Henry Wotton twice remarks that his friend appears 'out of sorts' (pp.140, 145). During the dinner, Gray 'could eat nothing', though he 'drank eagerly, and his thirst seemed to increase' (p.140).⁷⁰ Given that Gray had organised the disposal of Basil Hallward's remains before going out, such behaviour could perhaps be read as unremarkable, the burden of guilt weighing heavily on a man who had committed murder. Alternately, such effects are concurrent with opium withdrawal symptoms. In the words of Cassell's *The Family Physician* (c.1896), 'The mouth and tongue become dry, and hunger is diminished, although thirst is often increased.'⁷¹ Not surprisingly, Gray makes his excuses and leaves the soiree early, telling Wotton, 'I am irritable, and out of temper' (p.144). This is characteristic of what the physician Alonzo Calkins described as 'the evil effects of opium – effects which every opium-eater sooner or later feels.'⁷² As Calkins asserts, 'Extreme irritability seizes on the nerves'.⁷³ This would seem to be borne out in the case of Gray who, at this point, is eager to seek out his next fix.

When Gray returns to his home the substance he initially turns to does not appear to be opium. Before going out to seek his solace in a low den 'in the direction of the quay' (p.147), he first takes out 'a green paste, waxy in lustre' with a 'curiously heavy and persistent' (p.145) smell. Although one might assume this to be

opium kept for home consumption, it should be remembered that opium has ‘a dark reddish-brown colour’, so the explicitly green-hued matter examined by Gray cannot be opium.⁷⁴ It is likely that the material which Gray removes from his ‘Florentine cabinet’ (p.145) is what the anthropologist Richard Rudgley describes as ‘the green hashish paste’ beloved of ‘*Le Club des Haschischins*’, founded in 1844 by ‘Théophile Gautier, a major literary figure of the Decadent movement’ and his friend, Dr Jacques Joseph Moreau, a physician who not only experimented with the drug but also wrote an extensive treatise on its use.⁷⁵ This seems particularly pertinent inasmuch as Gray’s likely literary hero, Des Esseintes, explicitly resorted to both opium *and* hashish in his explorations in the use of recreational chemicals. Moreover, Gautier and Baudelaire (another *Haschischin*), were two of the French authors who, according to Wilde biographer, Richard Ellmann, Gray’s creator ‘venerated in particular’.⁷⁶ A fleeting reference to their preferred drug, then, could be seen as something of a joking tribute in the construction of Wilde’s own Decadent Dorian persona. There could also be a further element of playfulness in alluding to hashish at this point in the novel. M. de Sacy, quoted by Cooke in *The Seven Sisters of Sleep*, suggested that ‘the word “assassin” has been derived from the Arabic name of hemp.’⁷⁷ Given Gray’s earlier extermination – or ‘assassination’ – of Basil Hallward, his recourse to the favoured intoxicant of the Saracen ‘*Hashasheens*’, soldiers capable of committing murderous ‘havoc’ while under the influence of the drug, would appear to be rather apt.⁷⁸ That being said, opium too, according to Hodgkin, could rouse the imbiber to ‘the utmost furiousness’ and the murder of Hallward had, after all, been committed in ‘the madness of a moment’ (p.175).⁷⁹ The long-term effects of hashish use were deemed to be markedly similar to those of opium. In the words of Cassell’s *Family Physician*, ‘when indulged in for a length of

time, it [that is, hashish] produces loss of appetite and strength, and considerable mental weakness.’⁸⁰ Whatever substance Gray keeps in his cabinet, it is evidently not enough to satisfy his cravings for a stronger poison as he subsequently seeks out the ‘opium-dens where one could buy oblivion’ (p.146). And when he inhaled the ‘heavy odour’ of the drug ‘his nostrils quivered with pleasure’ (p.148).

As the novel draws to a close, Gray, for all his physiological youth, is obviously not a well man: he exhibits the signs of advanced opium addiction. Before his final documented visit to the opium den he feels cold, ‘shivering, though the atmosphere of the room was terribly hot’ (p.145) and, on the way to the den, ‘his delicate hands twitched nervously together’ (p.146). These are two of the ‘well marked’ bodily symptoms of the opium habit noted by Clouston in his 1893 clinical article on ‘Diseased Cravings and Paralysed Control’.⁸¹ According to Clouston, ‘Cold is felt intensely; no amount of clothing can keep him [the addict] warm and ‘The hands are often tremulous’.⁸² Gray also grows noticeably more introverted, shutting himself away in his room for three days (p.159) after seeing the face of James Vane at the conservatory window. Later, he eschews Wotton’s invitation to ‘the club’ on account of being too ‘tired’ (p.172). Bodily lassitude, in tandem with disordered nerves, appears to be the norm for Gray as the book reaches its climax. After the accidental death of (seemingly) a beater during a shooting party, Gray remarks to the Duchess of Monmouth that ‘my nerves are dreadfully out of order’ and he excuses himself ‘to go and lie down’ (p.162). He confesses to Wotton that he has ‘lost the passion, and forgotten the desire’ to ‘love’ (p.161) and that ‘I am too much concentrated on myself’ (p.162). All of these behaviours can be read as indicative of opium habituation. As Clouston asserts, ‘The real opium eater is always a recluse ... he shirks social engagements’ and ‘His relish for exercise is gone’.⁸³ In

addition, 'His own too subjective world is all he wants to live in.'⁸⁴ As regards Gray's inability to 'love' and his alleged loss of 'desire' (p.161), although these can be read as the protagonist's musings on an abstract romantic concept, if one accepts that he is an opium addict, the impact of the drug on his libido and generative powers could be rather more literal. In Clouston's words, 'The sexual appetite [of the opium habitué] is paralysed.'⁸⁵ Aside from his youthful, idealised and, possibly, opium-fuelled amour with Sybil Vane (and textual evidence that he has brought one other woman low 'eighteen years' [p.152] before the end of his life) there are no convincing indicators in the novel that Gray is interested in sexual gratification with women at all. This stands in marked contrast with Dickens' earlier protagonist, John Jasper, who, as we will see, appears to be very much more sexually motivated in his activities, despite his explicitly portrayed opium habit.

At the conclusion of *The Picture of Dorian Gray*, Gray confronts the 'loathsome' (p.176) portrait of himself and stabs it with the knife he had used to kill Basil Hallward. In destroying the painted image of what he has become, he succeeds in doing away with himself. Although Gray has not long passed 'his thirty-eighth birthday' (p.117), the figure lying dead that the servants encounter, identifiable only by his rings, is 'withered, wrinkled, and loathsome of visage' (p.177). These physical signifiers can be seen to function as rather more than indicators of simple chronological age. The cadaver of the thirty-eight-year-old Gray clearly appears to be that of a much older man. This is entirely consistent with the signs of opium addiction in nineteenth-century medical discourse. As Little asserts, the opium eater's 'whole expression is that of premature old age'.⁸⁶ Calkins describes the addict's skin as 'shrivelly' and the unfortunate individual acquires 'a ghostly and decrepit' aspect.⁸⁷ This is borne out in the work of Browne who recalls the look of a

morphia-addicted friend as being that of a ‘a wan and withered phantom’.⁸⁸ It is not merely Gray’s ‘sins’ (encapsulated in the ugliness of his face) that are disclosed at the novel’s denouement but also a further, and highly visible, proof of his opium addiction. The marks of his ‘secret vice’, no longer contained in the portrait, are, at last, openly displayed to the public.

Although a prematurely aged aspect is also a commonplace feature of the discourse on masturbation – a reading that critics seem eager to impose on Wilde’s hero – to take this line is to dismiss the impact of another disorder (the pathological consequences of opium addiction) which is made far more explicit in the text.⁸⁹ As Patricia Anderson states, ‘Masturbation was a source of wide-spread anxiety in the nineteenth century’.⁹⁰ Given the similarity of symptomatology, it is tempting to perceive Gray as thus afflicted. But on the evidence of Wilde’s text, to adapt a phrase from the pen of Robert Mighall, ‘an opium eater is sometimes only an opium eater.’⁹¹

‘An agony – that sometimes overcomes me’: John Jasper’s Secret Vice

Dickens’ unfinished novel *The Mystery of Edwin Drood* (1870) was written some twenty years prior to Wilde’s *The Picture of Dorian Gray*. In many ways though, Dickens’ protagonist John Jasper presents a far more complex and less clear-cut pathology than that of Gray, despite his overtly portrayed recourse to opium. Before I turn my attention solely to Jasper, it is worth noting the similarities he shares with Wilde’s later character. To begin, both Gray and Jasper are ‘musical’. Gray ‘plays the piano’ (p.10), as does Jasper (p.92) who is also the choirmaster at Cloisterham Cathedral. Their musical ability, similar to that which we observed in the

homosexual – or, more accurately, bisexual – pianist Teleny, is a factor that makes them susceptible to a reading through the discourses of same-sex desire. This is reinforced inasmuch as both characters have intense friendships with other men: Gray with Wotton, Hallward and myriad named and unnamed others; and Jasper with his nephew, Edwin Drood. In the case of the latter, Eve Kosofsky Sedgwick asserts that ‘In a narrow, psychologizing view, *Edwin Drood* could well be called a novel about the homosexual panic of a deviant man.’⁹² It is profitable, however, to resist such circumscribed judgements, as to follow such a line is to limit other, perhaps more latent, aspects of the text. In any case, despite his professed love for Drood (p.43), Jasper appears to be more demonstrably interested sexually in his nephew’s fiancée, Rosa Bud, a point I shall return to in more detail later. Other than their musicality and male friendships then, both Gray and Jasper ‘slum’ in a strata of society below the one they were born into; both have ‘secret lives’ and ‘secret vices’, outward respectability with something much darker lurking behind the façade; both are potentially culpable in ‘infecting’ others from their own social circle with their ‘vices’.⁹³ It is probable that both have homicidal tendencies, though when it comes to Jasper such a claim is far from incontrovertible, as *Drood* was never completed by Dickens. The author died during its serialisation in June 1870 leaving few indications of a likely denouement.⁹⁴ Notwithstanding these correspondences though, there are significant differences in the pathologies of Gray and Jasper.

In *The Mystery of Edwin Drood*, Dickens makes it explicit from the outset that John Jasper is an opium smoker. On the first page of the novel he is depicted in a low London den sharing the opium divan, ‘a large unseemly bed’, with ‘a Chinaman, a Lascar’ (p.37) and Princess Puffer, the establishment’s English proprietress. Martin Booth detects in *Drood* ‘a powerful indictment of opium’ and

asserts that 'For Dickens, opium was a symbol of degeneracy, of a surrender of basic human values, a corruption of decency.'⁹⁵ Although I do not deny the centrality of opium use as a motif in the plot, Booth's unequivocal reading implies that there is little more that can be said about Jasper's affliction and the nature of his evil. Such reductiveness obscures the point that the degenerating, dehumanising and morality-corrupting influence of opium on the user may be paralleled by that of masturbation. According to an 1868 article warning about the dangers of opium use in the *Ragged School Union Magazine*, the opium habit was practised, and could even be passed on to the user's offspring, 'to the ruin of body and soul.'⁹⁶ Speaking similarly of onanism in 1858, the physician George R. Calhoun, describes the vice as one which 'not only destroys the body, but likewise undermines the peace of the soul'.⁹⁷

As I have previously asserted, in symptomatology of the two conditions are also markedly alike. However, if one compares the pathology of John Jasper with that of Dorian Gray, a model example of the effects of opium addiction, some interesting and subtle variations are disclosed. I have already demonstrated that Gray's appetite for food appears to diminish as his hunger for opium increases, as would have been expected of the opium addict in nineteenth-century medical writing on the topic. Jasper, the more openly and persistently depicted opium smoker, manifests a rather different set of symptoms. After Jasper has participated in the search for Drood (whom he may, or may not, have murdered), he 'both ate and drank almost voraciously' (p.193). It is not until Jasper travels to London for the last opium debauch of the novel that he apparently 'eats [food] without appetite' (p.266). But he *still* manages to eat, unlike Gray who is only depicted drinking 'wine' (p.167) on his final evening with Wotton. Given this deviation from the conventional pathology of the opium habitué, the symptoms of Jasper's 'obvious'

affliction (opium addiction) can be seen to over map those of another ‘secret vice’: that of onanism. In contrast to the scanty appetite of the opium addict, the physician James Copland describes the ‘appetite’ of the masturbator as ‘good or even ravenous’.⁹⁸ This would appear to be more feasible in Jasper’s case as, even after a session in the opium den, he still manages to partake of ‘dinner’ with his nephew, Drood, and the two men round off the meal with ‘a dish of walnuts and a decanter of rich-colored sherry’ (p.45). There is no evidence in the text to suggest that Jasper is averse to this, or any subsequent, repast in any way whatsoever. Such behaviour is unusual from a medical point of view, given that Jasper is so patently portrayed as an out-and-out opium addict.

Whatever the nature of Jasper’s affliction, his ill health is certainly visible enough to be a cause for concern among his colleagues at Cloisterham Cathedral. Prior to the dinner with Drood, Mr. Tope, the ‘Chief Verger’ (p.41), tells the Dean that Jasper has been ‘took a little poorly’ (p.41). Tope observes that Jasper’s breathing is ‘remarkably short’ and that the choirmaster has had ‘a kind of fit on him’ (p.41). During the said ‘fit’, ‘a dimness and giddiness crept over [Jasper]’ and ‘he was very shivery’ (p.41). Although, according to Little, ‘giddiness’ and ‘difficulty of breathing’ are ‘prominent symptom[s]’ of opium addiction, ‘panting’, ‘dizziness’ and ‘chilliness’ also function as signifiers of habitual masturbation in nineteenth-century medical discourse.⁹⁹ The cause of Jasper’s indisposition can, therefore, be seen as somewhat more ambiguous than it appears on the surface. Like Bradley Headstone in *Our Mutual Friend* (1864-5), Jasper is also a ‘solitary’ (p.42) figure who lives alone.

Further echoes of Headstone can be found in Dickens’ description of the choirmaster: a ‘dark man of some six-and-twenty, with thick, lustrous, well-arranged

black hair and whisker. *He looks older than he is*, as dark men often do. His voice is deep and *good*, his face and figure are *good*, his manner is a little sombre' (p.43, my emphases). Note here Dickens' repetition of 'good'. This over-use of a positive epithet is a linguistic technique the author utilises, not only in the portrayal of Headstone but also of Uriah Heep, though in the case of these two characters the designated adjective is 'decent'. Dickens' excessive use of 'good' diminishes the impact and meaning of the word, drawing attention to the fact that Jasper's 'good'-ness is little more than a superficial veneer assumed for the public performance of his everyday duties. This is further undercut by the plethora of negative signifiers in Jasper's description, not least his 'black hair and whisker', reminiscent of the stock villain of popular stage melodrama, a signifier available to a wide audience.¹⁰⁰ Dickens' 'childhood love for the theatre' lasted throughout his life and, in the words of Peter Ackroyd, 'actors and acting, theatres and theatrical props, bec[a]me a dominant motif in Dickens' life and work'.¹⁰¹ It would be appropriate, then, for the author to endow the villain of the piece with the stigmata of his stage counterpart. Returning, though, to medical discourse, Jasper's older-than-his-years looks and melancholy manner can, again, be perceived variously as the effects of either opium habituation or onanism.¹⁰²

Given this multiplicity of pathological signifiers in the construction of Jasper, it is worthwhile here to consider one of the most intriguing manifestations of his affliction in the novel. This occurs after the aforementioned dinner with his nephew. The young man observes – with some alarm – that his uncle looks 'frightfully ill!' (p.47). Jasper then confesses to Drood, 'I have been taking opium for a pain – an agony – that sometimes overcomes me. The effects of the medicine steal over me

like a blight or a cloud, and pass' (p.47). He requests that his nephew 'Look away' (p.47) as the ostensibly drug-induced spasm passes over:

Not relaxing his own gaze at the fire, but rather strengthening it with a fierce, firm grip upon his elbow-chair, the elder sits for a few moments rigid, and then, with thick drops standing on his forehead, and a sharp catch of his breath, becomes as he was before. (p.47)

There is the suggestion of something orgasmic in Jasper's sudden convulsion, particularly when we take into account the outbreak of perspiration in 'thick drops' and the 'sharp catch' of breath. It is clearly a moment he does not wish his young relative to witness, as if he either feels some shame about his actions or, is afraid of disclosing rather more about the nature of his desires than he wishes. Barry Milligan cites 'spontaneous orgasms' as one of the latter-stage withdrawal symptoms of opium, usually occurring from 'twelve to seventy-two hours' after imbibing the drug.¹⁰³ This would certainly tally with the time scale of Drood's visit, probably around twenty-four hours after his uncle's sojourn in the Opium Den.¹⁰⁴ More significantly, both opium addiction and masturbation were deemed to affect the reproductive organs in Victorian medical discourse. Writing on the effects of habitual opium use in 1850, R.J. Little asserts that 'a mucous discharge begins to flow from the organs of generation' and 'the sexual organs, at first preternaturally excitable, gradually lose their tone'.¹⁰⁵ Similarly, in the case of the persistent onanist, Calhoun attests that 'The sexual organs suffer a good deal; some lose all power of erection; others lose their semen from the least excitement Others, again, are afflicted with a constant flow of semen, termed spermatorrhoea.'¹⁰⁶ If one accepts that Jasper's spasm has an orgasmic aspect, either of these pathologies would appear to offer an explanation as to the cause. This highlights a further difference in the

condition of Jasper if one compares him to Dorian Gray, who is undeniably obsessed with the aesthetic and sensual, the 'search for sensations' (p.106), although he has 'lost the desire' to 'love' (p.161), the latter a comment, perhaps, on the torpor of his more carnal appetites. By contrast, Jasper appears to be a character who is fixated on the physical and sexual, having more in common with the arguably onanist schoolmaster Bradley Headstone than the aristocratic opium-eater, Gray.

Headstone is subject to similar, perhaps orgasmic, paroxysms, particularly when he is around the object of his desires, Lizzie Hexam.¹⁰⁷ Peter Ackroyd, whilst acknowledging that there are 'hints' of Headstone in Jasper, claims that in the latter 'there is a[n even] greater intensity of focus on the nature of aggression and sexual obsession.'¹⁰⁸ In *Drood*, the erotic focus for Jasper is Rosa Bud, nicknamed 'Pussy' (p.44), ostensibly his nephew Edwin's fiancé. Jasper has an 'unfinished picture' of the 'blooming schoolgirl hanging over [his] chimneypiece' (p.43) and his near maniacal infatuation with Bud demonstrably increases as the novel progresses, unlike Gray's whose sexual impulse appears to wane (as would be expected in nineteenth-century prognoses of opium addiction). It is no accident that Jasper and Drood are dining to celebrate 'Pussy's birthday' (p.45), though Bud herself is not present, when Jasper has his spasm. She is not only the focus of their dinner party but also of their uncle-and-nephew conversation. It is no coincidence that Drood is discussing the matter of his betrothal to Bud when his uncle is taken 'ill' (p.47). It as if the mere mention of her name can act as a stimulus for Jasper, whose bodily actions constantly threaten to betray his secret passions. According to Woodward, 'even lascivious ideas' could provoke a 'spontaneous emission' in the confirmed masturbator and it could be that their talk of 'Pussy' (p.44) has brought Jasper to crisis.¹⁰⁹ The 'thick drops' (p.47) of perspiration that stand on Jasper's forehead may function to encode

the discharge of another bodily fluid, semen.¹¹⁰ As the spasm seizes Jasper he markedly focuses his gaze on the fire (p.47), frequently a site for, and signifier of, passion and romance in the Victorian novel.¹¹¹ Recall too that, prior to the attack, Jasper admits taking opium for ‘a pain – an agony – that sometimes overcomes me’ (p.47). Given that his mode of choice for obtaining his remedy is smoking – not a regular method for clinical dosing – it could be that these hints at an underlying affliction are fabricated to divert attention away from the visible manifestations of his addiction. Even if one accepts the possibility that Jasper’s opium habit *may* have a therapeutic origin, Dickens is reticent in providing further *explicit* textual evidence as to what the cause of the choirmaster’s ‘agony’ might be. Samuel Woodward deemed ‘Narcotics’ to be ‘valuable remedies’ in the treatment of certain cases of onanism, the most efficacious of these drugs being ‘conium [poison hemlock], belladonna [digitalis], hyoscyamus [henbane], nux vomica [arsenic], and opium’.¹¹² Considering the somewhat toxic nature of these substances, one wonders whether the physician was hoping to put the melancholy masturbator out of his or her misery. The popular medical advice manual *The Dictionary of Medical and Surgical Knowledge* (c.1870) counselled those attempting to combat onanism that ‘to ensure sleep on going to bed’, to ‘prevent dreams’, ‘hectic flushes’ and ‘irritating desires’, ‘he should take 20 drops of laudanum, or 30 drops of the liquor of the acetate of morphia, half an hour before going to bed.’¹¹³ Jasper could have turned to the drug in the hope, to use Alonzo Calkins’ words, ‘of forestalling vices more pernicious’, particularly given that the probable object of his erotic fantasies is the soon-to-be wife of his nephew.¹¹⁴ Whatever is at the root of Jasper’s fit, that, and his subsequent confession that he ‘hate[s]’ (p.48) his life as cathedral choirmaster, come as a surprise to Drood who is

concerned enough to commiserate with the former on his 'unhealthy state of mind' and all its attendant 'suffering' (p.50).

Having begun then to consider the possibility that Jasper's ill health could have a carnal rather than chemical origin, it is worthwhile to examine the character of Rosa Bud, the young woman who fuels Jasper's desires. From the outset, Bud's two most noticeable qualities, as emphasised in the text, are her youth and her immense personal beauty which, as the novel progresses, appear to hold an attraction for characters of *both* sexes. In the portrait, described as 'revengefully – like the original', which hangs in Jasper's home, 'her beauty [is] remarkable for a quite childish, almost babyish, touch of saucy discontent' (p.43). Bud is fashioned as a kind of infant-woman, 'wonderfully pretty', [and] wonderfully childish' (p.53). Although she does not encourage Jasper's attention, it is, nevertheless, possible to perceive her not only as an innocent virgin but also as a young woman with a precocious and provocative sexuality. When Drood visits her at boarding school, she 'appears to have a thumb in the corner of' her mouth (p.55) as she complains about the absurdity of their engagement. The juvenile habit of thumb-sucking was frowned upon by Victorian doctors who implicated it both as a factor in 'deformity of the jaws' and as a practice that was closely linked to auto-eroticism.¹¹⁵ On the one hand, her behaviour could be interpreted as a petulant act of resistance to 'growing up' (and the responsibilities of married life with Drood). On the other, in the light of nineteenth-century medical discourse, it can also be seen as an attention-seeking and inappropriate indulgence in an offensive and obscurely sexual act that invites a response, given the fact that she is sixteen years of age.¹¹⁶ Her actions patently flout the advice of nineteenth-century conduct manuals as regards the correct comportment of the engaged couple. In the words of A.B. Muzzey's *The Young*

Maiden (1848), when the prospective newlyweds spend time together ‘Their most private hours [should] be marked by perfect delicacy, modesty, and propriety of deportment.’¹¹⁷ In contrast to this counsel of refinement and restraint, Bud appears to be a young woman with a yen for the exotic and an appetite that demands constant oral gratification. She wants to ‘shake hands’ rather than kiss Drood (a tease, surely) as she has ‘an acidulated drop’ (p.55) in her mouth.¹¹⁸ She further requests that they walk to ‘the Lumps-of-Delight shop’, the said confection being a ‘Turkish sweetmeat’ of which she is ‘very fond’ (p.58). Rather than nibbling the sweets daintily (as befits a girl of modest cravings), she explicitly consumes the ‘Lumps’ with ‘great zest ... occasionally putting her little pink fingers to her rosy lips, to cleanse them from the Dust of Delight that comes off the Lumps’ (p.58). Barry Milligan suggests that Bud ingests these ‘foreign [or, Oriental] commodities’ – the Turkish ‘Lumps-of-Delight’ – ‘with a sensuality that brings the submerged sexual connotations of the act closer to the surface’.¹¹⁹ Aside from these alleged overtones of fellatio, that Bud exudes a distinct allure is made plain in *Drood* by the reactions of other characters (aside from Jasper) to her; ironically only her eponymous fiancée seems blind to her appeal. Helena Landless tells Bud that ‘There is a fascination in you’ (p.94); Neville Landless professes to ‘love her’ (p.128) on the strength of one meeting, and even the omnibus driver, Joe, who takes her to the railway station on her flight from Jasper, thinks he ‘wouldn’t mind having’ her ‘love’ himself (p.234). Although it could be asserted that these characters see her as somehow vulnerable and in need of protection, it is also likely that their emotional responses to Bud are motivated by her physical beauty rather than the altruistic desire to ‘rescue’ her.

The most telling clues about Bud’s sexual precocity are to be found in the appellations that are applied to her in the text. Early in the novel, Drood refers to

her as 'Miss Scornful Pert' (p.46) and 'Little Miss Impudence' (p.50). One Victorian definition of 'Pert' is 'forward', and 'Impudence' could mean 'wanting modesty; [and] shameless'.¹²⁰ Drood's names for Bud, while hinting at something possibly sexual in her nature, are also derogatory; forwardness and shamelessness would be viewed as unwelcome or undesirable qualities in a prospective wife.¹²¹ More importantly, Bud's main names in the book can be interpreted as reductive. Although 'Rosa Bud' and 'Rosebud' (p.53) may appear to be pleasing and innocuous names on the surface, pertaining to 'a fragrant flower of the genus rosa', alternative meanings are available to those who are familiar with the codes of nineteenth-century pornography.¹²² 'Rosy bud' or 'rosebud' are among the most ubiquitous terms to be found in Victorian erotic literature, used interchangeably to denote both the lips/mouth and the female genitalia. To cite but two examples, in Edward Sellon's *The New Epicurean* (1865), the narrator, reminiscing on a romp with a girl called Cerise, recalls that 'one of my fingers was inserted in her rosebud', here meaning vagina.¹²³ Similarly, in *The Pretty Women of Paris* (1883), Mab de Folligny is described as a woman whose 'fingers are always irritating the rosy bud [a euphemism, in this instance, for the clitoris] which is the seat of all sensual desire in the female'.¹²⁴ In a more innocent sense, Dickens himself describes Bud's lips as 'rosy' when she licks the 'Dust of Delight' (p.58) off her fingers, thus drawing attention to that other (more public) orifice, her mouth. That Bud could be viewed as a sexual being rather than a giddy schoolgirl by Jasper and Drood is further reinforced in their nickname for her, 'Pussy' (p.45). This, again, is a familiar code for the vagina in Victorian erotica and the word had, in any case, been in use as a low colloquialism for 'The female pudend' since the seventeenth century – as indeed it still is.¹²⁵ Although it could be argued that Jasper, Drood and Dickens' use of the

term is entirely artless, when Drood inadvertently refers to Bud as ‘Pussy’ in a conversation with her guardian, Hiram Grewgious, Grewgious (humorously oblivious to any salacious uses of the term) asks Drood whether he ‘keep[s] a cat’ (p.138). In contrast to Bud’s unfazed guardian, ‘Edwin colored a little, as he explained: ‘I call Rosa Pussy’ (p.138). Drood’s blush here seems to function rather more as an act of disclosure than of innocence. As early as 1839, ‘To Blush’ was defined as ‘To betray shame or confusion, by a red colour in the cheek’, a definition expanded in a later-nineteenth-century dictionary to include ‘to feel ashamed’.¹²⁶ Drood may have been caught off-guard and flummoxed by Grewgious’ enquiry or indeed his innocence but, equally, his flushed cheek could imply a knowingness. If one takes on board the notion that Drood could be aware of the other, more salacious connotations of ‘Pussy’, it would be entirely natural for him to feel embarrassed and ashamed in the presence of Grewgious, a man acting *in loco parentis* for the girl to whom he is betrothed. Moreover, the rush of blood to Drood’s face could also act as a signifier of a more sexually motivated and blood-engorged tumescence lower down. Although the accessibility of pornographic codes in the nineteenth century remains a matter for conjecture, the (almost) over-use of erotic terminology in the naming of Rosa Bud, the central female figure in *Drood*, is nevertheless intriguing.¹²⁷ When viewed through the filter of Victorian bawdy literature, Bud’s names seem to suggest that she is little more than a collection of sex organs for the delectation of both her fiancé and his uncle.

Having established then that Bud is constructed as a sexually attractive girl, it is important to consider her relationship with Jasper. Although, in the beginning, the (sexual) nature of his threat to Bud is not made explicit, it is, nonetheless, clear that all is not well between the girl and her music master. When Drood remarks that he

can hear his uncle singing in the cathedral, she ‘urges’ him, ‘don’t let us stop to listen to it; let us get away!’ (p.61). There is something in the ‘resounding chord’ (p.61) of the music and, possibly, the choirmaster’s voice that disturbs her. The influence that Jasper appears to exert over her is dramatically displayed when he accompanies Bud on the piano at the Crisparkle’s reception for Neville and Helena Landless:

As Jasper watched the pretty lips, and ever and again hinted the one note, as though it were a low whisper from himself, the voice became less steady, until all at once the singer broke into a burst of tears, and shrieked out, with her hands over her eyes: ‘I can’t bear this! I am frightened! Take me away!’ (p.92)

In her introduction to the Everyman edition of George Du Maurier’s *Trilby* (1896), Leonee Ormond considers this scenario in *Drood* and notes how ‘Trilby’s reactions to Svengali are close to those attributed to Dickens’s heroine, Rosa Bud, as she senses the power of Jasper’s will’.¹²⁸ Ormond asserts that ‘Jasper provides an instructive parallel with Svengali. Both are musicians who become fixated upon a young girl; both give singing lessons.’¹²⁹ Both appear to be implicated in a form of psychic rape on their attractive female pupils. Just as Jasper ‘haunts [Bud’s] thoughts, like a dreadful ghost’ (p.95), so Trilby is ‘haunted by the memory of Svengali’s big eyes and the touch of his soft, dirty finger-tips on her face’.¹³⁰ Bud later confesses to Helena Landless:

He has made a slave of me with his looks. He has forced me to understand him, without his saying a word.... When I sing, he never moves his eyes from my lips. When he corrects me, and strikes a note, or a chord, or plays a passage, he himself is in the sounds, whispering that he pursues me as a lover, and commanding me to

keep his secret.... when he watched my lips so closely as I was singing, besides feeling terrified I felt ashamed and passionately hurt. It was as if he kissed me. (pp.95-6)

Although, on the surface, the scene appears to provide further condemnation for Jasper, a clear-cut case of an evil and lecherous man exerting his predatory mesmeric power over a young, chaste girl, what is set up here is rather more complex than at first meets the eye. If one accepts that Jasper could be an onanist as well as a lecher, such a man could well 'fall in love ... with some female whom circumstances may have made him intimate with': in the choirmaster's case, Bud.¹³¹ In the words of Maudsley, 'He is then apt to be unpleasantly close and pressing in his attentions, which have a lascivious look about them.'¹³² Certainly, given the physical sensations of the 'kiss' experienced by his pupil, a girl promised to his nephew, Jasper's intentions do not appear to be entirely honourable.

As I have demonstrated above, Bud is constructed as a girl with an abundance of sexuality. Moreover, as she succumbs, supposedly, to Jasper's seductive will, her actions not only emulate the 'muffled screams', 'loud moans' and 'convulsions' of the 'cathartic crisis' induced by mesmerism but also the classic symptoms of a hysterical paroxysm.¹³³ Her 'limbs' are 'convulsed' as she throws her hands over her eyes and she 'sobs and cries' in an attitude of extreme distress.¹³⁴ These signifiers serve to implicate her in rather than exonerate her from the hypnotic or mesmeric process. Mesmerism is a two-way phenomenon, having as much to do with the suggestibility of the magnetised as it has with the will of the magnetizer.¹³⁵ That Jasper is putting out subtle (or, perhaps, not so subtle) signals as to his desire for Bud is clear. Helena Landless (who certainly *isn't* spellbound or 'haunted' by him) tells her friend, 'you know that he [that is, Jasper] loves you?' (p.95) before the girl

so much as utters a word about Jasper's 'mesmeric' influence. It could be, therefore, that Bud herself may have picked up on Jasper's signs (whether consciously or unconsciously) and her susceptibility to his influence is heightened inasmuch as she half *expects* him to make these libidinous occult advances when they are together. If one acknowledges that Bud's actions do indeed smack of hysteria, it is interesting to note that hysterics were thought to be particularly receptive to hypnotic suggestion by Victorian doctors.¹³⁶ Hysteria was also commonly associated with 'uterine irregularities' and, in the euphemistic words of T.L. Nichols, 'Self-pollution' in young women.¹³⁷ Given that Bud has already been set up to be viewed as a highly sexualised character, the congruence of symptoms she manifests around Jasper, simultaneously hysterical spasm and mesmeric crisis, could serve an important purpose. In allowing the signifiers of mesmerism to overwrite the evidence of a hysterical attack, Dickens not only deflects, perhaps unwelcome, attention away from Bud (thus protecting her from allegations of salaciousness) but also projects the focus of the scene and, possibly, the blame for Bud's distress onto Jasper who is, after all, constructed as the villain. As this is the only incidence of the choirmaster's mesmeric machinations described in the text, it could be that his influence over Bud diminishes as the novel progresses. In any event, once Drood is removed from the action, he chooses to press his attentions on Bud more openly, an indicator, maybe, that he no longer needs to resort to covert methods to make his libidinous advances.

Before I consider this physical exacerbation of Jasper's approach to Bud though, it is pertinent to concentrate on the health, or otherwise, of the choirmaster himself. As the narrative proceeds, Jasper's inability to control the bodily symptoms of both his sexual obsession with Bud and his own unfit condition becomes increasingly acute. When Grewgious visits him to discuss Drood's engagement to

his 'pretty' ward, he twice notes the 'whiteness' (p.118) of Jasper's lips as they speak on the matter. This visible pallor can be seen to encode the 'white and pasty' mouth of the onanist and the 'pale and haggard' features of the opium eater as well as signifying a man who is wrestling to suppress a violent emotion by biting his lip.¹³⁸ Jasper appears to employ this latter gesture in a bid to conceal a pallor that is already present. The choirmaster, '*conscious*' that 'his lips were *still* so white', 'bit and moistened them while speaking' (p.118, my emphases). Moreover, his actions and words betray his increasingly delusional state when Canon Crisparkle visits him unexpectedly in an attempt to affect a reconciliation between the choirmaster, Drood and Neville Landless. Crisparkle, unable to rouse Jasper by knocking, opens the door and walks in. As he entered, 'Jasper sprang from the couch in a delirious state between sleeping and waking, crying out: "What is the matter?" "Who did it?"' (p.130). The choirmaster here claims to be suffering as a result of 'an indigestive after-dinner sleep' (p.130). Although 'short, unrefreshing slumbers ... rendered exhausting by fearful dreams' can attend indigestion, Jasper's symptoms are further overwritten by the 'hot and feverish sleep' and 'disturbing dreams' of the masturbator and, as Browne asserts, the 'partial delirium which is felt by all those who have taken opium as a medicine in the transition from waking to sleeping.'¹³⁹ Given this evidence, it is entirely possible that Jasper's condition stems from rather more than the improperly digested meal that he uses as a socially acceptable excuse for his troubling behaviour.

After he has recovered from his delirium, Jasper reads some entries from his diary to Crisparkle. In these writings, he claims to feel a premonition of danger, a threat posed to Drood, on account of the 'demoniacal passion of this Neville Landless'. He is, furthermore, 'unable to shake off these dark intangible

presentiments of evil' (p.132). If one speculates (and many critics have) that Jasper intends to do away with Drood, the choirmaster's recollections can be interpreted as a projection of his own violent impulses onto Landless and a cynical exercise to incriminate the lad before the fatal deed is done.¹⁴⁰ However, laying aside considerations as to the likely conclusion of *Drood* (a task I leave to others), the feelings of apprehension that Jasper professes to experience feature in the medical discourses of both opium eating and masturbation. Maudsley, writing in 1868, asserts that the onanist patient is 'extremely suspicious' and in 'conversation, they reveal delusions of a suspicious or obscene nature.'¹⁴¹ These unfortunates could, furthermore, be subject to 'hallucinations' and 'strange feelings' which were 'attribute[d]' to 'mysterious agencies'.¹⁴² In his later work on opium addiction, Clouston, recalling one of his habituated patients, observed that 'Mentally, he presented a mixture of depression, enfeeblement, fear, irritability, and suspicion.'¹⁴³ Viewed through the filter of these medical writings then, Jasper's self-proclaimed 'vague and unformed fears' (p.132) can be perceived to be as much a signifier of his ill health as an intimation of his intent to commit murder.

Jasper invokes the spectres of both the diary (again) and his own physical condition in a conversation with Crisparkle on Christmas Eve. Although he claims to be 'in a healthier state now', he nevertheless informs the Minor Canon that he intends to 'burn this year's Diary at the year's end' because he has been 'out of sorts, gloomy, bilious, brain-oppressed' and 'exaggerative' (p.181). He puts the cause of his infirmity down to the fact that

A man leading a monotonous life ... and getting his nerves, or his stomach, out of order, *dwells upon an idea until it loses its proportions*. That was my case with the idea in question. So I shall

burn the evidence of my case, when the book is full, and begin the next volume with a clearer vision. (p.181, my emphasis)

Given the wider indicators of Jasper's ill health, his statement can almost be interpreted as confessional even though Crisparkle is not in a position to fully grasp the deeper relevance of the choirmaster's words. Crisparkle, who is not privy to Jasper's sexual *idée fixe* with Bud, interprets the choirmaster's obsessive 'idea' to be the notion of menace posed by Neville Landless. And, as Jasper, Landless and Drood are about to have dinner together to bury the hatchet, so to speak, Crisparkle is heartened to learn that the choirmaster appears to have recovered from his 'mope' (p.181). What the Minor Canon cannot know though is that Jasper harbours a longer standing fixation (with Bud) which is far from over and, given the ambiguity of his words (he nowhere makes it explicit that the 'idea' he alludes to is the feud with Landless), his statement can indeed be seen to contain an element of truth. In Jasper's case, his mental condition bears the classic hallmarks of monomania, described thus by Maudsley: 'when he [the patient] exhibits insane delusions upon one subject, or in regard to certain trains of thought, and talks sensibly on other matters, he is said to have *monomania*'.¹⁴⁴ Given that Jasper has a responsible post as cathedral choirmaster and, one would assume, is able to converse with some intelligence on the subject of church music, Maudsley's model seems entirely appropriate. As I have demonstrated in the case of Bradley Headstone (himself obsessed with Lizzie Hexam), monomania was a feature of masturbatory pathology in nineteenth-century medical discourse. In the words of T.L. Nichols, 'entire concentration of mind and imagination on one feeling and act' is one of the 'symptoms or effects' of masturbation.¹⁴⁵ It could be argued that the 'victim' of the opium habit also has a fixation inasmuch as, according to Earle, 'moral rectitude' and

‘every noble impulse’ are ‘swallowed up in this terrible fight to possess more and more of the narcotic’.¹⁴⁶ When it is viewed alongside the textual evidence of Jasper’s obvious interest in Bud, to assign the choirmaster’s psychological anguish wholly to his drug habit is an explanation that can be found wanting

Jasper describes himself to Crisparkle as a ‘muddy, solitary, moping weed’; he has been ‘out of sorts, gloomy, bilious, brain-oppressed’ and ‘exaggerative’ (p.181). His symptoms here reflect not only the ‘lassitude, loathing of food ... gloom, and indefinable wretchedness’ characteristic of withdrawal from opium, but also that the roots of his weakness may have another, carnal cause.¹⁴⁷ In his depiction of the onanist whose habit has commenced at ‘a later period of life’ (Jasper is twenty-six rather than an adolescent), Maudsley asserts that

When he is alone and has the opportunity and inclination, he practices self-abuse, and *afterwards* is depressed, gloomy, troubled with all kinds of anomalous sensations, and full of fancies and complaints about his health.¹⁴⁸

Maudsley’s words have interesting discursive implications inasmuch as, like opium use, he seems to suggest that the practice of onanism could also be attended by ‘withdrawal symptoms’. In *Drood*, it is made explicit that Jasper retires ‘to his own room’ to smoke a substance that is not ‘tobacco’ (in other words, opium) and he ‘delivers himself to the Spectres it invokes at midnight’ (p.77). But given Maudsley’s description of the after-effects of masturbation – symptoms that equally seem to tally with Jasper’s – it is surely not beyond the realms of possibility that the choirmaster could have another ‘secret indulgence’ that cannot be named in a novel aimed at a general readership.

Further indicators as to the nature of Jasper's obsession – and the partial cause of his ill health – occur just prior to his meeting with Crisparkle. When Drood and Bud rendezvous to break off their engagement, Drood tells his former fiancé that his uncle is 'subject to a kind of paroxysm, or fit' and he fears the news that they are to part 'might bring it on' (p.168). Interestingly too, he describes his uncle's demeanour towards him as 'almost *womanish*' (p.168, my emphasis) when they are together. According to Maudsley, the onanist could exhibit 'a want of ... manliness of feeling' and this could be the case with Jasper.¹⁴⁹ His interest in Drood often appears maternal rather than paternal; at the beginning of the novel the lad protests at his uncle's attempts to 'moddley-coddley' (p.44) him, and Jasper spends Christmas Eve purchasing 'little table luxuries that his nephew likes'. As Drood is going away, he 'must be petted and made much of' (p.179). When Drood notices that Jasper is watching himself and Bud from 'Under the trees' (p.170), he interprets his uncle's behaviour as over-protective rather than voyeuristic or obsessive, telling her, 'The dear sympathetic old fellow likes to keep us in sight' (p.170). Although they pretend not to notice him, Jasper follows them back in a manner akin to Headstone's pursuit of Wrayburn in *Our Mutual Friend*.

Following Drood's disappearance, Jasper continues to indulge in this stalking behaviour, in the first instance transferring his attentions to Neville Landless. Landless was not only the 'last person in his [Drood's] company' (p.186) but also, perhaps more importantly, Crisparkle reveals to Jasper that Landless' feud with his nephew was fuelled 'by the circumstance of his romantically supposing himself to be enamoured of the same young lady', Rosa Bud (p.196). In other words, Landless has declared himself as a romantic rival for Bud's affections. Jasper turns 'paler' (p.196) when this piece of news is imparted, another example of his face betraying

his own interest in the young woman. Although Landless protests his innocence of any wrongdoing towards the missing Drood (and there is insufficient evidence to convict him of murder) he is nevertheless ‘shunned’ (p.200) by the local community. Crisparkle and Landless call on Grewgious in London. The lawyer sights Jasper (who has apparently followed them) lurking outside his chambers and tells his visitors ‘he don’t look agreeable’ (p.212). Grewgious further describes the choirmaster as ‘a slinking individual’ (p.213), which suggests that his behaviour is perceived as underhanded, maybe even sinister.¹⁵⁰ Crisparkle guesses that Jasper means to ‘harass’ Landless by ‘the keeping of a watch upon him’ (p.213), in a manner reminiscent of Headstone’s ‘watch’ over his rival in *Our Mutual Friend*.¹⁵¹

Jasper comes out of the shadows as to his interest in Bud when he visits the young woman in person six months after Drood’s departure. Although the characters in the novel appear to assume that Drood is dead, no cadaver has ever been found. Jasper, being no exception, is ‘dressed in deep mourning’ (p.226). His black garments here seem to function as a multi-determined signifier: on the one hand a visible symbol of the choirmaster’s sorrow over the (unproven) loss of his nephew; on the other, the ‘colour-code[d]’ apparel of the melodrama villain.¹⁵² There are further shades of the latter reflected in Jasper’s ‘wicked and menacing’ and ‘darkly threatening’ (p.228) face, not exactly the aspect of a man merely lamenting the demise of a dearly loved relation. Jasper commands Bud to ‘Sit down, my beloved’ and confesses to her that ‘even when my dear boy was affianced to you, I loved you madly’ (p.228). He furthermore asserts:

In the distasteful work of the day, in the wakeful misery of the night, girded by sordid realities, or wandering through Paradises and

Hells of visions in which I rushed, carrying your image in my arms, I
loved you madly. (p.228)

On the surface, this is a fascinating and really quite frank statement as to the effects of his opium habit. According to Calkins, 'Sleeplessness' (Jasper's 'wakeful misery') and 'lassitude' (the cause, perhaps, of his distaste for work) are two of the 'evil effects of opium' – effects which the addict can only find temporal relief from by recourse to greater quantities of the drug.¹⁵³ The 'Paradises and Hells of visions' recalled by the choirmaster are reminiscent of the pleasures and pains of Thomas De Quincey, who declared that opium 'hast the keys of Paradise' but evoked 'the caves of hell'.¹⁵⁴ There is one image, however, which does not fit easily into this really very precise pathology of opium abuse: the notion that Jasper carried Bud's 'image' in his 'arms' and 'loved' her throughout. Although one may be tempted to think of opium as an adjunct to sexual activity, according to Calkins, 'Aphrodisia, apparently enhanced in the beginning, declines in no long time'.¹⁵⁵ As I have already demonstrated, this loss of sexual inclination as a result of habitual opium abuse certainly appears to hold good in the case of Dorian Gray. With Jasper though, despite the clear evidence of his drug habit, the reverse appears to be true given the force and, perhaps, desperation, of his personal approach to Bud.

Jasper's symptoms of opium addiction can again be seen to map over those of masturbation. Just as the opium habitué is taunted constantly by the need for a fix, according to Calhoun, a similar phenomenon occurs in the case of the onanist:

The imagination is enkindled by an impure fire. It is in vain that the patient tries to resist the power of habitual vice; it torments him in his dreams, and in his waking hours. And instead of enjoyment, it

gives him disappointment and misery. Self-abuse is the most certain road to the grave.¹⁵⁶

In nineteenth-century medical discourse, onanism undeniably had a devastating impact on the sufferer's system. The unfortunate masturbator was characterised not only by an 'indisposition to make any active exertion' (Jasper has an aversion to his day job) but also, 'their sleep is interrupted by uneasy dreams' (the choirmaster's 'wakeful misery').¹⁵⁷ In many ways the pathology of onanism conforms more accurately to Jasper's manifestations of ill health than that of opium addiction, particularly given his demeanour towards Bud. Jasper is patently 'unpleasantly close and pressing', even 'lascivious' in his attentions, exhorting her to 'give me yourself and that enchanting scorn' (p.229) while she 'quails before his threatening face' (p.229).¹⁵⁸ He is, after all, confronting the object of his fantasies and, as Maudsley asserts,

the manner of a masturbator under these circumstances indicates to an experienced eye a lustful feeling without the power of natural restraint or of natural gratification.¹⁵⁹

The 'violence of his [Jasper's] look and delivery' (p.228) surely betrays a lack of restraint as does his declaration that 'my love is mad' (p.229). Nineteenth-century definitions of 'Mad' include 'insane; crazed', 'infatuated; furious' and 'wild with excitement'.¹⁶⁰ The ferocity of the choirmaster's professed feelings of 'love' then can be perceived to far exceed the limits of self control. The raving nature of Jasper's entreaty is further compounded by the hazard he claims to pose to his (supposed) rivals, even telling Bud that 'had the ties between me and my dear lost boy been one silken thread less strong, I might have swept even him from your side' (p.229). Aside from this intimation of a threat towards his disappeared (presumed

dead) nephew, he asks her to 'Judge for yourself whether any other admirer shall love you and live, whose life is in my hand' (p.229) and, more explicitly, that 'Young Landless stands in deadly peril' (p.230). Such behaviour can, again, be read as indicative of masturbatory insanity. In Maudsley's words

They make suicidal or homicidal threats.... In a frenzy of passion they might do some sudden violence; but their loud threats, though full of sound and fury, do not signify much.¹⁶¹

Although Jasper blusters about his feelings and the harm he means to do to Landless, whom he sees as standing in his way in the matter of Bud's affections, his actual capacity for committing the offence may be as minimal as the likelihood of his enjoying normal sexual intercourse with the object of his desires. If one accepts that he could be an onanist as well as an opium addict, 'impotence' or 'little power' for 'natural intercourse' was a consequence of the vice in Victorian medical discourse.¹⁶² In other words, he appears to be, to use a twentieth-century colloquialism, 'all mouth and no trousers'. His desire for Bud may be intense, as might his thirst for violence, but his ability to do anything in either of these cases is, at best, questionable.

The meeting between Jasper and Bud is evocative of the churchyard encounter between Headstone and Lizzie Hexam in *Our Mutual Friend*. The scene takes place out-of-doors (albeit in the afternoon rather than evening), in the 'quaint old garden' of the 'Nuns' House' (p.225). Jasper's 'convulsive hands' (p.229), and particularly the 'action of his hands, as though he cast down something precious' (p.231) again seem to echo the characteristic gestures of the schoolmaster. As I illustrated in the previous chapter, the hand was an important bodily signifier in the nineteenth century. Not only was it one of the body parts most often seen naked in Victorian society, but also the condition of the hand could provide a crucial diagnostic clue for

the physician in determining cases of onanism. Jasper seems to project the blame for his disordered emotions onto Bud. He refers to her as ‘you rare charmer, you sweet witch’ and warns her, ‘you must stay and hear me, or do more harm than can ever be undone’ (p.229). The choirmaster appears to imply here that she has bewitched or put a spell on him (inverting Bud’s earlier assertion to Helena Landless that Jasper ‘haunts my thoughts, like a dreadful ghost’ [p.95]). Similar occult agencies are also invoked by Headstone (‘There is a spell upon me’) and his rival, Wrayburn, (‘you haunt and bewilder me’) in their entreaties to Lizzie Hexam in *Our Mutual Friend*.¹⁶³

By the end of the novel, which is admittedly incomplete, Jasper’s threats to do violence to Landless have still not been carried out which, perhaps, reinforces their somewhat hollow aspect. Although *Drood* is a novel without closure, and the revelation that Jasper is a murderer is by no means assured, the choirmaster’s all too obvious health problems seem to intimate that he is not destined to meet a pleasant end. Dickens describes him as an ‘Impassive, moody, [and] solitary’ individual, ‘concentrated on one idea’, living ‘apart from human life’; moreover ‘the spirit of the man was in moral accordance or interchange with nothing around him’ (p.264). He buys relief for his symptoms in the ‘miserable court’ (p.266) of Princess Puffer who observes, to him, ‘We’ve got the all-overs [i.e., withdrawal symptoms], haven’t us, deary?’ (p.267). Despite this very apparent motif of his opium habit, not all of his symptoms fit easily into the pathology of opium addiction – in particular, his sexual obsession with Bud. Jasper not only encompasses a conflation of symptoms (opium abuse and self-abuse) but also appears to involve a certain playfulness within these symptomatology. He is a far more complex character than the reader may, at first, assume him to be.

Throughout this dissertation, I have illustrated how the discourse on masturbation may be seen to influence the construction of characters in Victorian fiction. This work has not only acknowledged the gravity with which onanism was viewed by nineteenth-century practitioners but also, has demonstrated how the alleged symptoms of the practice overwrite those of other pathological conditions. Indeed, as the readings of *Dorian Gray* and *Edwin Drood* illustrate, there may easily be confusion – or a conflation – of the symptomatologies of vice. That such a confusion occurs so frequently in modern criticism – Mighall reading Gray as an onanist, or the critical concerns with regards to Jasper's opium addiction – is perhaps a reflection of twentieth-century critical preoccupations. It is further notable that in the twentieth- and twenty-first centuries, the Victorian discourse on masturbation continues to persist in popular fictional productions and I will turn my attention to three of these in the Afterword.

Notes

- 1 Robert Mighall, *A Geography of Victorian Gothic: Mapping History's Nightmares* (Oxford: Oxford University Press, 1999), p.195.
- 2 Ibid., pp.196-7. See also: Alan Sinfield, *The Wilde Century: Effeminacy, Oscar Wilde and the Queer Moment* (London: Cassell, 1994), pp.101-2.
- 3 Mighall, *A Geography of Victorian Gothic Fiction*, p.195.
- 4 Ibid., p.195.
- 5 Ibid., pp.197-9.

- 6 Ibid., pp.196, 197.
- 7 Oscar Wilde, *The Picture of Dorian Gray* (Ware: Wordsworth, 1992 [1908]), p.103. Subsequent references are to this edition and will be given in parenthesis in the main body of the text.
- 8 Mighall, *A Geography of Victorian Gothic Fiction*, p.197.
- 9 Mighall features one such ‘before and after’ image on p.198 of his book. Further examples of such illustrations can be found in Jean Stengers and Anne Van Neck (trans. Kathryn Hoffmann), *Masturbation: The History of a Great Terror* (New York: Palgrave, 2001), plates between pp.76-7.
- 10 W.A.F. Browne, ‘Opiophagism’, *Journal of Psychological Medicine*, (New Series) 1 (1875), 38-55, at pp.40, 42.
- 11 J. Jeffreys, ‘Observations on the Improper Use of Opium in England’, *Lancet*, 1 (1840-1), 382-3, at p.382. [Fitz Hugh Ludlow], ‘What Shall They Do to Be Saved?’, *Harper’s Magazine*, 35 (1867), 377-87. Article downloaded from the Schaffer Library of Drug Policy website <http://www.druglibrary.org/schaffer/History/saved1867.htm> p.6 of 15 (downloaded on 15/6/00).
- 12 Barry Milligan, *Pleasures and Pains: Opium and the Orient in 19th-Century British Culture* (Charlottesville: University Press of Virginia, 1995), p.111.
- 13 Although the claims of nineteenth and early-twentieth-century physicians as regards the dire consequences of onanism can now be acknowledged as a form of medical horror fiction or, at best, grossly exaggerated, in the case of opium addiction, much of what was written may have some basis in truth.

- 14 Charles W. Earle, 'The Opium Habit: A Statistical and Clinical Lecture', *Chicago Medical Review*, 2 (1880), 442-46. Article downloaded from the Schaffer Library of Drug Policy website <http://www.druglibrary.org/schaffer/History> p.6 of 7 (downloaded on 7/6/00).
- 15 R.J. Little, 'On the Habitual Use of Opium', *Monthly Journal of Medical Sciences*, 10 (1850), 524-31, at p.528.
- 16 Henry Maudsley, 'Illustrations of a Variety of Insanity', *Journal of Mental Science*, XIV/66 (1868), 149-162, at p.159. An illustration from the popular medical work *The Secret Companion* (1845) depicting the shuffling, slouching gait characteristic of the onanist is reprinted in Robert Mighall, "'A Pestilence Which Walketh in Darkness": Diagnosing the Victorian Vampire', in Glennis Byron and David Punter (eds), *Spectral Readings: Towards a Gothic Geography* (Basingstoke: Macmillan, 1999), pp.108-24, at p.118.
- 17 T.S. Clouston, 'Diseased Cravings and Paralysed Control: Dipsomania; Morphinomania; Chloralism; Cocainism', *Edinburgh Medical Journal*, 35 (1890), 689-705, 793-809, 985-996, at p.796.
- 18 Daniel Yellowlees, 'Masturbation' in D. Hack Tuke (ed.), *A Dictionary of Psychological Medicine*, 2 vols, (London: J & A Churchill, 1892), Vol.II, pp.784-86, at p.784.
- 19 Charles Dickens, *The Mystery of Edwin Drood* (London: Penguin, 1985 [1870]), p.42. Subsequent references are to this edition and will be included in parentheses in the main body of the text.
- 20 The widespread use and availability of opiates in nineteenth-century Britain is well documented in Virginia Berridge, *Opium and the People: Opiate Use*

and Drug Control Policy in Nineteenth and Early Twentieth Century England (London: Free Association Books, 1999).

- 21 Martin Booth, *Opium: A History* (New York: St Martin's Press, 1998), p.191.
- 22 G.R. Mart, 'Effects of the Practice of Opium Eating', *Lancet*, 1 (1831-2), 710-11, at p.711. The cases Mart considers here are mainly laudanum users.
- 23 T. Hodgkin, *Lectures on the Means of Promoting and Preserving Health, Delivered at the Mechanics' Institute, Spitalfields* (London: no publisher, 1835), p.199.
- 24 B.A. Morel, 'On the Degeneracy of the Human Race', *Journal of Psychological Medicine and Mental Pathology*, 1 April 1857, 159-208, at p.175.
- 25 E.B. Foote, *Dr Foote's Home Cyclopedia of Popular Medical, Social & Sexual Science* (New York and London: Murray Hill Publishing Co., 1900), p.189, original emphasis.
- 26 'W' [Samuel Woodward], 'Insanity, Produced by Masturbation', *Boston Medical & Surgical Journal*, 12 (1835), 109-11, at p.110. Daniel Yellowlees, 'Masturbation', p.786.
- 27 Rev. James Wood, *Nuttall's Standard Dictionary* (London: Frederick Warne and Co., 1898), p.181.
- 28 Ibid., p.457.
- 29 Lawson Tait, 'Masturbation', *Medical News*, 53 (1888), 1-3, at p.1.
- 30 Ibid., p.1.
- 31 'W', 'Insanity, Produced by Masturbation', p.109.

- 32 Robert Baden-Powell, *Scouting for Boys* (London: C. Arthur Pearson Ltd., 1948 [1908]), p.206.
- 33 See: Milligan, *Pleasures and Pains*, 83-102, at p.86.
- 34 In his 1860 book, *The Seven Sisters of Sleep*, Mordecai Cooke recalls Mr A. Adams' description of the Malay opium smoker in the latter's narrative of the voyage of *H.M.S. Samarang*. In Adams' account, one of these opium smokers is a 'worn out old man' with 'wrinkled and yellow' skin. See: Mordecai Cooke, *The Seven Sisters of Sleep* (Rochester: Park Street Press, 1997 [1860]), p.105. Moreover, physician W.H. Park in his compilation of the 'Opinions of over 100 Physicians on the Use of Opium in China' (1899), prepared for the American Presbyterian Mission Press, describes the habitual opium smoker as 'yellow, weak and emaciated'. Document downloaded from the Schaffer Library of Drug Policy Website: <http://www.druglibrary.org/schaffer/History/opiumchina1899.htm>, p.3 of 4 (downloaded on 24/2/02).
- 35 Mart, 'Effects of the Practice of Opium Eating', p.710.
- 36 Wood, *Nuttall's Standard Dictionary*, p.663.
- 37 T.S. Clouston, 'Diseased Cravings and Paralysed Control', p.796.
- 38 'An Opium Den in Whitechapel', *Chemist & Druggist*, 9 (1868), p.275.
- 39 John M. Ross, *The Illustrated Globe Encyclopaedia of Universal Information*, 12 vols (London: Thomas C. Jack, 1882), Vol.7, p.59.
- 40 'A.C.W.', 'Opium smoking in Bluegate Fields', *Chemist & Druggist*, 11 (1870), 259-61, at p.260.
- 41 [Ludlow], 'What Must They do to be Saved?', p.15.

- 42 Thomas De Quincey, *Confessions of an English Opium Eater* (Ware: Wordsworth, 1994 [1821]), p.178.
- 43 *a.i.*, 'A Grave Social Problem', *British Medical Journal*, 2 (1881), 904-5, at p.905.
- 44 Berridge, *Opium and the People*, p.49.
- 45 A.S. Byatt, *Unruly Times: Wordsworth and Coleridge in Their Time* (London: Hogarth Press, 1989), p.32. See also: William M. Clarke, *The Secret Life of Wilkie Collins* (Stroud: Alan Sutton Publishing Ltd., 1996), pp.163-5.
- 46 Browne, 'Opiophagism', p.42.
- 47 Richard Ellman, *Oscar Wilde* (London: Hamish Hamilton, 1987), p.301.
- 48 Browne, 'Opiophagism', pp.42, 43.
- 49 *Ibid.*, p.45.
- 50 George Du Maurier, *Trilby* (London: Everyman, 1994 [1894]), p.330. See also: Nina Auerbach, *Our Vampires, Ourselves* (Chicago: University of Chicago Press, 1995), pp.87-94. Ken Gelder, *Reading the Vampire* (London: Routledge, 1994), pp.13-17. H.L. Malchow, *Gothic Images of Race in Nineteenth-Century Britain* (Stanford, Stanford University Press, 1996), pp.140-1.
- 51 *a.i.*, 'Opium and Morphine' in: *The Family Physician: A Manual of Domestic Medicine*, 5 vols. (London: Cassell and Company, Ltd., n.d. [c.1896]), Vol.IV, 144-161, at p.147.
- 52 *Ibid.*, p.147.
- 53 Browne, 'Opiophagism', p.46.

- 54 Dave Russell, *Popular Music in England, 1840-1914: A Social History* (Manchester: Manchester University Press, 1987), pp.96, 89.
- 55 Ellmann, *Oscar Wilde*, p.217.
- 56 J. M'Gregor-Robertson, *The Household Physician* (London: Blackie & Son, n.d. [c.1900]), p.898.
- 57 Clouston, 'Diseased Cravings and Paralysed Control', p.797.
- 58 Cooke, *The Seven Sisters of Sleep*, p.125.
- 59 See: Nancy Jane Tyson, 'Caliban in a Glass: Autoscopic Vision in *The Picture of Dorian Gray*' in Elton E. Smith and Robert Haas (eds), *The Haunted Mind: The Supernatural in Victorian Literature* (Lanham: Scarecrow Press, 1999), pp.101-122, at p.115.
- 60 I acknowledge the help of Richard Tranter of Frederick Tranter Tobacconists, Bath, in gaining this information. For some illustrated examples of cigarette makers and other smoking paraphernalia available on the domestic market in the nineteenth century see: Dorothy Bosomworth (ed.), Silber and Fleming, *The Victorian Catalogue of Household Goods* (London: Studio Editions, 1991 [c.1883]), p.275.
- 61 Cooke, *The Seven Sisters of Sleep*, p.11.
- 62 Browne, 'Opiophagism', p.43.
- 63 De Quincey, *Confessions of an English Opium Eater*, p.195.
- 64 Browne, 'Opiophagism', p.48.
- 65 J.K. Huysmans, *Against Nature* (Trans. Robert Baldick), (London: Penguin, 1974 [1884]), p.173.

- 66 This is evocative of Sir Arthur Conan Doyle's short story, 'The Man with the Twisted Lip'. In Conan Doyle's tale, Watson searches for his friend, Isa Whitney, a man 'much addicted to opium', at 'the "Bar of Gold", in Upper Swandam Lane', the latter described as 'a vile alley lurking behind the high wharves which line the north side of the river to the east of London Bridge.' See: Sir Arthur Conan Doyle, 'The Man with the Twisted Lip' in *The Adventures of Sherlock Holmes* (Harmondsworth: Penguin, 1985 [1892]), pp.120-143, at pp.120, 121-2.
- 67 'East London Opium Smokers', *London Society*, 14 (1868), 68-72, at p.68.
- 68 Blanchard Jerrold & Gustave Dorè, *London, a Pilgrimage*, reprinted as *The London of Gustave Dorè* (Ware: Wordsworth, 1989 [1872]), p.31.
- 69 [Ludlow], 'What Must They Do to be Saved?', p.12. 'East London Opium Smokers', p.70.
- 70 Gray exhibits similar symptoms earlier in the novel on the night following his rejection of Sybil Vane (and her subsequent suicide). He is due to dine with Wotton before going to the opera but he excuses himself from dinner, telling Wotton, 'I shall join you at the Opera, Harry. I feel too tired to eat anything' (p.84). It appears that his appetite still has not returned the morning after although he certainly has a thirst. When Hallward visits him at 'breakfast', he finds Gray 'sipping some pale-yellow wine from a delicate gold-beaded bubble of Venetian glass' (p.87). Pertinently, such behaviour was observed in the case of Wilde himself. In a recollection of Wilde from the journal of Marcel Schwob, Schwob records that while Wilde 'never stopped smoking opium-

tainted Egyptian cigarettes', he 'ate little' but was 'A terrible absinthe-drinker'. See: Ellmann, *Oscar Wilde*, p.327.

71 *a.i.*, 'Opium and Morphine' in: *The Family Physician: A Manual of Domestic Medicine*, 5 vols. (London: Cassell and Company, Ltd., n.d. [c.1896]), Vol.IV, 144-161, at p.147.

72 A. Calkins, 'Opium and its Victims', *Galaxy*, 4 (1867), 25-36, at p.28.

73 *Ibid.*, p.28.

74 *The Family Physician*, Vol.IV, p.146.

75 Richard Rudgley, *Essential Substances: A Cultural History of Intoxicants in Society* (New York: Kodansha International, 1993), p.120. Jacques Joseph De Tours Moreau, 'Dr Moreau's Psychological Studies on Hachisch and on Mental Derangement', *British and Foreign Medical Review* (1847), 217-36. Moreau describes hachisch as having 'a greenish hue' at p.217.

76 Ellmann, *Oscar Wilde*, p.202.

77 See: Cooke, *Seven Sisters of Sleep*, 164-68, at p.165.

78 *Ibid.*, p.165.

79 Hodgkin, *Lectures on Health*, p.199. See also: Cooke on the Javanese 'running a muck' and indulging in murderous mayhem 'under an extraordinary dose of opium'. Cooke, *Seven Sisters of Sleep*, pp.124-25, at p.124, original emphasis.

80 *The Family Physician*, Vol.IV, p.83.

81 Clouston, 'Diseased Cravings and Paralysed Control', p.796.

82 *Ibid.*, p.796.

83 *Ibid.*, p.796.

- 84 Ibid., p.796.
- 85 Ibid., p.796.
- 86 Little, 'On the Habitual Use of Opium', p.528.
- 87 Calkins, 'Opium and its Victims', p.29. In Dickens' *Edwin Drood*, the face of Princess Puffer, the opium-den proprietress, is described variously as 'haggard' (p.37) and 'As ugly and withered as one of the fantastic carvings on the under brackets of the [cathedral's] stall seats, as malignant as the Evil One' (p.279).
- 88 Browne, 'Opiophagism', p.41.
- 89 To cite but one example of premature ageing in nineteenth-century medical writing on masturbation, Athol A.W. Johnson recalls the impact of the condition on a six-year-old male patient. Johnson asserts that, as a result of frequently practiced masturbation, 'his appearance was much changed, and that from being a fine, stout child he had assumed the aspect of a little old man.' See: Athol A.W. Johnson, 'On an Injurious Habit Occasionally Met With in Infancy and Early Childhood', *Lancet* (1860), 344-45, at p.344.
- 90 Patricia Anderson, *When Passion Reigned: Sex and the Victorians* (New York: Basic Books, 1995), p.57.
- 91 Robert Mighall, 'Sex, History and the Vampire' in William Hughes and Andrew Smith (eds), *Bram Stoker: History, Psychoanalysis and the Gothic* (Basingstoke: Macmillan, 1998), 62-77, at p.74.
- 92 Eve Kosofsky Sedgwick, *Between Men: English Literature and Male Homosocial Desire* (New York: Columbia University Press, 1985), p.199.

- 93 Barry Milligan asserts that ‘Jasper passes his contagion to other individuals in his hometown as he actively drums up new recruits for opium’. Milligan suggests that the wine he serves to Drood and Landless, which, Landless claims, overcomes him ‘in the strangest and most sudden manner’ (p.103), is laced with opium, as is the ‘bottle of liquor’ Jasper later shares with Durdles the Gravedigger (pp.156-58). See: Milligan, *Pleasures and Pains*, p.105. That Jasper keeps, and uses, opium at home is made explicit in the text. After his visit to Mr Sapsea’s, and an encounter with Durdles in the churchyard, when Jasper gets home to his ‘Gate House’, ‘He takes from a locked press a peculiar-looking pipe, which he fills – but not with tobacco’. Before he retires to his own chamber, Jasper enters Drood’s room and ‘stands looking down upon’ his sleeping nephew ‘with a fixed and deep attention’. After checking on Drood, ‘he passes to his own room, lights his pipe, and delivers himself to the spectres it invokes at midnight’ (p.77).
- 94 There are many indicators of Jasper’s propensity for violence in the novel. When Jasper catches Deputy, a ‘small boy’ who works as a ‘man-servant’ at ‘the Travellers’ Twopenny’ (p.72) throwing stones at Durdles, a ‘stonemason’ and ‘wonderful sot’ who is intimately acquainted with the cathedral crypt and churchyard, Jasper threatens the boy, telling him ‘don’t throw while I stand so near him [Durdles], or I’ll kill you!’ (p.72) It could be that Jasper is using a figure of speech, but, in light of the events of the novel, it may equally be something more prophetic. Further evidence of Jasper’s potential for violence occurs when he meets Rosa Bud’s guardian, Grewgious, who has visited his ‘pretty’ (p.118) ward on the matter of her betrothal to Drood. When

Grewgious takes his leave of Jasper, he asserts ‘God bless them both!’ To which Jasper more ominously replies ‘God *save* them both!’ (p.119, my emphasis) These statements carry quite different implications. According to *Nuttall’s Pronouncing English Dictionary* (1894), to bless means ‘To bestow a blessing upon; to make happy’, while to save is ‘To preserve from any evil, particularly from eternal death; to preserve; to protect; to rescue; to deliver; to spare; to excuse’. Jasper’s pronouncement seems to hint at some, as yet, unarticulated ‘threat’ or ‘danger’ hanging over the young couple. It is an altogether more striking phrase than Grewgious’s benign ‘blessing’. Later in the novel, Jasper watches Neville Landless ‘as though his eye were at the trigger of a loaded rifle’ and Durdles is struck by the ‘sense of destructive power’ (p.152) expressed in his companion’s face. Even Drood, when he meets Rosa to discuss their betrothal, admits to her that he is ‘a little afraid of Jack’ (p.168), ‘Jack’ being the name he calls his uncle, John Jasper. See: P. Austin Nuttall, *Nuttall’s Pronouncing English Dictionary* (London: George Routledge and Sons Ltd., 1894), pp.72, 561.

95 Booth, *Opium: A History*, p.213.

96 ‘In an Opium Den’, *Ragged School Union Magazine*, 20 (1868), 198-200, at p.200.

97 George R. Calhoun, *Report of the Consulting Surgeon on Spermatorrhoea, or Seminal Weakness, Impotence, The Vice of Onanism, Masturbation, or Self-Abuse, and Other Diseases of the Sexual Organs* (Philadelphia: Howard Association, 1858), p.6.

- 98 James Copland, *A Dictionary of Practical Medicine et. al.*, Vol.III (London: Longman, Brown, Green, Longmans, & Roberts, 1858), p.442.
- 99 Little, 'On the Habitual Use of Opium', p.528. 'A Physician' [Nicholas Francis Cooke], *Satan in Society* (New York: Edward F. Hovey, 1878 [1870]), p.99. Copland, *A Dictionary of Practical Medicine*, Vol.III, p.443.
- 100 See: Anon., *Stage-Land* (London: no publisher, n.d., [c.1890]), pp.14-18. The illustrations by Bernard Partridge accompanying this somewhat ironic chapter on 'The Villain' are particularly evocative.
- 101 Peter Ackroyd, *Dickens* (London: Minerva, n.d. [c.1990]), pp.37, 38.
- 102 See: n.90, above. As to the melancholy manner attendant on these conditions see: 'Lancet' [pseud.], 'Opium Eating', *Boston Medical and Surgical Journal*, 13 (1835), 133-5. Copland, *A Dictionary of Practical Medicine*, Vol.III, p.443.
- 103 Milligan, *Pleasures and Pains*, p.23. In William S. Burroughs' novel *Junky* (1953), the heroin-addicted protagonist describes 'the hair trigger orgasm of junk sickness', or, in other words, withdrawal. See: Burroughs, *Junky* (London: Penguin, 1977), p.126.
- 104 One can deduce from the novel that Jasper has probably left the opium den in the early hours of the morning as 'he 'gives a good morning to some rat-ridden door-keeper' as he leaves and 'That same afternoon' (p.39), he takes his place with the choir for the 'daily vesper service' (p.39). Later in the evening, Drood joins him for dinner.
- 105 Little, 'On the Habitual Use of Opium', p.528.
- 106 Calhoun, *Report of the Consulting Surgeon on Spermatorrhoea*, p.6.

- 107 See: Charles Dickens, *Our Mutual Friend* (London: Penguin, 1985), p.402.
- 108 Ackroyd, *Dickens*, p.1110.
- 109 'W.' [Samuel Woodward], 'Effects of Masturbation, with Cases', *Boston Medical & Surgical Journal*, 12 (1835), 138-41, at p.140.
- 110 In Bram Stoker's *Dracula* (1897), Arthur Holmwood displays similarly climactic or orgasmic behaviour after the almost rapacious destruction of his 'undead' fiancée, Lucy Westenra: 'Great drops of sweat sprang out on his forehead, and his breath came in broken gasps.' In this instance too, sweat can be seen to encode another bodily fluid. See: Bram Stoker, *Dracula* (Oxford: Oxford University Press, 1996), p.216.
- 111 See Chapter Two, n.105, above.
- 112 'W.', 'Insanity, Produced by Masturbation', p.111.
- 113 *a.i.*, *The Dictionary of Medical and Surgical Knowledge* (London: Houlston and Sons, n.d. [c.1870]), p.654. Taken nightly in the way recommended, the patient would, in time, become habituated to opiates. It seems, therefore, as if the author is merely advising the onanist to swap one addiction or 'secret vice' for another.
- 114 Calkins, 'Opium and its Victims', p.29. In Calkins' article, the physician recalls 'a youth' in 'the *salon* of a Chinese gentleman' who is 'encouraged' to take opium 'upon the doubtful expectation of forestalling vices more pernicious.' Although Calkins declines to give these 'vices' a name, it would not be unreasonable to expect masturbation to be among them.
- 115 Henry Ashby and G.A. Wright, *The Diseases of Children* (London: Longmans, Green, and Co., 1889), p.137. Freud acknowledges the influence

of Hungarian paediatrician S. Lindner's 1879 work in his 1905 essay on 'Infantile Sexuality'. In this later work, and drawing on Lindner, Freud suggests that 'Many children proceed by this path from [thumb-]sucking to masturbation.' See: Anna Freud (ed.), Sigmund Freud, *The Essentials of Psycho-Analysis* (London: Penguin, 1991), 314-44, p.321. See also: Diane Mason, 'Masturbation, Little Suck-A-Thumb & Struwwelpeter', *Udolpho*, 32 (1998), 24-9.

- 116 Although Bud's age on her birthday is not specified, it should be remembered that 'During the 19th cent. the ages of consent were fixed at 14 years for males and 16 for females.' As she is due to marry Drood 'In some few months less than another year' (p.50), it is not difficult to deduce the young woman's age. See: John Cannon (ed.), *The Oxford Companion to British History* (Oxford: Oxford University Press, 1997), p.621.
- 117 A.B. Muzzey, *The Young Maiden: Her Moral & Domestic Duties* (Stokesley: J.S. Pratt, 1848) p.201.
- 118 She again fights shy of kissing Drood at the end of his visit, telling him 'Eddy, no! I'm too stickey [sic] to be kissed. But give me your hand, and I'll blow a kiss into that' (p.61). She does come across as being, to use a twentieth-century colloquialism, something of a 'prick-teaser' (to Drood) and her actions do not appear to be entirely unselfconscious. Later in the novel when she and Drood decide to break off their engagement and she pledges to be a 'sister' to him, she confesses 'your sister will not tease or trifle with you. I often did when I was not your sister, and I beg your pardon for it' (p.165). In the light of such assertions, her behaviour cannot be seen as entirely innocent.

- 119 Milligan, *Pleasures and Pains*, p.107.
- 120 Wood, *Nuttall's Standard Dictionary*, pp.495, 364.
- 121 According to Pye Henry Chavasse, 'A gentle, loving, confiding, loving, placid, hopeful, and trusting disposition has a great charm for a husband, and ought, by a young wife, to be assiduously cultivated'. See: Pye Henry Chavasse, *Advice to a Wife* (London: John Churchill and Sons, 1870), p.65.
- 122 Wood, *Nuttall's Standard Dictionary*, p.570.
- 123 Edward Sellon, *The New Epicurean* in *The New Epicurean & The Yellow Room* (Ware: Wordsworth, 1995), pp.7-68, at p.14. See also: Eric Partridge and Jacqueline Simpson, *The Penguin Dictionary of Historical Slang* (London: Penguin, 1972), p.775.
- 124 Anon., *The Pretty Women of Paris* (Ware: Wordsworth, 1996), p.69.
- 125 Partridge and Simpson, *Penguin Dictionary of Historical Slang*, p.737. To cite but one example of the term in Victorian pornography, in 'Lady Pockingham', a story published in the erotic magazine, *The Pearl* (1879-80), Alice Marchmont exhorts her roommate, Beatrice Pockingham, 'Off with your chemise, I want to compare our pussys'. See: Anon., 'Lady Pockingham' in, *The Pearl: Three Erotic Tales* (Ware: Wordsworth, 1995), pp.7-107, at p.16.
- 126 John Davis, *Walker's Pronouncing Dictionary* (London: William Tegg and Co., 1839), p.59. Wood, *Nuttall's Standard Dictionary*, p.76.
- 127 On the availability of pornography in the nineteenth century see: Walter Kendrick, *The Secret Museum: Pornography in Modern Culture* (Berkeley: University of California Press, 1996), pp.77-8.

- 128 Leonee Ormond, 'Introduction' in George Du Maurier, *Trilby* (London: Everyman, 1994), pp.xxiii-xxx, at p.xxviii.
- 129 Ibid., p.xxviii.
- 130 Du Maurier, *Trilby*, p.61.
- 131 Maudsley, 'Illustrations of a Variety of Insanity', p.156.
- 132 Ibid., pp.156-7.
- 133 Maria M. Tatar, *Spellbound: Studies on Mesmerism and Literature* (Princeton: Princeton University Press, 1978), p.15.
- 134 Anon., *Beeton's Shilling Medical Dictionary* (London: Ward, Lock and Co., n.d. [c.1860]), p.198. Given that Bud is sixteen years of age, unmarried and, as a schoolgirl, has a largely enclosed and inactive lifestyle, read through the filter of Victorian medical discourse, she would appear to be a prime contender for hysterical afflictions. In the words of *Beeton's*, hysteria 'occurs most frequently with persons between the ages of fifteen and forty-five and fifty, and is most common with single women of weakly constitution who lead sedentary lives', Ibid., p.198.
- 135 See: William B. Carpenter, *Principles of Mental Physiology* (London: Kegan Paul, Trench, Trubner & Co., 1896), pp.618-624.
- 136 J-M. Charcot, who used hypnosis in the treatment of hysteria, 'argued in fact that the capacity to be hypnotized was itself a sign of hysteria.' See: Elaine Showalter, *Hystories: Hysterical Epidemics and Modern Culture* (London: Picador, 1998), pp.30-37, at pp.33-4. In his privately printed but widely read treatise, *Esoteric Anthropology* (1873), T.L. Nichols observes that 'As hysterical patients are usually impressible, they may be controlled to a great

extent by magnetic influences.’ See: T.L. Nichols, *Esoteric Anthropology: The Mysteries of Man* (London: Published by the Author, 1873), p.306. The pervasive influence of these ideas can be found in popular medical advice manuals for the domestic market. J. Laurie and R.S. Gutteridge assert that in the case of ‘MAGNETISM’ or ‘mesmerism’, ‘The highly nervous and hysterical are most easily affected.’ See: J. Laurie and R.S. Gutteridge (ed.), *An Epitome of the Homeopathic Domestic Medicine*, Thirty-Fifth Edition (London: Leath and Ross, 1889), p.663. Given that it is through his voice and music that Jasper makes his ‘suggestions’, it is, furthermore, pertinent to note that hysterics (that is, those afflicted by hysteria) could exhibit ‘an extraordinary acuteness to sounds’. See: Carpenter, *Principles of Mental Physiology*, p.153.

- 137 *Beeton's Shilling Medical Dictionary*, p.198. Nichols, *Esoteric Anthropology*, p.180.
- 138 Alfred Hitchcock, ‘Insanity and Death from Masturbation’, *Boston Medical and Surgical Journal*, 26 (1842), 283-86, at p.284; Browne, ‘Opiophagism’, p.41.
- 139 *Dictionary of Medical and Surgical Knowledge*, pp.374, 653; Browne, ‘Opiophagism’, p.52.
- 140 For examples of critics who deduce Jasper to be ‘a criminal’ and ‘a murderer addicted to the habit of opium’ see: James Wright, ‘The Mystery of Edwin Drood’ in, A.E. Dyson (ed.), *Dickens: Modern Judgements* (London: Macmillan, 1968), pp.270-77, at p.274.
- 141 Maudsley, ‘Illustrations of a Variety of Insanity’, p.161.

- 142 Ibid., p.160.
- 143 Clouston, 'Diseased Cravings and Paralysed Control', p.798.
- 144 Maudsley, 'Illustrations of a Variety of Insanity', p.149.
- 145 Nichols, *Esoteric Anthropology*, p.281.
- 146 Earle, 'The Opium Habit', p.6.
- 147 Browne, 'Opiophagism', p.48.
- 148 Maudsley, 'Illustrations of a Variety of Insanity', p.157, my emphasis.
- 149 Ibid., p.154.
- 150 One nineteenth-century conduct manual for young men advises its readers 'Take care never to seem dark and mysterious; which is not only a very unamiable character, but a very suspicious one too.' Viewed in the light of such advice, Jasper's actions seem, at best, dubious. See: Lord Chesterfield, *Chesterfield's Advice to His Son and The Young Man's Own Book* (London: Scott, Webster, and Geary, 1840), p.24.
- 151 Charles Dickens, *Our Mutual Friend* (London: Penguin, 1985), p.606.
- 152 George Taylor, *Players and Performances in the Victorian Theatre* (Manchester: Manchester University Press, 1993), p.122.
- 153 Calkins, 'Opium and its Victims', p.29
- 154 De Quincey, *Confessions of an English Opium Eater*, pp.195, 248.
- 155 Calkins, 'Opium and its Victims', p.29.
- 156 Calhoun, *Report of the Consulting Surgeon on Spermatorrhoea*, p.6.
- 157 Nichols, *Esoteric Anthropology*, p.282; Calhoun, *Report of the Consulting Surgeon on Spermatorrhoea*, p.6.
- 158 Maudsley, 'Illustrations of a Variety of Insanity', pp.156, 157.

- 159 Ibid., p.157.
- 160 Wood, *Nuttall's Standard Dictionary*, p.422.
- 161 Maudsley, 'Illustrations of a Variety of Insanity', p.161.
- 162 Ibid., p.158.
- 163 Dickens, *Our Mutual Friend*, pp.402, 760.

Conclusion

In the mid-1990s, when I commenced my informal research on masturbation in the Victorian period, critical discussion of the topic was located largely within the fields of the history of medicine and sexuality. The subject was also occasionally encountered in a more populist oeuvre, as a comedic example of the archaic sexual mores of our forbears. In a sense, there was no acknowledgement, let alone serious discussion, of the space in between the clinical and the comical, the space customarily interrogated by literary criticism and its derivatives and parallels in cultural criticism. This dissertation thus fills in the empty spaces between these limiting boundaries and presents not merely a serious and sustained examination of the discourse on masturbation in the nineteenth- and early-twentieth-century but also an overdue consideration of the way it can be seen to impact upon and inform wider cultural productions. The central premise of this dissertation is the notion that masturbatory symptoms were not only recognised but also *debated* (albeit often in coded form) outside the narrow confines of the physician's consulting room. The dissertation builds on Patricia Anderson's assertion that 'Few [Victorian] men would have reached adulthood without encountering' one or more of 'a proliferation of antimasturbation scare tracts'.¹ I would add that most Victorian *women* would have been subject to the same, or a similar, discursive regime. As the dissertation demonstrates, this seemingly common knowledge was available not simply in casual conversation, but acquired further availability as it became utilised by authors in the construction of fictional characters.

The dissertation begins by reading the late-twentieth-century debate on masturbation through the theme that has, for the most part, defined its parameters – the issue and representation of male masturbation. This is a necessary survey, in that it establishes not merely a commonality of symptoms – a range of recurrent, noticeable and specifically public signifiers of masturbation which I identify by way of a number of clinical and popular medical texts from the Victorian period – but also the paradox evaded by so much recent writing on the subject: that onanism, styled and celebrated as the ‘secret vice’, is a highly visible and instantly recognisable phenomenon. The implication of this is that masturbation is not purely a perceived medical problem, but a cultural problem too, and that an exchange constantly takes place between these two masturbatory discourses. Masturbation can be viewed as a cultural problem inasmuch as it impacts upon individual and racial issues. The individual who masturbates not only risks damaging his or her own personal health, but becomes also a focus for concern in respect of future familial or racial generations. Conventionally, the children of the habitual onanist will be infirm, mentally or physically blighted, and the issue becomes implicated in apocalyptic fears of a degenerative and decadent national and cultural future. Moreover, masturbation is a physiological action with moral ramifications. This bodily indulgence could open the masturbator’s mind to thoughts of an unseemly and voluptuous nature, allowing him/her to dwell on matters of sensual rather than spiritual uplift. Male anxiety about the habit was reflected in correspondence to the popular *Boy’s Own Paper*. Anti-masturbation texts further played on male sexual anxieties such as potency, attractiveness to the opposite sex and the notion of manliness and masculinity – in short, worries about what it actually means to be (or to aspire to be) a man in physiology and culture.

The implication of the masturbator as a defective, imperfect or, on occasions, effeminate male also gives access to an area of the discursive field not explored in modern criticism, but certainly present in the nineteenth century – female masturbation. One of the unique features of this dissertation is the extensive evidence that female masturbation, far from being ‘the sin no one talked about’, was indeed discussed and viewed with the utmost gravity by Victorian medical practitioners.² Just as the literature of male masturbation can be seen to play on male sexual anxieties, so the works aimed at the female reader function to provoke a similar sense of unease. Popular medical writing on female masturbation frequently reinforces the notion that indulgence in the practice leads to prostitution and a life of shame. Moreover, a close reading of these texts discloses a further medical fiction that equates masturbation with the loss of virginity – the latter conventionally a highly advantageous attribute for women wishing to attract and secure a mate in the nineteenth century. It is notable that many of the symptoms and effects of the ‘abnormal’ practice of masturbation correspond with those of the ‘natural’ and ‘normal’ culmination of conventional, conjugal, female sexuality: pregnancy. Although, as Roy Porter and Lesley Hall attest, ‘The problematization of women within Victorian thought and medical practice has already been extensively demonstrated by historians’, female masturbation – as I argued earlier in this dissertation – has, until now, been a relatively uncharted area.³ There remains considerable scope for further work on the tensions and attitudes that appear to permeate many nineteenth-century medical writings on pregnancy and motherhood: such a discussion lies outside the parameters of this dissertation. As this dissertation has gone some way to disclose, even this normative reproductive condition was seen

to be fraught with moral, mental and physical perils for the unwitting mother-to-be and this is a topic ripe for further critical investigation.

The apparent – and troubling – congruence of the symptoms of pregnancy and female masturbation opens up the whole area of cross-symptomatology. The effective double-signification of symptoms, needless to say, has implications not merely for diagnosis but also for the moral and cultural consequences associated with each respective condition. An examination of some of these symptomatology forms another crucial and different aspect of this dissertation. The practice of masturbation was not only thought to be a causative factor in the promotion of other disorders and diseases but also, the symptoms (and, sometimes, the medical discourse) of masturbation can be seen to mirror those of these latter conditions. It was not a practice, nor indeed a discourse, in isolation but one that penetrated and bled into other ailments. This is more fully illustrated in the second part of chapter two, which aligns the symptoms of masturbation and consumption with Lucy Westenra in Bram Stoker's *Dracula* (1897) and Lady Pockingham, the eponymous heroine of an erotic novella serialised in *The Pearl* (1879). The remarkable similarity of masturbatory and consumptive symptoms permits a degree of ambiguity, and, therefore, modesty, in the interpretation of what afflicts the sufferer; consumption both *is* and is *not* a sexual disorder. Though physicians recognised that a highly-charged sexual appetite could attend the tubercular condition, the disease is, first and foremost, associated with the lungs rather than the genitalia. In the case of Lucy, there are indicators to suggest that her health is failing *before* she is vampirised by Count Dracula. Her decline, therefore, may not wholly be attributable to supernatural predation. Lucy's symptoms, initially at least, bear a remarkable resemblance to those of both consumption and masturbation in the female, although, as the novel progresses, it is

the latter pathology which seems to play the most compelling role in her demise. Lady Pockingham, on the other hand, is a self-confessed enthusiast of ‘finger frigging’ by the age of twelve who, in her adult life, is a highly libidinous ‘consumptive’.⁴ Although Lady Pockingham’s adventures appeared in *The Pearl* (subtitled ‘A Journal of Facetiae and Voluptuous Reading’),⁵ the medically accurate depiction of her decline reveals rather more than the ‘refined witticisms conceived in a spirit of pleasantry’ implied in the periodical’s subtitle.⁶ The content of much Victorian pornographic literature seems to have been heavily medicalised, and this is also apparent in *Teleny* (1893), the subject of Chapter Four.

Like masturbation, the symptoms of consumption were very visible. This is certainly the case in J.S. Le Fanu’s portrayals of Laura and Carmilla in his vampire tale, ‘Carmilla’ (1871-2), where the face is a locus of information as to the individual’s health and character. This focus on the patient’s visage is also significant in the depictions of Bradley Headstone and Dorian Gray and in medical writing on masturbation for both men and women. The conventional medical pathologies of masturbation and consumption – as well as the fictional, occult pathology of vampirism – can all be seen to have had a similar and devastating impact on the sufferer’s complexion. In nineteenth century fiction, as Robert Mighall attests, ‘vampires are rarely healthy-looking’ and Le Fanu’s pallid female vampire, Carmilla, is no exception.⁷ Again, this multiplicity of signification allows for a non-immoral explanation to be advanced; the wan individual may be prone to phthisis *or* drained through vampiric intervention (although the astute reader can be left with the satisfaction of feeling that he/she knows what is *really* at the root of the problem). Crucially too, ‘Carmilla’ explores the way in which the pathologies of masturbation, consumption and vampirism can be seen to impact on Victorian depictions of female

same-sex desire. Le Fanu's tale is particularly fascinating in this context as the central vampire character is a woman preying on members of her own sex rather than the more conventional notion of the 'vamp' as a predatory female targeting men as her victims. Notably, the figure of the vampire is evoked in the, somewhat negative, description of a lesbian relationship between two prostitutes in the 1883 Paris brothel directory, *The Pretty Women of Paris*, a work which is discussed extensively in chapters two and three of this dissertation.⁸

The theme of sexual promiscuity and inversion is central, albeit for the representation of the male, in *Teleny, or The Reverse of the Medal* (1883). My reading of this pornographic novella goes significantly beyond previous criticism, which has a tendency to be more concerned with the work's alleged authorship than its content. The dissertation leaves aside the question of whether or not Oscar Wilde had a hand in the proceedings and concentrates instead on the construction of the two main protagonists. Crucially, the construction of the two male lovers bears a perceptible and accurate resemblance to the depiction of homosexuals in medical case studies and writings on sexual inversion. Notably, also, within *Teleny*, Des Grieux, the narrator and Teleny's lover, explicitly recalls reading the work of the French physician, Ambroise Tardieu. Given this clear medical content, *Teleny* seems to participate in a cross-generic shift – it cannot be dismissed as mere titillating trivia – and the whole work is as redolent of the professional as the pornographic world. Within this medicalised context it is of further interest to note that the title character, Teleny – like Lady Pockingham (who, the story implies, dies at the end of her narrative) – dies at the conclusion of the novella. In Teleny's case, though, he commits suicide rather than succumbs to disease. Although Porter and Hall call to mind the suggestion that literature aimed at suppressing sexual vice can itself have a

titillating or pornographic function in promoting that which it claims to warn against, this appears to be somewhat simplistic.⁹ The depressing dénouements of *Teleny* and 'Lady Pockingham' – overtly erotic works – can also be seen to have a salutary rather than salacious outcome, implying that even pornography can sometimes have a dark edge and a 'cautionary' rather than purely entertaining function. Some characters, at least, pay the ultimate price for their sexual adventures and peccadilloes and this is a topic that could provide a fruitful area for further research albeit one that is beyond the scope of this dissertation.

The discourse on masturbation, as the above demonstrates, bridges the generic gap between canonical and popular or ephemeral texts. In the medical field, professional reticence influences and informs the tracts and pamphlets of quack excess. Both are limited by panic, or the anxiety of the reader who is both being warned, and yet reads his or her symptoms in self and others. Both have been considered here. There is a similar permeation of medicine and medical discourses through literature and, as I have illustrated, this applies to both canonical and non-canonical writing, irrespective of their status. To make this point, this dissertation has examined the work of celebrated Victorian authors such as George Eliot and Charles Dickens alongside anonymously-penned items of nineteenth-century erotica. The symptoms of masturbation were available widely and highly accessible in such fiction. The consequences of these symptoms were obvious, though occasionally masked by the dual signification that permitted the possibility of a modest explanation. There has been, though, a critical tradition which has sought – whether consciously or not is immaterial – to limit the impact of this medico-moral practice on the writing or criticism of fiction. As this dissertation demonstrates in its concluding pages, dual signifiers can be easily misread. Aside from my examination of consumptive

signifiers, this is nowhere more apparent than in my comparison of the discourses and pathologies of opium addiction and masturbation in Chapter Six. Here both the main symptoms of the two conditions – and the language adopted by practitioners in writing about them – are strikingly similar. However, in my analysis of the symptoms manifested by the literary characters Dorian Gray (who, Robert Mighall claims, is a masturbator) and the, until now, unquestionably opium-smoking choirmaster, John Jasper, I elucidated the subtle differences between the two pathologies, thus illustrating that Gray's and Jasper's respective afflictions may have rather different causes than one might expect.

This dissertation has avoided the obvious and the already done. Though it opens with a survey of clinical symptoms, it allows these to be applied across gender and across genre. It goes beyond these symptoms to moral issues, and textual replications. Most of all, though, it refuses to regard masturbation, as others have already done, as a largely male, heterosexual problem, but as a habit or procedure, if not universally practised, then universally consequentialized – and, for the most part, fatal.

Afterword: *The Wrong Boy*

The discourse on masturbation, in terms of its cultural implications at least, does not conclude with the Victorian era. Indeed, it persists to the present, in a popular, albeit frequently comedic, form independent of any sustaining contemporary medical support. This much might be gleaned from Philip Roth's 1969 novel, *Portnoy's Complaint*, in which the narrator frantically masturbates himself into a sense of guilt utilising, among other things, his sister's 'cotton panties', a cored apple and a 'piece

of liver' which he 'violated behind a billboard'.¹⁰ Portnoy interiorises much of the guilt in this celebrated echo of nineteenth-century paranoia. On observing an otherwise innocuous 'freckle' on his youthful member, he perceives an inevitable – and fatal – conclusion to his life of shame and vice: 'I have given myself *cancer*. All that pulling and tugging at my own flesh had given me an incurable disease.'¹¹ In later fiction, however, the guilt or horror is located not in the mind of the masturbator, but returns again to the consciousness of those who perceive the practice, and who warn against its personal and contaminating effects. In Willy Russell's 1999 novel, *The Wrong Boy*, one of the central motifs of the plot is 'Flytrapping', a non-sexual though genitally centred game, practised by a group of eleven-year-old boys, which, when discovered, is perceived by the adult world to be "an orgy of mutual masturbation"!'¹² As the boys' 'New Headmaster' (p.72) sees it, 'a group of gullible lads had been led astray', inducted into 'dirty doings that defied belief' by 'just one warped and depraved and precociously sexual little beast' (p.73). Subsequently, the group's ringleader, Raymond Marks, is not only expelled from school but also ejected from his Cub-Scout troop: the troop Akela tells the boy's mother that he 'could no longer guarantee the moral welfare of the Pack if Raymond were to remain' (p.95). Marks's mother, as one might expect, responds to the allegations of her son's misdemeanours with a mixture of shock and shame:

'Mucky' is what a lad might get up to under the sheets on his own.

But fifteen of them ... fifteen! All doing it together! That's not

'mucky', that's unnatural! (p.92).

Given that these fictional events take place around 1980, the adult interpretation as to the implications of the boys' game – and their reactions to it – seem surprising, even anachronistic, but are nonetheless compelling. As *The Wrong Boy* is essentially a

comic novel, Russell undeniably evokes the spectre of masturbation ironically. However, the stance adopted by the majority of his adult characters in confronting the boys' (mis)behaviour and the language used by the adults to describe both the perceived offence – a 'farrago of filth' (p.87) – and the chief offender – who is 'dirty' (p.88), 'depraved' (p.73) and 'unnatural' (p.92) – recall the attitudes and rhetoric of a century before. Nineteenth-century medical practitioners deemed masturbation to be, among other things, an '*unnatural*' practice, a '*filthy* habit' and a 'deplorable *depravity*'.¹³ Victorian rhetoric has temporarily eclipsed modern sexual liberalism in *The Wrong Boy*.

In spite of the allegedly 'secret' and 'unmentionable' nature of self-abuse though, the reader is able to find humour in Russell's words precisely because he taps into a discourse of masturbation and masturbatory cautioning that is, in reality, no secret at all. Russell's apparently carefully chosen words are funny because they are familiar and the reader approaches them with a sense of knowingness. More importantly however, his use of this emotive language illustrates the pervasive nature of a discourse on masturbation that dates back at least as far as *Onania* (1715). Although, as I establish at the beginning of this dissertation, *Onania* is a crucial text, instrumental in the origination and establishment of a recognisable symptomatology of onanism, what Lesley Hall terms 'the high-water mark of anxiety over masturbation' is nevertheless commonly perceived to arise 'from the middle of the nineteenth century, the height of the Victorian era'.¹⁴ And it is very much this conception of masturbation as a Victorian vice that Russell is playing with (for humorous effect) in his novel.

In the emblematic figure of the Cub-master, Akela, Russell brings together two great Victorian Icons, Rudyard Kipling and Lord Robert Baden-Powell. Both are

acknowledged by Raymond Marks's grandmother, Vera Bradwell, in *The Wrong Boy*, although the former is spoken of in rather more glowing terms than the latter.¹⁵ To return to Akela, though, along with the New Headmaster of Marks's school, he fears for the 'moral welfare' (p.95) of the rest of his charges if the 'depraved' (p.73) individual, Marks, is permitted to remain within the ranks to initiate further adepts. In engaging with the notion that masturbation could be a transmissible condition or disorder, Russell utilises an aspect of the masturbatory hypothesis that was a source of anxiety for parents, schoolmasters and physicians throughout the nineteenth century as well as for their fictional, twentieth-century counterparts in *The Wrong Boy*.

In many ways, Russell's depiction of Marks's 'Hideous Headmaster' (p.86) recalls that of Victorian Dad, eponymous protagonist of a cartoon strip featured in the adult comic, *Viz*. The art critic Martin Myrone describes the latter character as a 'combination of extreme prudery with potentially explosive prurience' and the same questionable qualities can equally be seen to apply in the case of the Headmaster.¹⁶ Both characters use the word 'filth' with alacrity (if not relish) and see the potential for it everywhere. Three years previous to the flytrapping incident, the Headmaster confiscates eight-year-old Marks's *Spiderman versus the Vulcan Vixens* comic. He berates the bewildered boy for 'looking at filth ... bringing pictures such as this into the school' (p.67), he asks Marks whether he is 'a precocious little boy, or just a very rude little boy' (p.68) and makes it plain that 'In my school, there will be no room for filth of any sort' (p.69). Marks's retrospective narrative makes it clear that, although the Vulcan Vixens had 'dead long legs and big pointy bosoms', at eight he had but scant conception of 'what "sexy" meant' (p.67) and did not understand the word 'precocious' (p.68). It would appear, then, that the Vulcan Vixens are perceived as

sexualised women (rather like pin-ups) – and thus potential adjuncts to autoerotic activity – in the mind of the middle-aged Headmaster but *not* in the mind of the youthful Marks. A similar scenario is played out, albeit in a rather more extreme and exaggerated form, in a ‘Victorian Dad’ comic strip first published in the August–September 1993 edition of *Viz*.¹⁷ In this episode, Victorian Dad’s children have been given some money by their (somewhat more modern) mother to play in a seaside amusement arcade. When Victorian Dad discovers this he is outraged and goes off ‘to save [his offspring] from a life of ruination and vice’.¹⁸ As he searches for the children he sees a ‘What the Butler Saw’ machine. Initially, he condemns such things as ‘Disgraceful Filth ... Absolute Filth’.¹⁹ Inevitably though, he ‘succumbs to temptation’ and ‘Protesting against the “[Filth!] wicked and pornographic degradation of the human form” he sees within, Victorian Dad proceeds to masturbate himself senseless’, crying ‘save me from this onanism’.²⁰ Pertinently, there is no evidence given in the cartoon to suggest that the prurient pater’s children – the youngsters he wished to save from ‘ruination and vice’ – had themselves viewed the images or experienced the same sexual thrill.

James Walvin highlights the way that the term ‘Victorian’ has increasingly, and popularly, been appropriated ‘to describe a set of moral and sexual values which seem ... to have been odd and even bizarre’.²¹ Such notions have latterly been fuelled by humorous publications such as Gerard Macdonald’s *Once A Week is Ample* (1997).²² Macdonald’s work makes flippant use of material extracted from nineteenth-century popular medical and sexual advice works in order to illustrate Victorian concerns on such topics as ‘The Suppression of Carnal Desire’ and ‘Solitary Vice’.²³ With regard to ‘Victorian Dad’, Myrone affirms that, ‘Much of the comedy in the Victorian Dad strip derives from the incongruity of this figure in its modern

world setting'.²⁴ Within the context of *Viz* – a publication largely marketed at young adult males – Victorian Dad's specific use of the archaic-sounding 'onanism' rather than one of the other more contemporary or colloquial epithets for masturbation emphasises not only his 'difference' but also, perhaps, the chronological distance of his sexual attitudes as they are perceived in the eyes of the, supposedly liberated, twentieth-century reader.

Myrone suggests that 'Although the creators of *Viz* have always denied any specifically political agenda behind their comic', 'the character of Victorian Dad' may be seen as 'a response to the proposed revival of "Victorian Values"' during the Thatcherite nineteen-eighties.²⁵ That being said, however, the character is a largely apolitical construction, notable for his outmoded language and mores rather than the direction of his electoral vote. Whatever may be true in the case of 'Victorian Dad', Russell's Headmaster in *The Wrong Boy* is a character who may certainly be seen to reflect an identifiable political moment. In the novel, the Headmaster takes over the running of the school around the beginning of 1978. He is taken on to reverse the tide of 'enlightened liberalism and progressive poppycock' that, according to school governor, Mrs Bradwick, has not merely 'seriously tarnished the reputation of the school but has also brought it 'perilously close to the precipice of decadence and anarchy' (p.66). His predecessor, the so-called "loony leftie", Mr Kerney' (p.59), was sacked for permitting an effeminate boy, Twinky McDevitt, to take the part of the Virgin Mary in the annual nativity play (p.64-5), an event that causes a scandal, spawning the headline, '*Transvestite Virgin Mary in Nativity Shocker*' (p.66). The late 1970s marked the beginning of a backlash against 'the "permissive society" ... embracing the mid-1960s and early 1970s'.²⁶ In schools, this period saw a shift away from 'progressive, child-centred education ... based on liberal principles', particularly

in the wake of the 1975 furore over the William Tyndale Junior School in Islington, London.²⁷ The school's progressive methods came under fire in 'Government enquiries and press reports' which 'argu[ed] that a lack of discipline had produced a situation in which children were failing to develop even basic skills in reading, writing and arithmetic.'²⁸ Russell's depiction of the Headmaster can therefore be seen to echo and, possibly, critique this change in educational policy which 'set the tone for the "new vocationalism" ... developed in the 1980s.'²⁹

Russell's interest in educational issues may hardly seem surprising; he gained a teaching qualification in 1973 and went on to teach drama at a comprehensive school before becoming a full-time writer. Putting these educational and political aspects aside though, Russell's acknowledgement of an outmoded but widely disseminated medico-sexual discourse on masturbation in *The Wrong Boy* testifies to the very persistence of the discourse itself. Contemporary sex advice manuals for men, like psychologist Bernard Zilbergeld's *Men and Sex* (1993), may pronounce masturbation to be 'one of the best ways of enhancing your sexuality and overcoming any sexual difficulties' but the sorry phantom of the physically debilitated and morally self-conscious Victorian onanist, even if only as a figure of fun, continues to lurk in the popular imagination.³⁰

Russell's appropriation of the Victorian discourse on masturbation, albeit reworked as comic irony, may, on the surface, permit the twenty-first century reader to laugh at apparently old-fashioned sexual anxieties but such hilarity could well operate to mask a deeper, perhaps tacitly unacknowledged, persistent unease about the subject. Medically, masturbation is now accepted to be a largely harmless practice. Nevertheless, serious discussion of the topic in a wider public arena than that of the sex manual still appears to be problematic. As late as 1994, Jocelyn

Elders, U.S. Surgeon-General in the Clinton administration, caused ‘instant outrage’ in the wake of a speech at a World Aids Day conference when she suggested that ‘teenagers should be taught about masturbation as an integral part of safe-sex education’.³¹ President Clinton ‘demanded and received [Elders’] resignation the same day’.³² In an age when the sexual practices of gay men, lesbians and devotees of sado-masochism, as well as some of the more extreme forms of paraphilia such as bestiality, have been laid bare, or at least discussed, in television documentaries, autoeroticism remains a facet of sexuality that is relatively under-explored. Masturbation may be a universally known sexual practice – and something we can seemingly all chuckle about – but any attempt to discuss the subject at a deeper level is still liable to provoke feelings of ‘distaste and embarrassment’.³³ In the, apparently, sexually aware, twenty-first century one might ask why this should be the case.

Notes

- 1 Patricia Anderson, *When Passion Reigned: Sex and the Victorians* (New York: Basic Books, 1995), p.124.
- 2 Glenn Wilson, *The Sensual Touch* (London: Guild Books, 1989), p.28.
- 3 Roy Porter and Lesley Hall, *The Facts of Life: The Creation of Sexual Knowledge in Britain, 1650-1950* (New Haven and London: Yale University Press, 1995), p.141.
- 4 Anonymous, ‘Lady Pockingham, or They All Do It’ in *The Pearl: Three Erotic Tales* (Ware: Wordsworth, 1995), pp.7-107, at pp.27, 11.

- 5 Ronald Pearsall, *The Worm in the Bud: The World of Victorian Sexuality* (London: Pimlico, 1993), p.365.
- 6 The definition of 'Facetiae' given in James Wood, *Nuttall's Standard Dictionary* (London: Frederick Warne and Co., 1898), p.270.
- 7 Robert Mighall, "'A pestilence which walketh in darkness': Diagnosing the Victorian Vampire' in Glennis Byron and David Punter (eds), *Spectral Readings: Towards a Gothic Geography* (Basingstoke: Macmillan, 1999), pp.108-24, at p.116.
- 8 While it might seem pertinent to speculate as to why the lesbian should be seen in such a poor light in late nineteenth century fiction, such a topic is beyond the scope of this dissertation and, in any case, has already been ably addressed by Lillian Faderman in her chapter on 'Lesbian Evil' in *Surpassing the Love of Men* (1991). See: Lillian Faderman, *Surpassing the Love of Men: Female Friendship and Love between Women from the Renaissance to the Present* (London: Women's Press, 1991), pp.277-94.
- 9 Porter and Hall, *The Facts of Life*, p.153.
- 10 Philip Roth, *Portnoy's Complaint* (London: Vintage, 1999), pp.20, 18, 19.
- 11 *Ibid.*, p.19.
- 12 Willy Russell, *The Wrong Boy* (London: Black Swan, 2001), p.92. All subsequent references are to this edition and will be included in parentheses in the main body of the text. The game, known as 'flytrapping', involves pulling the foreskin over a fly sitting on the glans-penis in order to trap and asphyxiate it. The non-sexual nature of the act is emphasised by the narrator, Raymond Marks: 'We always used to get our dicks out in summer, down by the canal.

No one could see.... We just did it. And we'd carry on talking about Lego or school or football or what had been on the telly the night before' (p.54).

- 13 M.C. Hime, 'Immorality Among School Boys', *Lancet*, 2 (1897), 614-17, p.616, my emphasis. Daniel Yellowlees, 'Masturbation' in D. Hack Tuke (ed.), *A Dictionary of Psychological Medicine*, 2 vols (London: J. & A. Churchill, 1892), Vol.II, pp.784-86, at p.784, my emphasis. Mrs. A. M. Longshore-Potts, *Discourses to Women on Medical Subjects* (London: Published by the author, 1895), p.47, my emphasis. Although this latter popular advice work is specifically aimed at the female reader, Longshore-Potts refers to masturbation in this instance as it pertains to both boys and girls.
- 14 Lesley A. Hall, 'Forbidden by God, Despised by Men: Masturbation, Medical Warnings, Moral Panic, and Manhood in Great Britain, 1850-1950' in John C. Fout (ed.), *Forbidden History: The State, Society, and the Regulation of Sexuality in Modern Europe* (Chicago and London: University of Chicago Press, 1992), pp.293-315, at pp.293-4 and p.293.
- 15 The title 'Akela' is adopted from the name of the wolf character in Kipling's *The Jungle Book* (1894-5). In Russell's *The Wrong Boy*, Kipling's name is evoked by Marks's grandmother as she vents her anger on the Cub-master for turning her grandson out of the troop. She tells him 'Rudyard Kipling, he must be turning in his grave to think a spineless little gobshite like you could bear the name of the intrepid wolf, Akela!' (p.95). For a detailed account of Kipling's association with the Scouting movement see: Hugh Brogan,

Mowgli's Sons: Kipling and Baden-Powell's Scouts (London: Jonathan Cape, 1987).

- 16 Martin Myrone, 'Prudery, Pornography and the Victorian Nude (Or, What Do We Think the Butler Saw?)' in Alison Smith (ed.), *Exposed: The Victorian Nude* (London: Tate Publishing, 2001), pp.23-35, at p.23.
- 17 This 'Victorian Dad' strip is reproduced in Smith (ed.), *Exposed: The Victorian Nude*, p.24.
- 18 Ibid., p.24.
- 19 Ibid., p.24.
- 20 Myrone, 'Prudery, Pornography and the Victorian Nude', p.23, 24.
- 21 James Walvin, *Victorian Values* (London: Cardinal, 1988), p.120.
- 22 Gerard Macdonald, *Once A Week is Ample* (London: Harper Collins, 1997).
- 23 Ibid., pp.22, 28.
- 24 Myrone, 'Prudery, Pornography and the Victorian Nude', p.23.
- 25 Ibid., p.23.
- 26 Walvin, *Victorian Values*, p.3.
- 27 Michael Haralambos and Martin Holborn, *Sociology: Themes and Perspectives* (London: Unwin Hyman, 1990), p.235. Notably, in *The Wrong Boy*, school governor Mrs Bradwick explicitly blames the legacy of 'the sixties' (pp.59-60) for many of the school's problems.
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- 29 Ibid., p.235.
- 30 Bernard Zilbergeld, *Men and Sex* (London: Harper Collins, 1993), p.157.

- 31 Simon Andreae, *Anatomy of Desire: The Science and Psychology of Sex, Love and Marriage* (London: Little, Brown and Co., 1998), pp.127, 126. cf. Jean Stengers and Anne Van Neck, *Masturbation: The History of a Great Terror* (New York: Palgrave, 2001), p.174-5.
- 32 Andreae, *Anatomy of Desire*, p.127.
- 33 Stengers and Van Neck, *Masturbation*, p.174.

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