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“The half of a man”¹: Wilkie Collins and Victorian Medical Discourse on Gender

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Wilkie Collins was a very popular Victorian writer, who lived from 1824 to 1889. He worked with Charles Dickens, who was a close friend but also a mentor and an attentive guide. Although the style of some passages bear the sign of Dickensian influence², Collins however found his very own literary path as early as 1851 with his first novel, *Basil*. He preferred setting his novels in rich houses and very seldom referred to Dickens's underworld. His protagonists are mainly educated, rich, cunning young ladies and gentlemen. Intricate plots and counterplots, mysteries to be solved, stolen objects to be recovered, worrying events were, from the very start, the favourite ingredients of a writer who would quite naturally become a major source of inspiration for Arthur Conan Doyle. His novels belong to what has been called the sensational genre, a lower range of fiction than that of Dickens's, but which nevertheless sold as well, if not better. One of the reasons for its popularity with the public—and its unpopularity with most critics—is that it appealed to the deepest fears and hidden desires of the upper middle-class reader. Laura Fairlie, for instance, the wealthy heroine of *The Woman in White*, is imprisoned in a mental asylum by her evil husband who tries to steal the money she has inherited. Even if it is undeniable that the novel is a purple patch, a fascinating construction of mystery and unravelling of truth, it however owed much of its success to its context, since it echoed the then-growing number of law cases involving wealthy heirs or heiresses

wrongfully confined by dishonest relatives, causing panic among the upper classes.³ The world of his novels is composed of ingredients which are meant to cause a “sensation.” However, unlike Freak Shows which created shock by exhibiting “monsters”⁴ (dwarves, giants, bearded women or four-legged men), Collins's sensational novels most often rely on defamiliarization, that is on the mild alteration of reality. Collins's widely recognized stroke of genius was, as Henry James put it, “to introduce into fiction those most mysterious of mysteries, the mysteries that are at our own doors.”⁵ His plots are thus mainly domestic, they are set in the “secret theatre of home”⁶ and one of his most effective techniques is to blur the fine line between the familiar and the uncanny. Quite symptomatically, Collins obsessively uses the word “startling” when it comes to portraits and likes adding strange details in otherwise banal accounts—an “unnatural” streak of white hair above a youthful face⁷ or a cast in the eye of a handsome woman.⁸ He sometimes imagines subtle discordances in a portrait, giving an unsettling overall impression without clearly identifying the defect of the face, as is the case of Magdalen in *No Name* (1862-3)⁹ or, on the contrary, he thinks of spectacular—and unexpected—effects, be it the greenish hue of Mannion’s face,¹⁰ or Oscar’s deep blue skin in *Poor Miss Finch* (1871-2).¹¹ His most frequent technique however consists in mingling elements of different realms or categories to unsettle the reader. Some of his characters for instance bear an animal-like trait: Midwinter’s fingers in *Armadale* are “long, supple and sinewy” and “look like claws” (57), Magdalen moves with “serpentine suppleness” (*No Name* 14) and has a feline “curious fancy for having her hair combed at all times and seasons,” “purring” with pleasure (*No Name* 52). However it is the blurring of gender which is to be found in almost all his novels: his female characters are usually endowed with virile features (muscular bodies, strong jaws) while his male characters are very seldom highly masculine and are characterized by numerous feminine traits, which make them unidentifiable beings, neither man nor woman, in-betweens. Wilkie Collins’s fiction was regularly and violently attacked during the nineteenth century. It is my strong belief that one of the reasons why the fictional genre he contributed to create has long been frowned upon and his novels considered as immoral literature

lies deeper than his supposedly weak style and poor choices in terms of characters and events¹². What I mean to demonstrate is that Wilkie Collins was also attacked because his work presents a deliberately subversive image of men. It challenged the masculine model which was vital to doctors and the survival of their profession all through the nineteenth century, as medicine was becoming a science. This particular masculine model, which I will define and illustrate through medical references, pervaded other discourses, be they moral or religious, and violently clashed with Collins's representation of men.

Describing Frederick Fairlie¹³ for instance seems aporetic. Walter Hartright's¹⁴ attempt is unsuccessful and he only manages to explain what Fairlie is not rather than what he is:

Upon the whole, he had a frail, languidly-fretful, over-refined look—something singularly and unpleasantly delicate in its association with a man, and, at the same time, something which could by no possibility have looked natural and appropriate if it had been transferred to the personal appearance of a woman.¹⁵

Unable to clearly identify the gender of Mr. Fairlie, Hartright interestingly moves on to a detailed depiction, “fragmenting” Mr. Fairlie, in a way, to better delineate and redefine him. In turn, Hartright tries to define his age, observing his “beardless [thin, transparently white] face,” and his gender, turning to “his white delicate hands,” adorned with “two priceless rings,” and to his feet, “[which] were effeminately small, and were clad in [...] little womanish bronze-leather slippers.” Hartright identifies the previous details as clearly feminine but cannot make sense of their unnatural associations with a man.

This technique is almost obsessive in Collins's work. His male characters are often a strange mixture of both genders,¹⁶ and he sometimes even goes as far as imagining faces which are half man-half woman.¹⁷ And when he does create virile men, Collins likes pushing the irony even further, weakening them (Geoffrey Delamayne, an athlete who looks like a Greek statue, is strangled by a frail woman at the end of *Man and Wife*), or actually cutting them in half, as is the case of one of the most memorable protagonists of *The Law and the Lady*, Misserimus Dexter. The

attractive virility of Dexter¹⁸ is counterbalanced by his being “literally the half of a man”:

Gliding, self-propelled in his chair on wheels, through the opening made for him among the crowd, a strange and startling creature – literally the half of a man – revealed himself to general view. [It was] the head, the arms and the trunk of a living human being: absolutely deprived of the lower limbs.¹⁹

Collins's men, however, are not just outwardly reminiscent of women, their very metabolism is highly feminine. They cry, swoon, keep to their beds and have all the symptoms of nervous exhaustion. The impossibility of defining Mr. Fairlie for instance is further reinforced in the nature of his nervous condition, which doctors are also unable to name. Mr. Fairlie is both literally fragmented by Hartright's description, “unmanned” by his abnormal sensitivity, and metaphorically almost dismembered by medicine. Doctors *won't*, more than *can't*, name his disease precisely because he should not be suffering from it. Had he been a woman – as is the case for Anne²⁰ who is judged “deranged” and “hysterical” and swiftly confined in a mental asylum – he would have been diagnosed with hysteria. Victorian doctors believed that nervous diseases in women were caused by the influence of their sexual organs, as shows for instance, this extract from Charles Meigs's influential article on women in 1863:

[Woman's] intellectual and moral perceptivity and forces are feminine as her organs are. Beyond all these, you shall have to explore the history of those functions and destinies which her sexual nature enables her to fulfil, and the strange and secret influences which her organs, by their nervous constitution, and the functions, by their relation to her whole life-force, whether in sickness or health, are capable of exerting, not on her body alone, but on her heart, the mind, and the very soul of woman.²¹

Women's brain (i.e. emotional state) was thus said to be contaminated through capillarity – their organs were directly responsible for the changes in their state of

mind, since their brain was organically dependent on the secretions of their uterus and ovaries:

The nervous system is still dominated by the sexual system. During pregnancy, the seat of the highest vascular activity is the uterus. When lactation is over, the reign of the ovaries is undisputed.²²

Women's bodies were thus naturally dysfunctional because they were too receptive to stimuli, be they internal or external. The medical representation of women was so influential that it became the way women were seen all through the nineteenth century. This is precisely why Victorian fathers were encouraged to impose regular exercise on their daughters (at least one hour of quick walking a day was recommended to regulate sexual secretions) and to limit their access to illicit readings, like newspapers or cheap literature – as “the great bulk of novel readers are females, and to them such impressions are peculiarly mischievous; for they are naturally more sensitive, more impressionable than the other sex.”²³ Frederick Fairlie is biologically feminine. He cannot bear being disturbed by external stimulus (loud sounds, light, or movement²⁴). But Walter Hartright also suffers from hysterical symptoms: any strong emotion expressed by anyone standing close to him, be it physically or emotionally, is immediately contagious to him, as if the limits of his body were inexistent, as if he were permeable to the feelings of others. He is contaminated by Anne's madness only by reading her letter:

The doubt which had just escaped me as to the sanity of the writer of the letter, acting together on my mind, suggested an idea, which I was literally afraid to express openly, or even to encourage secretly. I began to doubt whether my own faculties were not in danger of losing their balance.²⁵

Reactions to Collins's work were, as mentioned earlier, extremely violent. *Basil*, his first novel (1852) was considered “vicious,” “its subject faulty and unwholesome.”²⁶ Another article, published in early 1853, accuses it of being “perverse.”²⁷ Mrs. Oliphant²⁸ blamed the novel for transmitting hysteria, owing to its content, its characters and the manner in which it was published (in instalments):

The violent stimulus of serial publication—of weekly publication—with its necessity for frequent and rapid recurrences of piquant incident and startling situation, is the thing above all others most likely to develop the germ and bring it to fuller and darker bearings.²⁹

Collins's books were thus accused of “corrupt[ing] the morals of youth, [...] shock[ing] the common feelings of decency in a well-regulated mind.”³⁰ The new genre he had engendered was compared to a new highly contagious disease:

Just as in the Middle Ages people were afflicted with the Dancing Mania and Lycanthropy, sometimes barking like dogs, and sometimes mewing like cats, so now we have sensational mania [...] Its virus is spreading in all directions.³¹

It is not incidental that medical terms should have been central in these criticisms. By constantly underlining the femininity of his male protagonists, Collins was attacking a deeply-rooted belief of the time for which medicine was primarily responsible. He actually challenged the medical interpretation of a nervous disease by questioning the link between gender and mental illnesses, like hysteria. Sick or weak men were thrown in the foreground in Collins's novels although they were almost completely absent from Victorian medical discourse. Men might actually have been quasi-invisible in Victorian medical treatises and diagnoses because of an optical illusion. Doctors tended not to talk of men and their conditions because they were not believed to suffer from specifically gender-associated diseases, contrary to women. Medicine, which was becoming a scientific discipline and a unified profession all through the nineteenth century in Europe, was thus gradually organizing itself around the specificity of the cases it had to cure. Specialization grew according to the most frequent diseases and categories of individuals doctors dealt with: the poor and the women. The former were the main victims of infectious diseases (cholera, smallpox and typhus killed thousands every year). Edwin Chadwick³² started the Public Health branch of medicine, and John Simon,³³ who became head of the Board of Health in the second half of the nineteenth century, invented what he called the “scientific investigation of disease,”³⁴ to try and understand the way epidemics were triggered, how and where they evolved and how medicine could be organized to

prevent thousands of deaths. Chadwick and Simon contributed to create epidemiology and prophylaxis. As for specialists treating women, they started opening specific wards in hospitals to work with any female-related pathological or physiological event, hence giving birth to a branch of psychiatry³⁵, paediatrics³⁶ and, of course, gynaecology. The latter owed its creation in Britain to the combination of the two pathological categories mentioned above, since poor women became the primary care patients of these new doctors. The Contagious Disease Acts (there were three in the 1860s) made it compulsory for any woman suspected with venereal disease (mainly poor women who were not necessarily prostitutes) to be tested. These examinations were humiliating and performed publicly in medical amphitheatres. Men, on the other hand, had no specialists because they were not considered as a pathological category.

The relative invisibility of men in the medical discourse did not, of course, mean that men were less sick than women. But the notion of absence, of lack, seems to be central to understand the way Victorian medicine treated male patients. Men were characterized by the lack of feminine symptoms, the absence of female organs. But contrary to female patients who, in a way, expressed their essential femininity, remaining or even becoming women by fulfilling their biological destiny and being ill, sick men were not only deprived of their gender when entering hospitals, they were actually dehumanized. The first British specialists, the “three great men of Guy’s,”³⁷ taught their students to focus on the disease itself, on the morbid signs, before and after death to study its progress.³⁸ Patients were not cured at home, as was the case at the beginning of the century, they became part of a whole clinical organization. Doctors classified them in hospital wards as a botanist would his plants in a conservatory, even erasing their name and replacing it by the name of their disease: “The patient’s symptoms are detailed, the name of the disease placed above the bed.”³⁹ Young doctors learned to become insensitive to the pain of their patients, as some testimonies of the time tend to show,⁴⁰ and sick bodies were only one step away from being considered as commodities, and had a price: “I am sorry to say that subjects are very scarce in proportion to what they formerly were & they charge a

most exorbitant price for blood Vesel subject & Extremitys, they charge 4 Guineas for a Muscular Subject.”⁴¹ Justifying men’s invisibility in Victorian medical discourse with the optical illusion we have defined does not however seem to be enough. By focusing on female patients, by drawing attention on the one woman lying in the centre of the amphitheatre, doctors also made people look away from—and even forget—the 150 men sitting on the benches around her.

Doctors were men and protected their profession all through the nineteenth century. When women started trying to enter medical universities from the 1850s,⁴² numerous doctors explained they were unfit for that type of work: “I believe, most conscientiously and thoroughly that, as a body, they are sexually, constitutionally, and mentally unfitted for the hard and incessant toil, and for the heavy responsibilities of general medical and surgical practice,” claimed one Doctor Barnet in *The Lancet*.⁴³

Not being a woman was regarded as extremely important to have a steady hand and control one’s nerves, and men couldn’t (more exactly wouldn’t) be as liable to disease and nervousness as women, as Dr. Andrews shows:

The primary requisite for a good surgeon is to be a man. A good surgeon should be calm. His sympathy should not boil over into a hysterical excitement, it must not disorder the lightest motion of his hand.⁴⁴

However, doctors would have been violently attacked had they claimed that men could not suffer from mental or physical illness. What is interesting is the way they seem to have organized, even staged, what Jewson has called “the disappearance of the sick man from medical cosmology.”⁴⁵ The use of negative forms in Andrews’s statement shows one example of the way doctors rhetorically fade away. The fact that doctors should be men is not defined in positive terms, Andrews does not explain what a man is or what his qualities are, he only points to what he should not be—a woman—as if he were a mere blank in the text, as if he were solely defined by what he is not rather than what he is. And if one observes the way doctors created their new “scientific investigation of disease” and clinical method, one becomes

aware that growing invisible, seeing without being seen, is one of the main components of the new medical science.

The main difference between the practice of medicine before and after the nineteenth century and the birth of scientific medicine is the way doctors observed and treated diseases. The bedside medicine of the eighteenth century consisted in focusing on the *symptoms* of patients, that is to say on the feelings and sensations each patient experienced. Illness produced specific symptoms according to every individual, who then could, alone, explain its progress. It was even sometimes enough to write to one's doctor to be prescribed the right treatment, as hundreds of letters testify⁴⁶. Nineteenth-century medicine on the contrary concentrated on *signs*, that is to say the objective and measurable physical marks or scars left by a particular disease. Gathering patients who suffered from the same disease in one hospital ward allowed doctors to collect scientific facts about illnesses and enabled them to understand their specificities. Contrarily to the previous century, Victorian medicine considered that a multitude of patients could be summed up by one disease, which invariably progressed in the same way, regardless of the patient's personality. The "Three great men of Guy's," who founded clinical medicine in Britain, insisted on the absolute necessity to observe morbid signs:

It is quite impossible for any man to gain information respecting acute disease, unless he watch its progress. Day after day it must be seen; the lapse of eight-and-forty hours will so change the face of disease. Acute disease must be seen at least once a day by those who wish to learn; in many cases twice a day will not be too often.⁴⁷

Hence, patients were required not to speak, and doctors had to remain silent during examination, allowing for nothing to break their concentration as they interpreted physiological alterations of tissues and skin⁴⁸.

In his novels, Collins sheds light on what medical discourse was deliberately leaving in its shadow. He does not only challenge medical views on nervous diseases by creating illnesses which are specific to all his male characters and hence linked to their gender, he also unveils the processes through which men become invisible in his portrayal of male patients on the one hand, and of doctors on the other.

What is for instance quite striking about Collins's male patients is that they are simultaneously made highly visible (as quite memorable and often amusing characters) and rendered invisible in front of the reader, as if Collins were unravelling the medical process of erasing their identity in front of the reader's very eyes. Mr. Fairlie is a striking character but his confinement by doctors is insisted on, be it actual (he cannot leave his room) or metaphorical (he is imprisoned in disease). In *Basil*, Collins stages the same process through one of the main characters—Mannion—who is disfigured after a violent attack. Doctors have replaced his erased identity (an infection has wiped out his features) with the scientific name of his disease ("erysipelas") and a derisive nickname ("the Great Mystery of London"), and have classified him in the wards of infectious disease of the hospital. Mannion disappears and Collins ironically lets him hide behind his medical non-existence and take his revenge, without being recognized.

Collins also paradoxically manages to show doctors' invisibility to his reader. Attention is drawn on the silence and secrecy imposed on patients. In *The Law and the Lady* (1875) Dr. Jerome does not utter a word while examining Mrs. Maccalan⁴⁹: "He watched her attentively, without speaking a word. In the interval when the sickness stopped, he still studied her in perfect silence."⁵⁰ Ovid Vere is described examining his patients, "taking the words out of their mouth,"⁵¹ Dr. Sebright "gently parts [Lucilla's] eyelids" not to observe her eye but to "examine her blindness."⁵² Collins further emphasizes the secrecy of doctors, pointing to their systematic "secret medical interest"⁵³ in the people they encounter or ironically imagining that they live and work in hiding places. Dr. Benjulia in *Heart and Science* (1883) for instance is often depicted as a mere shadow, his figure being cast on the lit panels of his secret laboratory at the back of his house at night. Collins even takes a further step in *The Woman in White*, by visually erasing a hospital, the very symbol of Victorian scientific medicine. Hartright walks in the bright night but the whole scene gradually becomes opaque, as if the hospital absorbed the light ("I had turned into the by-road where there was less to see"). Hartright ceases to look outside and turns to his inner thoughts ("by the time I had arrived at the end of the road, I had become completely

absorbed in my own fanciful vision”), preventing the reader from seeing the asylum from which Anne escapes. She therefore appears from nowhere,” as if [she] had sprung out of the earth or dropped from the heaven.”⁵⁴

New studies are being developed in the History of Science and Medicine and wider influences than just the ones belonging to the field of science are being considered as fundamental to the birth of medicine. The work of George Sebastian Rousseau on the link between literature and the making of medicine in the eighteenth century⁵⁵ has made it possible to reconsider the circulation between different realms of knowledge. The unpopularity of Wilkie Collins might be considered as proof enough of this undeniable permeability of different discourses: challenging the medical sexual norms which founded the whole set of Victorian values caused him to be the target of medical discourse in the nineteenth century. The relationship between Collins’s work and medicine is an open field and it seems more fruitful to reverse the pattern of influence which is usually found in studies focusing on medicine in his work. Collins influenced medicine per se. Ten years after the publication of his most scandalous novel, *Basil*, John Millar⁵⁶ used his character to describe the main symptoms of typically male nervous diseases, almost paraphrasing the novel⁵⁷.

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NOTES

¹ Wilkie Collins, *The Law and the Lady*, London: Penguin Classics, (1875), 1998, p. 163.

² The incipit of *The Dead Secret* is reminiscent of the first pages of *Bleak House* and some Dickensian techniques (like the personification of houses or of animals) which were also used by Collins at the beginning of his writing career.

³ *The Woman in White* was written and serialized between November 1859 and August 1860. At the same period, numerous articles were published on the question of wrongful confinements in mental asylums (which is one of the central subjects of *The Woman in White*) "Action for wrongful confinement as a lunatic" (*Times*, Nov. 3rd 1859); or "Ruck vs Stilwell" (*British Medical Journal*, 2 Jul. 1860).

⁴ See Rosemarie Garland, *Freakery: Cultural Spectacle of the Extraordinary Body*, New York: New York University Press, 1996; Robert Bogdan, *Freak Show: Presenting Human Oddities for Amusement and Profit*, Chicago: University of Chicago Press, 1988 and Matthew Sweet, *Inventing The Victorians*, London: Faber, 2001.

⁵ Henry James, "Miss Braddon," *The Nation*, 9 November 1865, p. 594.

⁶ Wilkie Collins, *Basil*, p. 210.

⁷ Sarah Leeson is described at the very beginning of *The Dead Secret*: "the one extraordinary deterioration that she had undergone consisted in the unnatural change that had passed over the colour of her hair," p. 11.

⁸ Several characters have "a droop in the eyelid," in "The Osler" or *The Moonstone* for instance.

⁹ "It was here exactly that the promise of her face failed of performance in the most startling manner." *No Name*, p. 13.

¹⁰ "He has not got his green shade on, he's rather a startling sight for unprofessional eyes!" , *Basil*, p. 279.

¹¹ "The man's face, instead of exhibiting any of the usual shades of complexion, was hideously distinguished by a superhuman – I had almost said a devilish – colouring of livid blackish blue! He proved to be a most kind, intelligent, and serviceable person. But when we first confronted each other, his horrible color so startled me, that I could not repress a cry of alarm," *Poor Miss Finch*, p. 105.

¹² John Ruskin, in his essay "Fiction Fair and Foul," first published in the periodical *Nineteenth Century* in June 1880 and reedited in 1907 with two other essays (*The Ethics of Dust; Fiction, Fair and Foul; The Elements of Drawing*, Boston: D. Estes, 1907), comments on Victorian fiction and draws a line between worthy authors (Walter Scott for instance) and immoral novelists. Wilkie Collins is part of the latter category, and Ruskin blames his choices of abnormal or diseased characters (accusing Collins of "amusing itself with destruction of the body, and busying itself with aberration of the mind"), and resents the influence of the French school in Collins's work: "But the effectual head of the whole cretinous school is the renowned novel in which the hunchbacked lover watches the execution of his mistress from the tower of Notre-Dame; and its strength passes gradually away into the anatomical preparations, for the general market, of novels like 'Poor Miss Finch', in which the heroine is blind,

the hero epileptic, and the obnoxious brother is found dead with his hands dropped off in the Arctic regions. This literature of the Prison-House [...] is, when understood deeply, the precise counter corruption of the religion of the Sainte-Chapelle, just as the worst forms of bodily and mental ruin are the corruption of love." p. 164.

¹³ Mr. Fairlie is Laura and Marion's uncle in *The Woman in White*. The young ladies live with him, or to be more precise, live their lives while he spends his as a retired nervous patient in his muffled bedroom, far from the boisterous agitation of the living.

¹⁴ Walter Hartright is the first narrator of the story (*The Woman in White* is a series of testimonies by different characters belonging to the plot and mingles narrations, extracts from diaries, and letters, the avowed aim of all the characters being to tell the absolute truth). He is a painter and has come to Mr Fairlie's to teach Marion and Laura everything he knows about sketching and colouring. He almost instantly falls deeply in love with Laura.

¹⁵ *The Woman in White*, p.40.

¹⁶ Count Fosco is both obese and as nimble as a thin woman: "Fat as [Count Fosco] is, and old as he is, his movements are astonishingly light and easy. He is as noiseless in a room as any of us women." *The Woman in White*, p. 225.

¹⁷ Basil's father's face seems to be cut in half: "It required, indeed, all the masculine energy of look about the upper part of his face, to redeem the lower part from an appearance of effeminacy, so delicately was it moulded in its fine Norman outline." *Basil*, p. 7.

¹⁸ "[He was] an unusually handsome and an unusually well-made man. His long silky hair, of a bright and beautiful chestnut colour, fell over shoulders that were the perfection of strength and grace. His face was bright with vivacity and intelligence." p. 162.

¹⁹ *The Law and the Lady*, p. 163.

²⁰ Anne is the mysterious character Walter Hartright meets at night at the beginning of *The Woman in White*. She has just escaped from a mental asylum where she was wrongly confined by Sir Percival, Laura Fairlie's fiancé. Walter Hartright discovers the real identity of Anne, who is in fact Laura's half sister (they have the same father): their physical resemblance is so striking that they could almost look like twins, except for the differences due to their physical health. Anne's anxiety and sometimes impulsive reactions in the plot (mainly due to her terror of having been confined) are diagnosed by all as the sure signs of dangerous hysteria.

²¹ Charles Meigs, *Women*, p. 54, in Ray, "Insanity produced by Seduction," in *Mental Hygiene* (1863).

²² Docteur Barnet in *The Lancet* (1842), quoted by Emilie Dardenne, in "La Médecine victorienne en ligne de mire: Frances Power Cobbe contre le 'nouveau clergé,'" *Paradigmes* 17 (automne 2004), 144-153.

²³ "Moral and Political Tendency of the Modern Novels," *Church of England Quarterly Review* 11 (1842), pp. 286-310, p. 287.

²⁴ Which is why he is confined in his room, protected with thick curtains and carpets, which feel like "piles of velvet." He hears sounds which no one is able to hear, and is deeply shocked whenever someone expresses too strong an emotion.

²⁵ *The Woman in White*, p. 80.

²⁶ *Athenaeum* daté du 4 décembre 1852

²⁷ *The Westminster Review* octobre 1853, p. 372

²⁸ Margaret Oliphant (1828-1897) was a Victorian writer and critic who is mostly famous for her observations on her time and her comments on sensational novels, which she strongly resented for moral reasons.

²⁹ Margaret Oliphant, "The Woman in White," *Blackwood's Magazine*, 90 (May 1862), p. 567.

³⁰ *Ibid.*, p. 130.

³¹ Anonymous, *Westminster Review*, Octobre 1866, lxxxvi, pp. 269-271.

³² Edwin Chadwick (1800-1890) tried to improve public health and published the first important medical report *The Sanitary Condition of the Labouring Population* in 1842.

³³ John Simon became the first officer of health in London and published *Public Health Reports* (1887) and *English Sanitary Institutions* (1890).

³⁴ John Simon, *First Report*, pp. 42-3, dans *Public Health Reports*, 1887, vol. 1, in Terrie M. Romano, *Making Medicine Scientific: John Burdon Sanderson and the Culture of Victorian Science*, Baltimore: Johns

Hopkins University Press, 2002, p. 13. Romano details the four-step method Simon asked his officers to follow to draw the map of infectious diseases in London in his introduction.

³⁵ “Moral Management” was the new way through which patients suffering from mental diseases were treated in the nineteenth century.

³⁶ The first hospital for children, The Great Ormond Hospital, was opened in 1859 in London. See Elizabeth Lomax, “Small and Special: The Development of Hospitals for Children in Victorian Britain,” *Medical History Supplement*, 1996 (16), 1-217.

³⁷ The three great men of Guy’s were the first three specialists in Britain, namely Thomas Hodgkin, Richard Bright and Thomas Addison.

³⁸ See Richard Bright, *Report of Medical Cases, Selected With a View of Illustrating the Symptoms and Cure of Diseases by a Reference to Morbid Anatomy*, 2 vols, London: Longmans 1827-1831.

³⁹ John Elliotson, *Address Delivered at the Opening of the Medical Session in the University of London*, London: Longman, Rees, Orme, Brown & Green, 1832, p. 43.

⁴⁰ “At both hospitals I have seen several operations since I wrote last and mind nothing about it, the more the poor devils cry, the more I laugh with the rest of them,” Hampton Weekes to his father, 8 October 1801, in J. M. T. Ford, *A Medical Student at St Thomas’s Hospital, 1801-1802: The Weekes Family Letters*, London: Wellcome Institute for the History of Medicine, 1987.

⁴¹ J. M. T. Ford, *A Medical Student at St Thomas’s Hospital, 1801-1802: The Weekes Family Letters*, London: Wellcome Institute for the History of Medicine.

⁴² Margaret Ann Bulkley was the first woman to be a doctor in Great Britain but tellingly enough, this fact was only discovered when she died, in 1865, since she always pretended to be a man in order to be an army medical officer. Elisabeth Garrett Anderson (1836-1917) was the first official female doctor.

⁴³ Doctor Barnet, in *The Lancet*. Quoted by Emilie Dardenne, in “La Médecine victorienne en ligne de mire: Frances Power Cobbe contre le ‘nouveau clergé,’” *Paradigmes* 17 (automne 2004), 144-153.

⁴⁴ Edmund Andrews, “The Surgeon,” *Chicago Medical Examiner*, 1861, 152.

⁴⁵ N. D. Jewson, “The Disappearance of the Sick Man from Medical Cosmology,” 1770-1870, *Sociology*, vol. 10 (1976), pp. 225-44.

⁴⁶ Barbara Duden lists some of the most frequent symptoms in Dr. Storch’s letters: “Slight headache, darkness of the eyes, a feeling that their hair was falling out or sight was fading, a tearing in the jaw, heavy tongue and speech [...] A rising of the blood toward the breast, shortness of breath, a tight shortness of breath, choking in the breast [...]; a wooden stake in the heart, squeezing in the pit of the heart, heart anxiety [...] Painful womb colic, womb anxiety, cramps, a cold womb that was open too wide, a knot in the womb, cramps, a closed-in wind turning toward the womb, a womb cramp manifesting itself mostly in the mouth and in the tongue, rendering the latter useless for speaking”, *The Woman Beneath the Skin: A Doctor’s Patients in Eighteenth Century Germany*, Cambridge, MA, Harvard University Press, 1991, p. 112.

⁴⁷ R. Bright, *Elements of the Practice of Medicine*, 1839, p. iv.

⁴⁸ What might be considered as the founding works on clinical observation of tissues are Matthew Baillie’s *Morbid Anatomy* (1793) and François-Xavier Bichat’s *Traité des membranes* (1799).

⁴⁹ *The Law and The Lady* tells the story of Mr. Maccalan, who tries to construct a new life after the suicide of his wife, who drank arsenic and is here examined by Dr Jerome.

⁵⁰ *The Law and the Lady*, p. 85.

⁵¹ *Heart and Science*, p. 67.

⁵² *Poor Miss Finch*, p. 196.

⁵³ *The Dead Secret*, p.104.

⁵⁴ *The Woman in White*, pp. 16-20.

⁵⁵ George Sebastian Rousseau wrote two founding articles on the relationship between medicine and literature and the new way to study both domains, “Literature and Medicine: the State of the Field,” *Isis*, 1981. “Bridges of Light: The Domains of Literature and Medicine,” *The Aberdeen University Review*, vol. 61 (1995), 1-22. His PhD was published in 1965 and focuses on Smollett *Doctors and Medicine in the Novels of Tobias Smollett*, Princeton: Princeton University Press, 1965 and he has concentrated on eighteenth-century medicine and literature, notably publishing *Nervous Acts: Essays on Literature, Culture and Sensibility*, Basingstoke: Palgrave Macmillan, 2004, also turning to wider time brackets, like in *Framing and Imagining Disease in Cultural History*, Basingstoke: Palgrave, 2003.

⁵⁶ John Millar, *Hints on Insanity*, London: Henry Renshaw, 1861.

⁵⁷ John Millar's portrayal of male insanity follows the very plot of *Basil*, step by step. Basil is a 25-year-old "carefully brought up" young gentleman. He does not appreciate the company of other youngsters, usually longs "to be alone" (p. 3) and leaves college with "no other reputation than a reputation for indolence and reserve" (B 4). His pale complexion is often commented on in the novel. He is frequently very nervous, and unstable, easily "vexed and irritated" and is sensitive to the charm of young women, "withered up by the hot breath of the senses" (p. 103). The plot is very close to what Millar sums up in his treatise and diagnoses as a sexual disorder in men, namely compulsive onanism: "When insanity is suspected in young men under 25 years of age, particularly those who have been carefully brought up. [...] If the symptoms are chiefly of a negative character, shown more in the absence of any society, avoiding conversation, if they are pale and out of health, generally morose and apathetic, occasionally impulsive, violent, irritable, if they speak to you in a pert manner, with averted face, particular leaden appearance of the cornea [...], languid circulation [...], there is every reason to fear that these symptoms are due to habits of a most pernicious character."