

«Number one, the lunatic asylum man» *Dracula* and the Limits of Institutional Psychiatry

Michela Vanon Alliata
(Università Ca' Foscari Venezia, Italia)

Abstract Beneath its spectacular Gothic topoi, the experience of subjectivity, the interest in the hidden dimensions of the mind and in the developing fields of neurology and psychiatry, which were challenging post-Enlightenment notions of rationality, traditional constructions of manliness and conventional gender roles, are central in Bram Stoker's *Dracula* published in 1897, one year after the term psychoanalysis was introduced. Images of emotional instability, altered states of consciousness, and downright pathologies pervade the novel. Significantly enough, they concern not only the vampire's primary victims but Dr. Seward himself, the young director of an insane asylum in London who often questions his professional role and even his own sanity. I will argue that Stoker modelled this character on William Joseph Seward, the superintendent of Colney Hatch Asylum from 1882 to 1911, an institution which was at that time the showcase of Victorian psychiatric reform. Like his namesake, Stoker's Seward is an intelligent, sympathetic and dedicated alienist, who yet, from the very beginning, emerges as an unlikely guarantor of psychic order.

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Keywords Neurology and psychiatry. Victorian psychiatric reform. Altered states of consciousness. Hidden dimensions of the mind.

1 Introduction

Published in 1897, one year after the term psychoanalysis was introduced, at the time when the rise in immigration brought unfamiliar races and cultures onto British soil, thus fuelling prejudices against outsiders, *Dracula* is a narrative of catastrophe and trauma as well as one of the most important expressions of the cultural and political concerns of the late nineteenth century. As such, it has stimulated an impressive amount of psychoanalytic, Marxist, historicist, medical and gender readings. Much has been written about the theme of erotic deviance, male anxieties about femininity, as well as about the threats of reverse colonization within the context of Britain's

imperial decline.¹ All these discourses and many others are unquestionably at the heart of *Dracula*.

Yet there has been less speculation about suffering and healing, a ubiquitous theme running throughout the novel. Images of emotional instability (anxiety, insomnia, somnambulism), altered states of consciousness (obsessive compulsive disorders, paranoid behaviour), downright pathologies (brain fever, heart condition) and, of course, bleeding pervade the novel. Interestingly enough, they concern not only the vampire's primary victims – the hospitalised Jonathan, his fretting fiancée Mina, the somnambulist Lucy, and the mentally infirm Renfield – but Dr. John Seward himself, a young psychiatrist whose role is the regulation of deviance and the restoration of mental health.

These images and the ensuing medical treatments and pharmaceutical remedies (cardiac massage, straightjackets, hypnosis, blood transfusions, and opiates) – testify both to the Gothic characteristic concern with psychological disintegration and to Stoker's interest in the developing fields of neurology and psychiatry which were challenging post-Enlightenment notions of rationality, progress and perfectibility as well as traditional constructions of manliness and conventional gender roles.

2 Colney Hatch, the Showcase of Victorian Psychiatric Reform

This can be seen in the portrayal of Dr. Seward, the young director of an insane asylum in London, an institution, I believe, clearly modelled on Colney Hatch, the largest and most costly asylum in England and in Europe at the time. The site which included a farm, brewery, laundry, bakery, chapel and cemetery, was self-sufficient and soon became «the showcase of Victorian psychiatric reform» (Showalter 2004, p. 23). Colney Hatch opened its doors in 1851, two months after the inauguration of the Great Exhibition and, like the Crystal Palace, was «a wonder of modernity, an emblem of English progress, technology and humanitarianism» (Showalter 2004, p. 24). Designed for more than 1,000 patients and built in the style of a monastery, it certainly did not look like a prison. Indeed, the exterior, with its Italianate façade broken by campaniles and cupolas, was almost palatial in character (Scull 1993, p. 278).

That Stoker had clearly this asylum in mind when he wrote *Dracula* is evinced by his decision to name his alienist doctor after William Joseph Seward, the superintendent of Colney Hatch from 1882 to 1911. An ostensibly committed psychiatrist, at the time of his death in 1918 he was

1 See Stephen D. Arata's seminal discussion of this (1990) in «The Occidental Tourist: *Dracula* and the Anxiety of Reverse Colonization».

mourned in the *British Medical Journal* for his «devotion» and «enlightened» treatment of the insane.²

An equally intelligent, dedicated, and clear-headed alienist, Stoker's Dr. Seward emerges however as an unlikely guarantor of psychic order. He is portrayed as insomniac and a fragile man often questioning his professional role and even his own sanity. His journal entries, which contain his doubts and feelings of powerlessness, record his failure in the treatment of Renfield and, most dramatically, his impotence in saving Lucy.

I argue that beneath its spectacular Gothic topoi - the «grandeur» of Dracula's castle «perched a thousand feet on the summit of a sheer precipice» (Stoker [1897] 2003, p. 396) in the land beyond the forest, the howling of wolves, «the children of the night» (Stoker [1897] 2003, p. 25) and the fluttering of a great bat in the moonlight - the experience of subjectivity, the interest in the hidden dimensions of the mind and in insanity *tout court*, are central in Stoker's masterpiece.

This is revealed by the role played by Dr. Seward - the novel is told through primarily his journal entries - by the prominence given to dreams, a feature common to other Gothic texts which often have oneiric origins and finally by the novel's modern, testimonial structure consisting of multiple narrators writing letters, medical case histories and private journals.³

Like memoirs, autobiographies and confessional writing, the journal is a writing of the self, a record of minute everyday experiences and emotionally fraught situations. The specificity of this mode of writing is auto-reflexivity and temporal immediacy. Connected as it is to time, days and hours and the process of memory, the journal inevitably becomes an instrument of self-analysis and in many cases the only way to be present to oneself. This can be seen in the diaries of all characters who at one time or other question their sanity or at least the truth of what they see. The entire novel is indeed informed by this idea of writing as «the site of therapy» (Smith 2000, p. 138).

After realising that he is Dracula's prisoner, the young solicitor Jonathan Harker succumbs to panic and feelings of powerlessness, eventually dreading he is going mad: «God preserve my sanity, for to this I am reduced» (Stoker [1897] 2003, p. 43). In this instance, keeping a journal becomes a therapeutic act of self-preservation, indeed the only way to rationalise his fears and achieve some sort of mental clarity. As he says, «feeling as though my own brain were unhinged [...], I turn to my diary for repose. The habit of entering accurately must help to soothe me» (Stoker [1897] 2003, p. 44).

2 See the obituary in the *British Medical Journal*. February 23, 1918. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2340120/>.

3 Frayling argues that the form of *Dracula* clearly derived from Collins's *The Woman in White*, «a successful attempt to revive the (unfashionable) epistolary novel» (1991, p. 74).

Similarly Seward, at the end of a trying day at the asylum after his patient's escape to Carfax, the adjacent estate to Dracula's sanctuary, comments: «I was too excited to sleep, but this diary has quieted me, and I feel I shall get some sleep tonight» (Stoker [1897] 2003, p. 113).

Moss observes that a further indication of Stoker's interest in psychology and familiarity with the coeval scientific literature are some of the texts listed among *Dracula's* sources in the Rosenbach collection, namely Robert Gray's *The Theory of Dreams* (1808) and Thomas Joseph Pettigrew's *On Superstition Connected with the History and Practice of Medicine and Surgery* (1997, p. 124). When in a chapter entitled *On the influence of the Mind Upon the Body* Pettigrew claimed that «too little attention is paid by physicians to the influence of the mind or the operations of passions in the production and removal of disease», he seems to have prefigured one of the cornerstones of the whole Freudian edifice, namely the notion that mind and body are fundamentally intertwined (1844, p. 124).

Stoker, who completed a degree in science at Trinity College, came from a medical family (Riquelme 2002, p. 5). His younger brothers Richard and George became physicians, while his elder brother, Sir William Thornley, whose wife had a history of mental illness located in the private realm of family secrets, was not only an eminent anatomist and surgeon, but held appointments at the two major Dublin asylums, the Richmond Hospital and St Patrick's. In addition, he was a member of the Medico-Psychological Society. Stoker was also a Dublin acquaintance of John Todhunter, physician and playwright, and William Wilde, ophthalmic specialist and father of Oscar. He was thus «ideally placed to observe the medical debates of the late nineteenth century, and to apply both the language of medicine and the symptomatology of mental and physical disorder to the protagonists of his undeniably pathological novel» (Hughes 2009, p. 47).

Seward is introduced in the fifth chapter when the scene abruptly shifts from Transylvania to London. While Jonathan, paralysed by fear, drifts in and out of consciousness in Dracula's ominous castle, «until his anxiety leads to such melancholic depression that he imagines his own suicide» (Bronfen 1998, p. 206), the unwary Mina and the vivacious Lucy exchange letters about their respective romances. Lucy has received proposals from three men on the same day, including Seward, an «excellent *parti*, being handsome, well off, and of good birth». Though «only nine-and twenty», this «really clever» doctor has an «immense lunatic asylum all under his own care».

Well, my dear, number one came just before lunch. I told you of him, Dr. John Seward, the lunatic asylum man, with the strong jaw and the good forehead. He was very cool outwardly, but was nervous all the same. He had evidently been schooling himself as to all sorts of little things, and remembered them; but he almost managed to sit down on his silk

hat, which men don't generally do when they are cool, and then when he wanted to appear at ease he kept playing with a lancet in a way that made me nearly scream. (Stoker [1897] 2003, p. 65)

Here one can see how Stoker's concern is highlighting Seward's emotional difficulties rather than his professional qualities. Initially described as «resolute», «calm», «imperturbable», and with «a curious habit of looking one straight in the face as if trying to read one's thoughts» (Stoker [1897] 2003, p. 63) – in short, as the perfect embodiment of a determined masculinity, that typical Victorian ideal – after having been turned down, he is inappetent and in «low in spirits» (Stoker [1897] 2003, p. 112). Lucy's rejection triggers in Seward a variety of depressed reactions, from brooding to feelings of alienation and withdrawal which are a bit surprising for a mental health professional. To fight insomnia he resorts to chloral, «the modern Morpheus» (Stoker [1897] 2003, p. 112), and like a contemporary workaholic, he tries to cope with his sentimental frustration by entirely devoting himself to his patients:

25 May.--Ebb tide in appetite today. Cannot eat, cannot rest, so diary instead. Since my rebuff of yesterday I have a sort of empty feeling. Nothing in the world seems of sufficient importance to be worth the doing... As I knew that the only cure for this sort of thing was work, I went amongst the patients. I picked out one who has afforded me a study of much interest. He is so quaint that I am determined to understand him as well as I can. (Stoker [1897] 2003, p. 68)

Oh, Lucy, I cannot be angry with you, nor can I be angry with my friend whose happiness is yours, but I must only wait on hopeless and work. Work! Work! (Stoker [1897] 2003, p. 80)

3 Renfield's Manic-depressive Psychosis

The patient Seward refers to is Renfield, a man of «sanguine temperament; great physical strength; morbidly excitable» and «possibly dangerous» (Stoker [1897] 2003, p. 69), a character which seems to derive from Lombroso's definition of the epileptic criminal type (Fontana 1988, p. 162). Renfield evidently also suffers from what is now known as manic-depressive psychosis: he alternates serious shifts in mood, from the highs of mania, what Seward calls his paroxysms of «sudden passion» (Stoker [1897] 2003, p. 127), to the lows of depression, his «periods of gloom» (Stoker 2003, p. 69). He also remarks that Renfield's «love of animals» has taken a «curious» turn revealing an «abnormally cruel» behaviour (Stoker [1897] 2003, p. 77). To his dismay, he has developed the habit of eating in-

creasingly large living creatures raw: flies, spiders, and sparrows. Seward confiscates his note-book and he finds out that it is filled with masses of numbers, as if it were an account book where Renfield was totalling up the number of the «pets» he has eaten (Stoker [1897] 2003, p. 77).

Though the etiology of his syndrome is unknown to Seward, the special conscientiousness with which this ingestion procedure, involving aggression, pleasure but also anxiety, is carried out, leads him to include it in the scope of psychiatric diseases and he takes pride in his novel diagnosis of his patient's obsessive compulsion:

My homicidal maniac is of a peculiar kind. I shall have to invent a new classification for him, and call him a zoophagous (life-eating) maniac; what he desires is to absorb as many lives as he can, and he has laid himself out to achieve it in a cumulative way. (Stoker [1897] 2003, pp. 79-80)

Hughes maintains that Renfield's psychosis is «already at an advanced stage some months prior to the Count's arrival in England» and therefore rather than his symbolic herald, he must be viewed within a medical context (1993-1995, p. 1). In the light of future events - he will come under the influence of Dracula, actually becoming his slave - and in a post-Freudian era, however, it is undeniable that Renfield's compulsory drive to eat living creatures in order to gain strength and «indefinitely prolong his life» (Stoker [1897] 2003, p. 249), well illustrates the cannibalistic impulses, namely the urge to both incorporate and destroy the object, and the regression to the oral obsession at the core of vampire fantasies. As Tylim brilliantly contends, this fantasy «allows the psyche to hold on to the belief that the lost object continues to exist after its actual death» (1998, p. 281).

As a disciplinary mental health professional and a devotee of the new scientific method, Seward not only makes his rounds, regularly visits his patients and gives them narcotics, but uses the most up-to-date equipment, including a new-fangled phonograph to keep a case record of them. This practice, which was mandatory in British asylums after the 1845 two lunacy acts (Oppenheim 1991, p. 24), makes, as Foucault has shown in *Discipline and Punish*, «each individual a case: 'a case' which at one and the same time constitutes an object for a branch of knowledge and a hold for a branch of power» (1979, p. 191).

On closer inspection, Seward's mode of observation with its relentless inclination to observe and normalise, is mirrored by the novel's entire narrative structure. Its circumstantial, almost maniacal recording of the most insignificant events through journals and letters and through the modern means of transmitting information (telegrams, bills, newspaper

clippings and even translations)⁴ – written into journals and then transcribed onto phonographs or typed out – is designed to reinforce a feeling of authenticity of the supernatural events, but on a deeper level, it recalls the mechanism of defence and control at the heart of the obsessional and paranoid discourse.

Occasionally, Seward applies physical restraint and enforced medication, the traditional containment methods used to keep patients and staff safe. After he is assaulted, Renfield who keeps up a telepathic correspondence with his master Dracula, is put into a strait-waistcoat and «chained to the wall in the padded room» (Stoker [1897] 2003, p. 113). However, although he may question his patient with «something of cruelty», with «a view to making [himself] master of the facts of his hallucination» (Stoker [1897] 2003, p. 68) – something which troubles him ethically but which also shows his wish to act as a catalyst of Renfield's pathological manifestations in order to process them into meaningful data – Seward, like his enlightened historical namesake, essentially views mental illness not only as treatable by psychiatric practices, but as a disorder that requires care and compassion.

His sympathetic attitude towards Renfield, the «poor madman» (Stoker [1897] 2003, p. 118) who looks «into space with lacklustre eyes» (Stoker [1897] 2003, p. 111) is shown in the attentive way in which he monitors the progress of his disorder, diagnosed as «religious mania» after Dracula's descent upon England. But it is especially revealed in his talk-based approach, a rudimentary form of modern day psychotherapy aiming, through the listening and talking cure, the elements integral to Freud's clinical work, at the rehabilitation of the patient.

Trained as a neurologist, Freud, who studied madness at the level of its language, articulated an unequivocally psychological approach to psychiatric questions by simply allowing his patients to talk. He no longer believed that mental illness derived from physiological conditions and «his first use of the term psychoanalysis in 1896 signalled his departure from the orthodox approach to neurotic illness» (Oppenheim 1991, p. 304).

4 Unconscious Cerebration

Stoker's awareness of the emerging therapeutic regimes is shown in the way he explores dynamic interaction between the alienist and the patient, each affecting the other; a relationship based on the alienist's relentless scrutiny but also on a sympathetic openness to his patient's subjectivity.

4 The captain's log of the *Demeter*, describing the ship's voyage to England from Russia, is translated by the Russian consul, transcribed by a local journalist, and finally pasted by Mina into her journal.

Renfield's growing feelings of gratitude for Seward – «you have been very considerate towards me. Believe me that I am very, very grateful to you!» (Stoker [1897] 2003, p. 290) – are accompanied by the doctor's paternal attitude and constant belief «to restore confidence» in his patient (Stoker 2003, p. 288).

In his need to understand, in his desire «to get nearer» to the heart of Renfield's «mystery» (Stoker 2003, p. 68) and «fathom his mind» (Stoker [1897] 2003, p. 126), Seward posits as his most ambitious aim «the knowledge of the brain» and he is thrilled at the possibility that he might advance science (Stoker [1897] 2003, p. 80), becoming even more famous than Burdon-Sanderson and Ferrier, the pioneering neurologists who were at the forefront of British investigation into cerebral physiology and the pathology of insanity.

Most importantly, when in his diary he refers to «unconscious cerebration» (Stoker [1897] 2003, p. 78), a notion which Stoker derived from William B. Carpenter who had investigated it in his *Principles of Mental Physiology* (1847), he seems to suggest that Renfield's is not a physical disease but a psychological disorder. Seward here is «relatively on new ground», exploring the dynamics of the unconscious, «a field which had but recently asserted itself as normal science» (Greenway 1986, p. 217) and which later Freud was to define as the repository for socially unacceptable ideas, wishes or desires by the mechanism of psychological repression.

5 The Case of Lucy

Similarly, later on, observing that Lucy's «woefully» changed looks are not dependent upon any known organic pathology – though not showing «the usual anaemic signs» she is «bloodless» – (Stoker [1897] 2003, p. 121) Seward, apparently sensing the subconscious nature of her ailment, comes to the conclusion that «it must be something mental» since «there must be a cause somewhere» (Stoker [1897] 2003, p. 122).

Lucy is afraid of falling asleep because, when asleep, she has bad dreams and is painfully gasping for breath. Unlike Seward, she does not view sleep as «the boon we all crave for» but as «a presage of horror» (Stoker [1897] 2003, p. 135).

This morning I am horribly weak. My face is ghastly pale, and my throat pains me. It must be something wrong with my lungs, for I don't seem to be getting air enough (Stoker [1897] 2003, p. 120).

Oh, the terrible struggle that I have had against sleep so often of late, the pain of sleeplessness, or the pain of the fear of sleep, and with such unknown horrors as it has for me! How blessed are some people, whose

lives have no fears, no dreads, to whom sleep is a blessing that comes nightly, and brings nothing but sweet dreams. Well, here I am tonight, hoping for sleep, and lying like Ophelia in the play, with 'virgin crants and maiden strewments'. (Stoker [1897] 2003, p. 143)

The reference to Shakespeare's suicidal Ophelia is not irrelevant, nor is Stoker's naming his most transgressive character after Lucy Ashton, the tragic heroine of *The Bride of Lammermoor* (1819) in which «female sexuality is represented as insane violence against men» (Showalter 1987, p. 14). Forced into an arranged marriage, Lucy kills her bridegroom on their wedding night and descends into insanity after the disappearance of her true love. It is Scott's more Gothic novel and significantly one of only a few works Stoker described in any detail in *Personal Reminiscences of Henry Irving*.⁵

Hovering between life and death, conscious and unconscious states, the vampirised Lucy, like Le Fanu's Carmilla, has also begun to sleepwalk. Most common in children, though it may also occur in young adults with post-traumatic stress disorder, somnambulism, like hysteria and epilepsy, was considered the expression of a general morbid disposition, an indication of a nervous diathesis requiring treatment. A fact corroborated by the observation that Lucy's «too super sensitive» nature, makes her «unfit to go through the world without trouble» (Stoker [1897] 2003, p. 98).

One could then hypothesise that the «mental» disease Seward alludes to is hysteria, a pathology historically encoded as feminine and sexual and viewed by ancient, medieval, Renaissance, and modern medical authorities before Freud's French mentor, neurologist Jean-Martin Charcot, as a form of demonic possession.⁶

Hysteria which derives from the Greek ὑστέρα, meaning uterus, reflects the ancient notion that it was a specifically female disorder resulting from disturbances in uterine functions. As Frayling persuasively argues, «when Lucy is bitten by Dracula, it is clear that she has been initiated for the first time» and that «the vampire drinks more than just her blood» (1991, p. 80)

Marked by dyspnea – she was breathing, «not softly as usual with her, but in long, heavy gasps, as though striving to get her lungs full at every breath» (Stoker [1897] 2003, p. 102) – by hallucinatory visions, and by some of the classic signs of arousal (anxiety and irritability), a repertoire of the types of hysterical conversion symptoms being studied at the time by Charcot and Freud, Lucy's somnambulism causes her to split into a

5 Stoker, who had encountered Scott during a long period of childhood invalidism, «seems to have considered the Waverly novels an influence on the development of his own fiction». See Carroll (2011), p. 122.

6 Of all the characters, «Lucy is perhaps the most obviously modeled on the notion of hysteria prevalent in Stoker's age» (Bronfen 1998, p. 210).

submissive, quiet if not lethargic person by day and a restless creature by night, impatient to break out of the confines of her bedroom in order to reach the Whitby churchyard. Briefly, Lucy's somnambulism which so worries Mina, is presented as an offence against decorum, it involves a moral judgment, suggesting the conflict between libidinal drives and internalised expectations of feminine conduct fulfilled to a fault by Mina, the epitome of Victorian traditional womanhood. It is no coincidence that Lucy's famous dream after her encounter with Dracula, draws on a succession of images of the unconscious - «the leaping fish [...], the howling dogs, symbol of yearning and the sense of sinking into deep green water which disclose the sexual longings underlying the vampire's attacks» (Punter 1999, p. 27).

6 The Great Charcot, the Napoleon of Neurosis

Van Helsing's mentioning «the great Charcot» (Stoker [1897] 2003, p. 204), the renowned 'Napoleon of Neurosis', who was convinced of the psychosomatic aspect of hysteria believing that a psychological event could produce neurological symptoms like spontaneous hemorrhaging and localised paralysis and practiced hypnotism as a clinical technique at the Salpêtrière hospital for patients who were suffering from a variety of unexplained physical symptoms, suggests that Stoker had at least some indirect knowledge of Freud who, from October 1885 to February 1886, had studied in Paris under Jean-Martin Charcot. Hindle notes that Charcot, a major source for Stoker's interest in trance-like states, «is among the extensive list of distinguished visitors to the Lyceum Theatre to be found in his *Personal Reminiscences of Henry Irving*» (2003, p. 448).

In addition, according to Auerbach, in 1893 Stoker attended a general meeting of the Society for Psychical Research in London where F.W.H. Myers, one of its founder members, «reported enthusiastically on Breuer and Freud's 'Preliminary Communication' to *Studies on Hysteria*» (1982, p. 23). Founded in London in 1882, the aim of this society was to examine «without prejudice or prepossession of mind and in a scientific spirit, those faculties of man, real or supposed, which appear to be inexplicable on any generally recognized hypothesis» (Haynes 1982, p. 6). Among the Society for Psychical Research's functions was the investigation of psychical phenomena including hypnotism, somnambulism and thought transference. Myers who, of all the founder members, had perhaps the liveliest and widest-ranging mind, was especially well versed in psychological literature and the first to draw attention to the work of Breuer and

Freud (Gauld 1968 p. 276).⁷

In their groundbreaking book, which introduced the technique of psychoanalysis as a form of cure through dream analysis and free association, published in 1895 while Stoker was in the midst of writing *Dracula*, Freud and Breuer claimed that hysteria, like obsessional neurosis, resulted from a mechanism of defence against incompatible wishes. Through the phenomenon of conversion – nowadays hysteria is indeed called conversion disorder – desire transforms itself into negation so that, as Freud argued, «psychical excitation» becomes «physical pain» ([1895] 2000, p. 148).

But the truth is that in spite of all Seward's efforts, Renfield, whose traumatic death is a further sign of the disruption accompanying Dracula's descent upon England, remains a puzzle to him almost to the end. Worse still, he cannot make the connection between Renfield's frantic moments of derangement and Dracula's presence. Similarly, he fails to realise that Dracula is able to enter the asylum through Renfield and hence prey upon Mina.

Seward's role as a clinician is questioned even more severely by the «case» of Lucy (Stoker [1897] 2003, p. 130). As the narrative progresses «a chain of doom» tightens round all the characters (Stoker [1897] 2003, p. 156), marking the abrupt transition from domestic happiness to unconceivable horror. Mina, the vampire's next victim, who like almost all the characters cannot sleep «naturally» and asks Seward to give her «a little opiate of some kind» (Stoker [1897] 2003, p. 277), comments: «Some sort of shadowy pall seems to be coming over our happiness» (Stoker [1897] 2003, p. 106). The tone of joyful expectation of the young women's correspondence, begun as «conventional plots of love-driven romance» (Ellis 2000, p. 195), is soon superseded by images of dread, violence and irreparable suffering. After the frightening storm and the *Demeter's* shipwreck, events precipitate.

Mina's suggestibility to hypnotism which doubles Lucy's somnambulism – during her hypnotic trances Dracula speaks through the medium of her body, thus allowing Van Helsing to learn of his whereabouts – was in itself, according to Victorian psychiatrists «an indication of nervous instability, if not outright disease» (Oppenheim 1991, p. 301).

Mina listens to Lucy's wedding plans and notes in her journal that she has not heard from Jonathan for a month. She worries about Lucy's failing health, about her mother whose «hours are numbering to a close» (Stoker 1897] 2003, p. 106) and about the still-missing Jonathan who after escaping from Transylvania has appeared in a «Buda-Pesth sanatorium», suffering from a «violent brain fever», an illness which again has all the

7 As early as 1887, Myers suggested that telepathic intuition was mediated through the right side of the brain (Haynes 1982, p. 181).

characteristics of a nervous breakdown, if not downright hysteria (Bronfen 1998, p. 207), accompanied as it is by hallucinations and dreadful «ravings» (Stoker 2003, p. 110).

Once there, «to do some nursing», Mina, whose role to some extent parallels that of Dr Seward in that she constantly takes care of her dear ones, describes him as «only a wreck of himself» (Stoker [1897] 2003, p. 114). Later on, upon recognizing Dracula in Hyde Park, Jonathan has another «nervous fit» (Stoker 1897] 2003, p. 183) and Mina, realising that he has a mental block against whatever caused his present condition, fears that his «lapsing into forgetfulness [...] may make or continue some injury to the brain» (Stoker [1897] 2003, p. 184).

Called to his father's bedside, Arthur asks Seward to examine his fiancée. Pondering on Lucy's mysterious condition, Seward worries about his health:

I cannot afford to lose blood just at present: I have lost too much of late for my physical good, and then the prolonged strain of Lucy's illness and its horrible phases is telling on me. I am over excited and weary, and I need rest, rest, rest. (Stoker [1897] 2003, p. 152)

What he especially fears is however his fragile hold on sanity: «What does it all mean? I am beginning to wonder if my long habit of life among the insane is beginning to tell upon my brain» (Stoker [1897] 2003, p. 145). Conversely, Renfield's logical way of reasoning - «How well that man reasoned; lunatics always do» (Stoker [1897] 2003, p. 80) - reminds Seward of how arbitrary, or at least, how permeable the boundary between sanity and madness is. Renfield indeed appears not only as a learned man but a remarkably lucid one. Trying to warn the group, he makes a passionate plea to be released at once from the asylum arguing that he is «no lunatic in a mad fit, but a sane man fighting for his soul» (Stoker [1897] 2003, p. 263).

'You, gentlemen, who by nationality, by heredity, or by the possession of natural gifts, are fitted to hold your respective places in the moving world, I take to witness that I am as sane as at least the majority of men who are in full possession of their liberties. And I am sure that you, Dr. Seward, humanitarian and medico-jurist as well as scientist, will deem it a moral duty to deal with me as one to be considered as under exceptional circumstances'. (Stoker [1897] 2003, p. 260)

Unable to diagnose Lucy's illness, the «worn out» Seward who keeps working frantically at the asylum - «For two nights I had hardly had a wink of sleep, and my brain was beginning to feel that numbness which marks cerebral exhaustion» (Stoker 2003, p. 136) - is forced to send for his old mentor, «Professor Van Helsing, of Amsterdam who knows as much about

obscure diseases as any one in the world» (Stoker [1897] 2003, p. 122).

Trying to revive Lucy, Van Helsing, who has apparently taken complete control of the situation, performs multiple blood transfusions, the «ghastly» operations as Seward describes them (p. 160), but his efforts come to nothing and Seward sees him «break down [...] in a sort of mute despair» (Stoker [1897] 2003, p. 144). He increasingly finds himself in the dark while Van Helsing, for all his knowledge of science, is losing ground. All his efforts to save Lucy, whose suffering is detailed at length with a depth of pathos which engages Stoker's emotional powers, come to nothing.

Knowing that she is near death, the Dutch professor who like his predecessor, Le Fanu's German physician, Dr. Martin Hesselius, combines «the roles of detective, psychic investigator, and philosopher» (Seed 1988, p. 202), immediately summons her fiancé who comes from the deathbed of his father. Attacked in the night by «a great, gaunt grey wolf» (Stoker [1897] 2003, p. 154) Mrs Westenra dies of fright and Lucy herself dies soon after, becoming one of the undead.

If the presence of the vampire, with its polymorphism, superhuman physical force and immortality, qualifies *Dracula* as a supernatural novel, the vividness of certain descriptions relating to Lucy's fight for her life and massive bleeding – the «ghastly, chalkily» pallor of her face (Stoker [1897] 2003, p. 130) the «ragged, exhausted appearance» of the little punctures' edges on her throat (Stoker [1897] 2003, p. 139) «just over the external jugular vein» (Stoker [1897] 2003, p. 134) to which Seward's thoughts obsessively return – pertain to the realistic register and they dramatically increase the novel's frightening dimension.

In the closing and somewhat drawn out chapters, the Crew of Light, to use Craft's felicitous expression (Craft 1988, p. 169), led by Van Helsing, will succeed «to rid the earth of [the] terrible monster» (Stoker [1897] 2003, p. 237). This is however achieved only after «fearful ordeal[s]» (Stoker [1897] 2003, p. 208) and tremendous suffering – Morris, the American «moral Viking» (Stoker [1897] 2003, p. 185) is killed in the final battle – and only thanks to the «stranger» Van Helsing (Stoker [1897] 2003, p. 261).

7 Mesmerism and Hypnotism

Unlike his former pupil Seward who adheres to the scientific method trusting that «there must be *some* rational explanation of all these mysterious things» (Stoker [1897] 2003, p. 217), Van Helsing is «a philosopher and a metaphysician» with an «absolutely open mind» (Stoker [1897] 2003, p. 122). It is precisely his knowledge of the occult and necromancy, his belief in para-scientific practices such as mesmerism and hypnotism that allow him to finally track down and defeat Dracula. As he says to Seward, who is sceptical of his unorthodox methods and like most respectable med-

ical men dismisses mesmerism and hypnotism as «chicanery and nonsense in spite of some startling cures» (Greenway 1986, p. 72)⁸ «it is the fault of our science that it wants to explain all» (Stoker [1897] 2003, p. 204).

For all his progressiveness and psychological insights, the alienist Seward, the representative of the Victorian scientific establishment, is *de facto* reduced to the status of an impotent observer of the devastating predations of the all-powerful Count, undoubtedly the dominant figure throughout the novel though he remains off stage for most of the time.

What Stoker essentially portrays is not the triumph of psychiatry and technology over irrationalism and the forces of darkness but its limits. The civilised but ultimately enervated Anglo-Saxon professionals who join hands to neutralise the foreign 'Other' coming from a backward, feudal East - «a cursed land, where the devil and his children still walk with earthly feet!» (Stoker [1897] 2003, p. 61) - are repeatedly confronted with the difficulty of restoring the social and psychical order and with the fragility of their dream of security and comfort.

The central anxiety of Bram Stoker's immortal classic and the reason for its enduring fascination are not the reconstitution of boundaries and the reassertion of stability but the frightening spectacle of the primitive embodied by Dracula, his power to erode the Victorian optimistic confidence in the inevitability of progress.

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⁸ Though a renewed interest in hypnotism, called in the 1850s animal magnetism or mesmerism after the Viennese doctor Franz Anton Mesmer at length manifested itself across the Channel in the 1880s with the enquiries undertaken by the Society for Psychical Research, «only a few alienists worked to incorporate hypnotism into their standard therapeutic armory, for the medical prejudice against it was still too firmly entrenched to allow most psychiatrists to greet [it] with anything but suspicion» (Oppenheim 1991, p. 300).

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