

## THE “WRETCHED ITALIAN QUACK”: BRADDON’S CRITIQUE OF MEDICINE IN “GOOD LADY DUCAYNE”

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A CRITICAL DARLING, BRAM STOKER’S 1897 novel *Dracula* features several infamous blood transfusions. In that novel, Lucy Westenra receives blood transfusions from four different men, making her, according to Dr. Van Helsing, a polyandrist (158). In Stoker’s novel, transfusion is not about medical verisimilitude so much as about romance or eroticism. Perhaps because of *Dracula*’s status, Mary Elizabeth Braddon’s 1896 story “Good Lady Ducayne” is often read as a vampire tale because it, too, includes blood transfusions.<sup>1</sup> However, Braddon’s engagement with contemporary medicine is very different than Stoker’s, since, unlike *Dracula*, Braddon’s story engages with the experience of day-to-day medical treatment and is strongly invested in medical verisimilitude.<sup>2</sup> Lauren M. E. Goodlad identifies the story’s engagement with the medical profession largely through the character of Dr. Stafford, whom she views as a representative of the male-dominated, professional establishment. In Goodlad’s reading, Lady Ducayne herself is a figure in both vampire literature and New Woman discourse as an “odd” woman, who becomes an “anti patriarchal figure of women’s uncanny power to signify” (213). Goodlad’s perceptive reading shows how the female vampire undermines conventional medicine, as embodied by Dr. Stafford. Yet, there is another physician in the story: Dr. Parravicini. If we take Dr. Parravicini as our starting point, we see that Braddon’s critique of the medical profession is more wide-ranging and more radical than it previously appeared. What is Dr. Parravicini doing in this story? What is his relationship to Stafford and to the medical establishment? What does Braddon’s realistic depiction of anesthesia and transfusion indicate about the medical profession and about the medicalization of modern culture?

The story “Good Lady Ducayne” describes the adventures of a young, poor, working woman, Bella Rolleston. In order to support her mother, a hardworking but impoverished seamstress, Bella is placed by an employment agency as Lady Ducayne’s companion. As such, Bella travels to Italy with wealthy Lady Ducayne as part of the old lady’s entourage, which includes Dr. Parravicini. Young and healthy, Bella finds that she is becoming weaker the longer she remains in Italy, much to the horror of her new English friends, Dr. Stafford and his sister, Lotta, who are staying at the same hotel. When Bella finally complains to Dr. Stafford about her mosquito bites and her nightmares, Stafford realizes that Parravicini has been chloroforming Bella in her sleep and transfusing Bella’s healthy blood into Lady

Ducayne. He confronts Lady Ducayne and Dr. Parravicini, and they agree to release Bella with a generous bonus. Bella and Stafford return to England (with Lotta), give the bonus to Bella's mother, and marry. On one hand, the story may be read as a vampire tale similar to *Dracula*, in which the evil, old vampire-aristocrat is thwarted by the young, English physician, just as Dracula is thwarted by Van Helsing and his Crew of Light comprised of heroic Englishmen (and one American). On the other hand, "Good Lady Ducayne" may be read in the context of medical technologies of its time, particularly anesthesia and transfusion, as a critique of the medical profession. In this reading, Lady Ducayne, unlike Lucy Westenra or Dracula, is not a vampire at all, just an old lady. Nor is Dr. Parravicini an expert in the occult, as is Dr. Van Helsing, but an up-to-date and modern practitioner, and Dr. Stafford is not a stand-in for the Crew of Light, since he engages in no occult, dangerous, or dramatic exploits. Shannon R. Wooden provocatively argues that women's texts generally (and "Good Lady Ducayne" particularly) are too often read in terms of gender without engaging in other fields of interest. This essay argues that through Dr. Parravicini, Dr. Stafford, Lady Ducayne and Bella, Braddon addresses the nature of modern medical practice and the power dynamics of modern patienthood.

As a novelist and an editor, Braddon had a long and varied career; however, critics note that Braddon generally maintained a tension between upholding conventions and subverting them, including those surrounding science, class, and gender.<sup>3</sup> For example, Cynthia L. Bandish examines Braddon's editorship of *Belgravia* magazine and contends that Braddon both celebrated middle-class propriety and critiqued it (244). Similarly, Barbara Onslow examines *Belgravia's* popular science articles and finds that Braddon preferred to wrap potentially unpalatable scientific material in appealing, even sensational, terms. As Onslow writes, "the pill was always sugared" (162). Furthermore, Braddon's work often focuses on the plight of the disempowered: Eve M. Lynch views Braddon's supernatural stories of the 1860s as a critique of working-class women's positions in the classed and gendered norms of the time (245).<sup>4</sup> According to Onslow, Braddon's style of writing demands an alert, informed reader keenly aware of the subversive depths beneath the sensational surface (and quite unlike the Victorian stereotype of the passive, ill-informed woman reader).<sup>5</sup> Braddon demands such a reader in "Good Lady Ducayne" because this short story also sugars its critique of modern medicine in the romance of the marriage plot. Despite the conventional happy ending, "Good Lady Ducayne" offers a trenchant critique of the medical establishment as an institution that disempowers patients in multiple ways. Alert readers can see Braddon's life-long interest in the empowerment or disempowerment of individuals, in scientific discovery, and in critiquing the dominant institutions of her time.

Dr. Parravicini and Dr. Stafford together provide Braddon the opportunity for a dual critique of medicine. At first glance, Parravicini does not seem to represent the medical establishment because he seems too obviously to be a quack doctor: foreign, secretive, ungentlemanly. For Braddon's Victorian readers, his secrecy would have been alarming. K. Codell Carter describes the concept of quackery in the Victorian periodical press as marked not by incompetence or lack of training but by secrecy (92).<sup>6</sup> Carter notes that Victorians worried about the "quasimedical fringe" practitioners, who may not have lacked training but who refused to conform to College regulations, and also about regular practitioners as well (93). In Carter's view, Victorian patients were skeptical of regular practitioners (represented in this story by Dr. Stafford) because they too relied on secrecy (such as Latin prescriptions) and thus disempowered patients (94). In Carter's argument, secrecy is associated with quackery

but this quackery lurks in mainstream as well as fringe practitioners because any or all of them use secrecy to disempower patients. Indeed, the secretive doctor practicing in an out-of-the-way place makes frequent appearances in sensation fiction and usually signals the disempowerment of the patient.<sup>7</sup> Secretive medical treatment and the disempowerment of patients also featured in the sensational journalism of the late Victorian period. W. T. Stead’s shocking report on child prostitution, “Maiden Tribute of Modern Babylon” (1885), is a model of this type of journalism, and Stead adroitly deploys the stock character of the secretive medical practitioner (whether trained or amateur) who disempowers young, female patients by helping procuresses prepare them for prostitution. In “Good Lady Ducayne,” Braddon provocatively links *both* Parravicini and Stafford with secrecy in order to critique not simply medical quackery or fringe practitioners but the medical establishment itself. Stafford and Parravicini are deeply implicated in the mistreatment of both the innocent young girl, Bella, and the aging woman, Lady Ducayne. In this, Braddon expands her critique of medicine beyond Stead’s by depicting medicine as hostile to the aging patient, as well as to the young. In doing so, Braddon asserts that disempowerment is not simply tied to female gender and to youth but also to age, a state which Victorians, she asserts, too easily view as a condition requiring medical treatment and which, ironically, will eventually disempower the very doctors promoting this agenda. Braddon makes this clear by forcing characters to shift through multiple positions: quack and doctor, doctor and patient, man and woman, old and young, perpetrator and victim. Through these shifts, she offers avenues by which individuals may exert some control over systems designed to disempower them.

*The Maiden Tribute of Dr. Parravicini*

FROM THE BEGINNING, PARRAVICINI is represented as a suspicious figure.<sup>8</sup> Ugly and old, with a yellow complexion, he is the subject of a discussion at Lady Ducayne’s Italian hotel between two English guests, a clergyman and a lady. The clergyman says, “I only wonder that wicked old quack, her Italian doctor, didn’t finish her off years ago” (337). When the lady protests, the clergyman mentions “foreign quackery” again (337). Dr. Stafford later uses the word “quack” to describe Parravicini: “You are trifling with me. Miss Rolleston – you have allowed that wretched Italian quack to bleed you” (346). Like the clergyman, Stafford links ethnicity (“wretched Italian”) to medical quackery (in this case, the practice of an outdated procedure). Similarly, Lotta Stafford warns Bella never to accept Parravicini’s medicines, saying “That dreadful man with the yellow face? I would as soon one of the Borgias prescribed for me” (343). In comparing Dr. Parravicini to a Renaissance family legendary for its wealth, power, and crimes, including poisoning, Lotta adds the notion of criminality to her suspicions about the old doctor. In her view, he is actively (through poison), not just passively (through incompetence) dangerous. Near the end of the story, Lady Ducayne herself complains that Parravicini is “old; he gets older every day” (349–50). She exclaims: “I don’t believe in his experiments. They have been full of danger for me as well as for the girl – an air bubble, and I should be gone. I’ll have no more of his dangerous quackery. I’ll find some new man . . . to keep me alive” (351). Like the clergyman, Lady Ducayne uses the word “quackery” to express her doubts about Parravicini’s competence. Thus, in several instances, Parravicini’s competence is in doubt. Why? In what sense is he a quack? Lady Ducayne cites his age as evidence of his outdated ideas. Lotta cites his looks as evidence of a Borgia-like propensity for poisoning, and the English clergyman cites both his age and his ethnicity as evidence of

his “foreign quackery.” Yet, the English lady claims he “keeps [Lady Ducayne] alive,” and he has, indeed, been Lady Ducayne’s physician for thirty years (337). Braddon’s provocative deployment of the word “quack” with regard to Parravicini invites analysis about the nature of medical misconduct in this story and its consequences for Parravicini; for his colleague, Stafford; and for his patients, Lady Ducayne and Bella.

Braddon associates Parravicini with two contemporary medical procedures: anesthesia and blood transfusion.<sup>9</sup> Despite the critical focus on transfusion (as a kind of symbolic vampirism), anesthesia occupies a larger portion of the text itself. Braddon’s description of Bella’s nightmarish experience of being anesthetized generates much of the horror of the story. Bella’s nightmares are repeatedly described in detail and, as Stafford realizes, they are descriptions of being anesthetized:

The dream troubled her a little, not because it was a ghastly or frightening dream, but on account of sensations which she had never felt before in sleep – a whirring of wheels that went round in her brain, . . . she seemed to sink into a gulf of unconsciousness, out of sleep into far deeper sleep – total extinction. And then, after that black interval, there had come the sound of voices, and then again the whirr of wheels, louder and louder – and again the black – and then she awoke, feeling languid and oppressed. (339)

Bella’s dreams are not about transfusion: there is no recollection of the prick of the transfusion needle, or indeed any sensation in her arms (which are scarred by the transfusion needles). She recalls the process of being anesthetized as “more like a hallucination than dreaming” (344), and she recalls with horror “the sinking into an abyss, the struggling back to consciousness” (344). After Dr. Stafford prescribes a tonic for her, she tells him of her dreams: “how in the midst of sleep there came a sudden sense of suffocation; . . . and then a coming back to waking consciousness” (345). He immediately asks if she has had chloroform at the dentist (345). As Nicki Buscemi suggests in her essay on two of Braddon’s earlier novels, Braddon was well aware of the lay enthusiasm for the medical journals’ gory details, and Bella’s dream echoes medical accounts of the procedure. For example, assistant surgeon C. Bader of Guy’s Hospital writes about inhalant anesthesia in the *British Medical Journal*: “The patient being told to breathe quickly and deeply, and not to mind a feeling of suffocation, the inhaler . . . is tightly applied over the mouth and nose. . . . At the moment when the inhaler is applied, I commence counting; having counted slowly up to thirty or forty (equal to about thirty or forty seconds)” (100). Bella’s recollections seem quite realistically to parallel the patient’s experience of inhalant anesthesia. She indicates a similarly long period of induction, along with the feeling of suffocation and the hazy sickness of reawakening. Even her nightmare of coming out then going under again reflects the short action of inhalant anesthetics. Thus, Braddon’s representation of chloroform displays considerable verisimilitude and is immediately recognizable to Stafford (if not to the naïve Bella), as perhaps it should be to the presumably more experienced reader.

Parravicini does not plunge Bella into outdated, bizarre, or supernatural experiments. He is not replete with occult knowledge, consecrated hosts, and ancient rituals, like Dr. Van Helsing. On the contrary, Braddon uses the everyday nightmare of anesthetic induction to generate horror.<sup>10</sup> Braddon might well have expected readers to recognize Bella’s experience of anesthesia, since anesthesia was commonplace in surgery, obstetrics, and dentistry during the 1890s. Braddon’s description of Bella’s smothering experience is an alienating or

estranging experience for readers, who may have accepted the process as a necessary part of medical treatment. Where Dr. Bader offers the facile advice “not to mind” the feeling of smothering, Braddon restores the element of suffering that Bader denies: what is an easy forty seconds for the anesthetist may be an eternity for the patient. By removing anesthesia from the normalizing setting of the dentist’s office, Braddon forces readers to acknowledge an open secret about modern medical treatment: however beneficial, it is often a highly unpleasant experience. At the same time, Braddon’s readers may experience horror greater than Bella’s *because* they recognize the procedure. Like Stafford, readers may experience the horror of realizing that Bella has undergone a potentially dangerous procedure, not merely a bad dream. Readers may fear for Bella’s life since anesthesia generally, and chloroform specifically, produced anxiety in the 1890s.

During this period, two topics dominated scientific and medical debates about anesthesia: the question of the safest inhalant anesthetic and the question of the most effective method of administration. Regarding the latter, Linda Stratmann argues that even in areas of the UK where chloroform was accepted as a safe inhalant anesthetic, there was controversy about the best method of administration.<sup>11</sup> Administration by lint or sponge was considered by some to be less safe than administration by an inhaler, and Stratmann describes the heated debate between Dr. Clover in London, who advocated inhalers, and Sir Joseph Lister in Edinburgh, who supported towel administration (146). But was chloroform safe at all? The Hyderabad Commission of 1889 stirred up a heated debate about the cause of sudden death under chloroform which raged through the pages of the *Lancet* for the next few years.<sup>12</sup> E. H. Embley offers a summary of the decade’s research on this question in the *British Medical Journal*, beginning with the Hyderabad Commission’s conclusion that the (possibly dangerous) decrease in blood pressure under chloroform was the result of vasomotor paresis (failure of the blood vessels to expand and contract appropriately) (951). Embley then summarizes later experiments implicating other factors, such as direct action on the heart muscle (951). If safer than chloroform in terms of sudden patient death, ether produced bronchial irritation and sometimes severe patient agitation, requiring the patient to be restrained in his or her struggles by the practitioner for fear of self-harm. Because of this effect, chloroform was preferred for the young and the elderly (those most likely to experience agitation), although it was more associated with sudden death than ether (Stratmann 152). Commenting on *fin-de-siècle* anesthesia, Stephanie J. Snow argues that anesthesia was considered a “new tool in the medical armoury, allowing surgeons to extract money from patients” (168). Snow’s play on the word “extract” highlights the double meaning of surgery as simultaneously an opportunity for patients literally to remove unwanted material objects from their bodies and a chance for surgeons figuratively to cheat, wheedle, or seduce money from naïve patients’ purses. It is just this ambivalence between fear of anesthesia’s dangers and excitement about anesthesia’s possibilities that Braddon effectively deploys in her account of Parravicini.

Despite the repeated assertions that Parravicini is an outdated, Italian quack, his use of chloroform seems in line with the practices of the British medical establishment. The fear generated by anesthesia in this story is not due to Parravicini’s incompetence but to the nightmarish feeling of being chloroformed and to the fear of sudden death under chloroform. That he can repeatedly anesthetize Bella successfully implies that the English lady from the hotel is quite right: Parravicini is a technically competent physician. Could he be a quack in another sense? Lotta’s allusion to the Borgias raises the specter not of incompetence but of

misconduct or even crime. Snow identifies a contemporary medical fear that anesthesia might cause sexual misconduct, particularly sexual arousal in women patients. Snow describes Dudley Wilmot Buxton's 1888 textbook *Anesthetics, Their Uses and Administration* as one tome which warns practitioners about false accusations of sexual misconduct by hallucinating female patients, and the textbook advises chaperones for women patients under anesthesia (142).<sup>13</sup> Parravicini certainly has no chaperone for Bella except Lady Ducayne, who is herself being transfused and is thus incapable of monitoring Bella's conduct. But, the specter of a young girl being secretly chloroformed without a chaperone raises concerns about more than just Bella's conduct: chloroform often features in inflammatory tales of London's seedy dark side. In *City of Dreadful Delight*, Judith R. Walkowitz mentions it as part of the sensational "Maiden Tribute of Modern Babylon." Stead purchases a young girl, Eliza Armstrong, and has her chloroformed to show the ease with which innocent girls may be tricked into prostitution (102). Walkowitz positions this scandal as part of a larger fear of medical crime supposedly perpetrated by male doctors on young female patients. Walkowitz points to another manifestation of this anxiety in the popular Mad Doctor theory of the 1888 Whitechapel or Jack the Ripper murders in which the mutilating serial killer is supposedly a doctor, perhaps a vivisectionist, motivated by misogyny (209–12).<sup>14</sup> Walkowitz does not mention Braddon's story specifically, nor does she dwell on mainstream uses of anesthesia, but perhaps Parravicini's anesthetizing of the unwitting Bella has a larger resonance beyond providing horrible details of medical suffering.

In many ways, Dr. Parravicini seems to draw upon the scandal surrounding Dr. Heywood Smith, Stead's physician in the "Maiden Tribute." Dr. Smith became involved when Stead asked him to chloroform Eliza Armstrong in her sleep following the dramatic scene in Part I of the series during which Stead entered Armstrong's bedroom in the guise of a seducer. Prior to his entrance, Stead had had Armstrong chloroformed by a midwife and procuress, but Stead wanted a doctor to examine her afterward to verify that she remained a virgin after his visit. Thus, the second administration of anesthesia and second gynecological examination by Dr. Smith (like the first) was for non-medical purposes. In the fallout from the "Maiden Tribute" scandal, Stead was charged with improperly taking Eliza from her parents, and Dr. Smith was dismissed from his position at the Lying-In Hospital. Because of this, Stratmann characterizes mainstream medicine's attitude toward Smith as disapproving. However, Stratmann is reporting only the fact of Smith's dismissal. Examination of the actual *language* with which the medical establishment expressed its disapproval in the *Lancet* and *British Medical Journal* indicates a more complicated attitude toward the publicity of the Maiden Tribute scandal and the secretive nature of virginity verification.

Smith's own statement to the Royal College of Physicians was reprinted in the *Lancet*. In it, Smith admits his actions were mistaken; however, he also claims that he chloroformed Armstrong while she was sleeping to spare her the anxiety of undergoing a gynecological examination, a practice he characterizes as routine in cases of virginity verification ("Royal College" 1209–10). He concludes that his beneficent motive to assist Stead should be considered by the College of Physicians as exculpatory, although he acknowledges it would not be admissible in a court of law (1210). In response, the College condemns the practice of virginity examination, and condemns Smith for examining Armstrong without proper chaperonage (1210). It warns that any other disreputable conduct will result in Smith's expulsion (1210). Notably, the College takes no action against Smith, nor against the widespread practice of virginity testing and acquiesces to Smith's excuse that the ends

justify the means. This was, of course, not the view of Justice Henry Charles Lopes, whose summation at Stead’s conviction made clear that the ends do not justify the means. Was the College merely censuring Smith in order to deflect public anger, or was it truly concerned about abolishing the secret practice of virginity testing or punishing Smith as Stead’s co-conspirator? At times, the *British Medical Journal’s* coverage seems more concerned with bad publicity rather than secret misconduct. In the November 14, 1885 edition, the *British Medical Journal* describes Smith’s situation as a “painful one” because of the “excellence of the motives which prompted this serious indiscretion. We do not desire, under such circumstances, to cast a stone” (“Dr. Heywood Smith” 921). The proverbial saying about casting stones implies that mainstream physicians concur with Smith that there is a gap between the College’s public denunciation of virginity testing and the everyday (but secret) practice. In the December 26, 1885 edition, the *BMJ* mentions that the Royal College of Physicians offers Smith its “severest censure” and “reprimand” but considers his explanations and apology and “acquit[s] him of deliberate intent to do evil” despite the “discredit on himself and the profession to which he belongs” (“Dr. Heywood Smith” 1227). In this response, there is the sense of anxiety about protecting the profession from “discredit” rather than protecting patients or punishing Smith. By April 1886, the *British Medical Journal* reports that Smith is founding a private hospital for ladies “to indemnify him in some sense for the action taken at the Hospital for women in respect, perhaps, to the circumstances of the Armstrong case” (“Dr. Heywood Smith” 751). Despite the “many hostile opinions” voiced at the time, the journal reports, “There are few now who will not wish him success in ministering to this new hospital” (“Dr. Heywood Smith” 751). Within four months, Smith’s unprofessional conduct is forgiven: Smith would go on to publish extensively in both journals over the next decade as a respected gynecologist. The response by the journals forms a pattern of angry words, little action, and anxiety about negative publicity. The only action that was taken against Smith (dismissal from the Lying-In hospital) is within months celebrated as having been successfully counteracted.

The ambivalence of the medical establishment regarding the Eliza Armstrong case provides a model for reading Braddon’s “Good Lady Ducayne.” Like Dr. Smith, Parravicini chloroforms Bella in her sleep and without her knowledge in a gross violation of decency and medical ethics – at least the medical ethics embraced *publically* by the medical establishment. Braddon’s decision to echo the lurid tales of chloroformed maidens shows that Parravicini is indeed a quack, in the sense of a Borgia-like poisoner, since he *secretly* administers noxious, potentially fatal, agents to young girls without chaperonage or consent. But, the power of the story is not just in Parravicini’s sinister conduct, but in the way his behavior reveals the flaws in Dr. Stafford’s values, just as the Heywood Smith incident highlighted gaps between the medical establishment’s public statements and private conduct. Braddon uses Stafford to embody not the beneficence of mainstream medicine but the overlap between the medical establishment and unlawful practitioners through a shared love of secrecy. Stafford echoes the outrage of the medical societies when he confronts Parravicini, but, like them, he takes no action and permits unethical practices to flourish *in secret*. Despite receiving a stern talking-to from Stafford, Parravicini, like Smith, continues on with his career as an experimental physician with little oversight or interference. As Stafford threatens, Parravicini is richly deserving of public censure, yet not only does Stafford take no action against Parravicini, he buries the truth further by concealing it from Bella herself. Stafford’s decision to keep from Bella the true nature of her scars and of her nightmares is perhaps the most shocking moment

in the text. Bella, like Eliza Armstrong and other chloroformed girls, is left only imperfectly aware that something has happened to her, and concern for *her* experience (whether anxious, fearful, curious, or angry) never enters Stafford's calculations.<sup>15</sup> In presenting Stafford's confrontation with Parravicini as an echo of the Maiden Tribute scandal involving Dr. Smith, Braddon makes clear that her indictment of medicine is larger than simply one Italian quack. It implicates mainstream medicine in secret practices that disempower patients. Of the two, Stafford benefits most from his concealment: Parravicini suffers no permanent harm after discovery of his misconduct, but Stafford wins the permanent reward of Bella as his wife in return for keeping Parravicini's secret.<sup>16</sup>

*The "Good Lady" and the Procuress*

BRADDON'S REPRESENTATION OF ANESTHESIA in "Good Lady Ducayne" presents a view of medicine in which both regular and irregular practitioners are in cahoots against patients. What of Lady Ducayne, who is also a patient? If Parravicini recalls the corrupt doctors who chloroform young women, Lady Ducayne recalls the trope of the procuress, the older lady who recruits innocents for immoral purposes. In this sense, Braddon seems to pit the two older characters, Parravicini and Lady Ducayne, against the younger generation, Bella and Stafford. Stead's "Maiden Tribute" features a variety of older women as procuresses, including the final installment's stories of English girls trafficked abroad. In this installment, Stead relates the story of Amelia Powell, a married Englishwoman who accepts a respectable position in Bordeaux only to realize that she had been sold to a brothel. Amelia Powell relates how the mistresses of the continental brothels control young women through financial manipulation and how governess agencies and other employment services procure innocent dupes. Like Amelia Powell, Bella is groomed for exploitation by the employment agent, Miss Torpinter. Miss Torpinter's name is rarely used in the story; instead, Braddon refers to her as only the "superior person" at the employment agency who undertakes to crush Bella's gumption. She responds to Bella's inquiries "curtly," "crushingly," and "severely" (325–26), and she demands that Bella be "active," "handy," "sweet-tempered" and "obliging" (326). At one point, Bella attempts to assert herself before the "Person . . . of uncertain age" by asking whether her five shilling fee might be returned if no work materializes, but the Person's "harpy fingers never relinquished coin" (327). After paying this grasping harpy, Bella recounts her experience at the agency to her mother and landlady, and her landlady approvingly calls her as an "actress," a term that implies both lively storytelling and the traditional euphemism for prostitute. A former actress, Braddon deploys this ambiguous term to signal the sinister motives of the Superior Person.

When Lady Ducayne appears, the now-humble Miss Torpinter hurries Bella into accepting the position without question; while rigidly formal with the inexperienced Bella, she is all affability with the wealthy Lady Ducayne, perhaps another hint that all is not quite right at this supposedly respectable agency. Despite the death of the previous two companions provided by the agency, Miss Torpinter emphasizes only Bella's inferiority and Lady Ducayne's generosity. Like a procuress recruiting for a foreign brothel, Lady Ducayne sizes up Bella's body at the agency and offers suspiciously high wages. She is uninterested in Bella's accomplishments or references, only asking about her body: "Have you good health? Are you strong and active, able to eat well, sleep well, walk well, able to enjoy all that there is good in life?" (330). Bella is repeatedly described according to her attractive and healthy



body: "fresh, blooming, a living image of youth and hope" (330). Like Amelia Powell, Bella is lured abroad so as to be exploited more easily. Both Bella and Amelia are in economic hardship and anxious to support poor family members, and both are foolishly impressed by high wages, foreign travel, and fine clothes. One of Stead's procurers in Section IV of the "Maiden Tribute" notes that the implausibly high wages and good situations promised to the potential prostitutes would surely tip off any reasonably intelligent girl into "smelling a rat" ("An interview with an ex-slave trader"). Like Amelia Powell, Bella does not smell a rat, having been groomed into gratitude and obedience by Miss Torpinter, Lady Ducayne and financial pressure.

Yet, the name *Good Lady Ducayne* encourages readers to smell a rat because it recalls a literary sisterhood of elderly procuress. As Joss Lutz Marsh identifies in her reading of *Dombey and Son*, *Good Mrs. Smith* is an elderly procuress whose name echoes the *Good Mrs. Smith* of *Fanny Hill: Memoirs of a Woman of Pleasure*. In the latter text, *Good Mrs. Smith* recruits *Fanny* as a servant but carefully corrupts her until she becomes a prostitute. In the former, *Good Mrs. Smith* is at first more equivocal: she does not actually prostitute young *Florence Dombey*, but she does despoil her of her clothes and threaten to shear off her long hair to sell to the wig trade. It is not until we meet *Mrs. Smith's* daughter, *Alice*, that we learn that *Good Mrs. Smith* did, in fact, prostitute her own daughter. *Good Lady Ducayne* echoes *Good Mrs. Smith's* interaction with *Florence* rather than *Alice* since *Lady Ducayne* does not actually prostitute *Bella*, although she does despoil her of a body part (her blood).<sup>17</sup> *Good Lady Ducayne's* arrangement of the marriage between *Stafford* and *Bella* and her generous wedding gift may also be understood as part of the procuress motif. In *Dombey and Son*, the procuress motif is repeated in an old, wealthy, wrinkled figure called *Cleopatra* who prostitutes her upper-class daughter, *Edith*, in marriage to rich *Mr. Dombey*. The parallel between upper- and lower-class prostitution in that novel is cemented in the relation between *Alice* and *Edith*: they are cousins by blood as well as by profession. If the beginning of "*Good Lady Ducayne*" recalls the procuress *Good Mrs. Smith*, the story's ending recalls the second procuress motif in *Dombey and Son*, in which an advantageous marriage is viewed as prostitution. Just as in *Dombey and Son*, *Memoirs of a Woman of Pleasure*, and "*Maiden Tribute*," the young woman's exploitation reaps benefits for the older women. *Miss Torpinter* gains *Bella's* five shillings and then ten pounds out of her salary. *Lady Ducayne* conveniently gets rid of the ailing *Bella* by arranging a marriage, and her thousand-pound wedding gift finds its way to *Bella's* mother, just as *Cleopatra* enjoys the benefits of her daughter's bourgeois marriage. Viewed in this light, *Lady Ducayne's* harsh instruction to "go and marry your doctor" seems less *Bella's* fairy-tale rescue than her transfer to a new master (353). *Stafford's* acceptance of *Lady Ducayne's* wedding gift of a thousand pounds seems sinister, despite their gifting it to *Bella's* mother, because he knows that *Bella* has earned this money under improper and exploitative circumstances.

#### *Medical Youth: The Elixir of Life*

IN THE CASE OF ANESTHESIA, *Lady Ducayne* and *Parravicini* seemed to be co-conspirators, akin to the physicians and procuresses of Stead's fevered journalism. The English clergyman similarly lumps the two together when he says, "it is not good for any young woman to live with two such horrors" (337). *Braddon* seems to endorse this view of them as "two such horrors" when she depicts them as old. Like *Parravicini*, with his old, repulsive, wrinkled

face, Lady Ducayne appears to Bella “a little old figure, wrapped from chin to feet in an ermine mantle; a withered, old face under a plumed bonnet – a face so wasted by age that it seemed only a pair of eyes and a peaked chin” (330). The agent at the companion agency calls her not Good Lady Ducayne but “Old Lady Ducayne” (332). Dr. Stafford described Lady Ducayne as

a shrunken old figure in a gorgeous garment of black and crimson brocade, a skinny throat emerging from a mass of old Venetian lace, clasped with diamonds that flashed like fireflies as the trembling old head turned towards him. . . . The eyes that looked at him out of the face were almost as bright as the diamonds – the only living feature in that narrow parchment mask. . . . [H]e had never seen a face that impressed him so painfully as this withered countenance, with its indescribable horror of death outlived, a face that should have been hidden under a coffin-lid years and years ago. (348)

This description emphasizes Lady Ducayne’s wealth (ermine, diamonds, feathers, lace, brocade), her vivid eyes, and her hideously old flesh, repeating the word “old” with painful regularity.

If age is a sinister quality to Stafford, Bella maintains a favorable opinion of it: “*I feel as if Lady Ducayne were a funny old grandmother, who had suddenly appeared in my life*” (333). Bella also views Lady Ducayne’s age positively when she says, “[Lady Ducayne] really is the dearest old thing” (353). She thinks, “Old age is venerable, and worthy of all reverence” (338). Yet, readers hardly share Bella’s naïve point of view; rather, we are invited to share Stafford’s medical conviction that old people belong in a coffin. Kristine Swenson uncovers the threat of the elderly woman in her reading of the 1896 story “The Beautiful Vampire” by eugenicist Arabella Keneally.<sup>18</sup> Swenson argues that Keneally is using the Gothic story to dramatize the eugenic view of the menopausal woman as useless at best, socially harmful at worst. There seems to be an overlap between Stafford’s view of Lady Ducayne and Keneally’s view of old women as parasites whose elimination would be a boon. Swenson’s excellent discussion of the menopausal vampire briefly mentions Lady Ducayne, viewing her as more an economic vampire than a physical one. While Swenson’s argument is very persuasive, it minimizes Dr. Parravicini. If Lady Ducayne is demonized as old, Parravicini is too. As discussed earlier, he is considered a quack largely because of his age and ethnicity, and both the English clergyman and Lady Ducayne critique Parravicini using the word “old.” Taken together, Parravicini and Lady Ducayne reflect a fear or hatred of aging in both men and women. The hatred for Parravicini’s age is shared by Lady Ducayne herself, who tells Stafford she wants him to replace Parravicini because “You are young” (349). Even among doctors, youth appears to be a virtue.

Although other readings of “Good Lady Ducayne” have focused on blood transfusion as symbolic vampirism, few connect the story’s blood transfusions with endocrinology pioneer Charles Édouard Brown-Séquard and his experiments on aging. Yet, his work may be a model for Parravicini as an older scientist and for Lady Ducayne’s hope that she can avoid aging through medical treatment.<sup>19</sup> Brown-Séquard was a pioneer of blood transfusion and of organotherapy, the injection of organ extracts as a cure for disease. During the 1890s, the practice of injecting organ extracts was a developing but mainstream practice; for example, thyroid extract was injected into patients in cases of myxedema (or hypothyroidism) (Tattersall 295; 297). Similarly, Merriley Borell notes the development of pancreatic extract for the treatment of diabetes during this period (282). Although the term “hormone” would

not be coined until 1905 and “endocrinology” not until 1909, Garabed Eknoyan identifies nineteenth-century pioneers of endocrinology including Brown-Séquard (371). Eknoyan argues that Brown-Séquard’s mid-nineteenth-century work is a milestone because it “showed that removal of the adrenals was invariably fatal, except when normal blood was infused in the experimental animals” (374). In other words, Brown-Séquard’s mid-century experiment transfused healthy blood into animals without adrenal glands and prolonged their lives. In “Good Lady Ducayne,” Lady Ducayne’s aged and possibly failing organs are supplemented with Bella’s healthy blood, so Braddon again appears to be offering not just Gothic horror but a representation of modern medicine.

More importantly for this story, Brown-Séquard’s 1889 work, *The Elixir of Life*, describes experiments in which he injects himself with extracts of organ tissue and recovers vitality.<sup>20</sup> In this experiment, the elderly Brown-Séquard injected himself over successive days with an extract of testicular material (blood, semen, crushed testicle) obtained from dogs and guinea pigs (25–26). He claimed the injections prompted increased energy, better physical strength and endurance, and greater mental acuity (29–30). According to him, the effects lasted four weeks after the injections ceased (32), and he conjectured that extracts of the ovaries might function similarly for old women (37). In addition to the benefits, he noted the dangers of infection (69), inflammation of the arms, and injection-site pain (34; 38–39). In the story, Bella experiences injection site inflammation and pain, which she mistakes for infected insect bites, and she (and Lady Ducayne’s other companions) stand in for the guinea pigs and dogs that are sacrificed in Brown-Séquard’s experiment.<sup>21</sup> In addition, the pattern of Bella’s nightmares indicates a cyclical series of transfusions (every few weeks), akin to Brown-Séquard’s. Unlike his milestone experiments with adrenal glands, Brown-Séquard’s work in *The Elixir of Life* was by no means representative of mainstream practice at the time. Even Brown-Séquard himself questioned whether auto-suggestion might account for the effects he experienced (53). Nevertheless, this experiment was widely discussed and influential. The *Elixir of Life* includes complaints about the lay press’s “sensational” treatment of the experiment and their dubbing his procedure a “fountain of youth” (72–73). The *Cincinnati Lancet-Clinic*’s review is reprinted in the book, and it complains of the “lively imaginations of a host of readers” who consider the discovery an “actual live forever business” (92). The notion of such injections prolonging life indefinitely was certainly, if erroneously, circulating widely in the periodical press in France, England, and the USA.<sup>22</sup> Eknoyan characterizes Brown-Séquard’s claims of the “extraordinary rejuvenating effect” of injections of testicular extract as “of dubious significance” and “more pathetic than convincing” but he maintains that they “aroused worldwide public interest in endocrinology and generated a whole new industry for the marketing of glandular extracts” (374–75). Braddon’s story appears to build upon actual medical practices of the 1890s regarding the use of organ extracts in disease and upon Brown-Séquard’s mid-century work transfusing healthy blood into animals lacking adrenal glands. In this sense, Parravicini’s transfusions are not representations of outdated or occult knowledge but of an emerging field of medical science.<sup>23</sup>

More than merely echoing Brown-Séquard’s *Elixir of Life*, however, Braddon considers the dangers of medical intervention in aging. For physicians such as Brown-Séquard, Parravicini, and Stafford, old age becomes not the venerable time of life (that it represents for Bella) but a diseased state. As Swenson argues, this was a common position among eugenics-minded practitioners. As tempting as it is to read Lady Ducayne’s transfusions as

a loathing of particularly feminine aging (and there is a good deal of loathing on Stafford's part), the story's allusion to Brown-Séguard's work implies that there was also a desire for youth in male medical practitioners. Lady Ducayne wishes for young Stafford over the aged Parravicini, and many criticized Brown-Séguard's experiment simply because of his age. Critics lamented that so fine a researcher should have lived to old age and become ridiculous. One reviewer from Chicago laments, "Why is it that men who have achieved renown [sic] in science, letters and politics, live long enough to ruin the good work of the vigorous early and middle periods of life?" (*Elixir of Life* 109). The reviewer mentions Tennyson as another whose talent devolved into "the driveling of senility," and he characterizes Brown-Séguard as "the poor old man" (110). Another commentator rather facetiously speculates on the benefits of prolonging life: "It would be a sore deprivation to one's heirs . . . a great discouragement to young women marrying wealthy middle-aged men" (118). Like Stafford, this reviewer views the elderly as better dead, so that they do not inconvenience the young.<sup>24</sup> Cloaked in jest, this comment nevertheless devalues the aged. Both Parravicini and Lady Ducayne are indicted by various characters simply for being old and sexually unattractive. In this sense, the story explores the dynamics of aging in a culture obsessed by both youth and wealth. Through Parravicini, Braddon expands upon her culture's already negative view of age as a diseased state and questions whether the medicalization of aging (in Lady Ducayne) offers benefits or further suffering. In this sense, Braddon generates horror not just from the experience of undergoing medical procedures but from the *necessity* of doing so to prevent aging, which is presented as literally a fate worse than death.

If lurid tales of anesthesia and of transfusion create a shared prejudice against the elderly Parravicini and Lady Ducayne, Braddon also resists this eugenic separation between the old and the young. There are moments where Braddon shows cross-generational affiliation. These moments offer some of the most subversive in the text, since they most radically resist dominant cultural ideologies in favor of professionalization and of youth-worshipping. We have already examined Braddon's pairing of the two doctors against the patients when Stafford excuses Parravicini's misconduct and in their shared love of secrecy. We also see an overlap between the two women because of their shared status as patients. Despite her social power and wealth, Lady Ducayne is at times a desperate figure, pathetically afraid of aging and death. Braddon's depiction of Lady Ducayne as a patient generates some measure of sympathy for the old woman. During the procedure of transfusion, Bella and Lady Ducayne are literally parallel. Bella is wheeled from her room inside Lady Ducayne's room still on her bed, which has casters, to take a position next to Lady Ducayne's bed for person-to-person transfusion (333). The parallel is furthered by Lady Ducayne's claim that the procedure is dangerous for her as well as Bella, since an air bubble in the transfusion line could be fatal. Although Bella risks sudden death through anesthesia or through blood loss, Lady Ducayne also risks sudden death. Like Bella, Lady Ducayne also has nightmares. Bella says, "*Sometimes I hear her moaning in her sleep – as if she had troublesome dreams*" (333). Since Bella's nightmares are recollections of medical procedures, readers must wonder whether Lady Ducayne's nightmares are similar. The most radical parallel is Bella's loss of beauty because of the transfusions. Lotta Stafford comments on Bella's aged appearance: she "looks a wreck" and has a "pale face" and a "poor pinched face" which recalls the withered appearance of Lady Ducayne (342).<sup>25</sup> In this sense, Bella's physical transformation generates questions about the nature of aging in this story. How long before age and illness transform the blooming girl into a hideous woman? How long before Bella too is desperate to retain

her youth and beauty? In the story, Bella develops scars on her arms that she attributes to a "venomous sting" (339). In discussing the pesky mosquito, Parravicini coyly says, "What a vampire!" (339). His ironic comment reminds readers that there is no supernatural way to avoid loss of beauty, aging, and death. While the eugenic reading of the story pits the aged against the young, the cahoots between the two doctors and the parallels between the two patients hint that Braddon resists the eugenic theory that values the young and dismisses the elderly. No matter how much Stafford attempts to distance himself and Bella from Parravicini and Lady Ducayne, the young doctor will become an old doctor and the young woman will become an elderly woman.

On one hand, Parravicini and Ducayne may be viewed as two horrors that join together in a wicked plot to anesthetize and exploit a young girl in order to escape the cultural bias against ageing. On the other hand, perhaps Lady Ducayne may be lumped together with young and beautiful Bella because both she and Bella are dependent on physicians (Parravicini and Stafford) and because both suffer through horrible medical procedures. Lady Ducayne describes, "new-fangled theories, the modern discoveries – that remind one of the medieval witchcraft, of Albertus Magnus, and George Ripley" (349). This recalls the alchemical allusion in Brown-Séquad's title, *The Elixir of Life*. In the story, Bella goes from the unwitting pawn of Parravicini to the unwitting wife of Stafford. She concludes the novel primed for a life dependent upon and obedient to the dictates of her doctor/rescuer/husband. Lady Ducayne apparently abandons Parravicini's experiments for another, younger doctor despite Stafford's rejection of her offer of employment, and she is resigned to spending her remaining days undergoing dangerous medical procedures in a quest for prolonged life. Thus, I argue that the story's horror does not lie with vampires or even with quack doctors. It is not allayed by Bella's rescue by and marriage with Stafford. Instead, it lies in Dr. Parravicini and Dr. Stafford's shared love of secrecy and manipulation, in Bella's and Lady Ducayne's shared vulnerability before and terrible experience with modern medicine, in painful technologies practiced by doctors on disempowered patients, in Lady Ducayne's oscillation between the Scylla of death by aging and the Charybdis of death by technological malfunction, and in the representation of aging as a horrible disease that requires medical intervention. In "Good Lady Ducayne," emerging medical technology becomes not only Bella's recurring nightmare but Victorian culture's nightmare of violated boundaries, human vulnerability, and encroaching medicalization.

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## NOTES

1. For other essays that treat this story as a vampire tale, see Senf, Swenson, Braun, Tomaiuolo. See Wooden for a reading of the story as a vampire tale that also calls for a re-evaluation of women's texts.
2. Tomaiuolo argues that transfusion is not Gothic in "Good Lady Ducayne" but realist.
3. Palmer finds that Braddon's editorship was also sensational, and she points to the continuity between Braddon's dramatic career, sensational novels and editorship. Robinson argues that Braddon championed the notion of educating middle-class readers through light reading (119).
4. See Schroeder for a reading of Braddon's novels of the 1860s as subverting the dominant view of Victorian marriage as an ideal situation for women by exposing its demerits (10). Although they

- claim that Braddon was not radically anti-marriage, they note that her questioning of this ideal was a subversive act (16), as was her suggestion, however subtle, that the institution of marriage was in need of reform (25).
5. Phegley concurs, arguing that Braddon's sensation novels trouble the concept of the naïve woman reader.
  6. See also Bynum and Bynum and Porter on secrecy and foreignness as markers of quackery during the Victorian period. I have discussed the overlap between regular medicine and quackery at length elsewhere.
  7. For example, Wilkie Collins provides the tucked-away lunatic asylum from which Ann Catherick escapes and the sinister Count Fosco's treatment of Marion at isolated Blackwater Park as his indictment of secretive medical practices in *The Woman in White*. Dr. Downward in *Armada* also practices in secrecy then founds a similarly tucked-away asylum. The obscure, foreign asylum at the end of *Lady Audley's Secret* seems another questionable medical practice.
  8. Braun's reading of the story views Parravicini as an emblem of outdated medical practices, in part because of his age (246).
  9. Tomaiuolo discusses both of these procedures in relation to Lady Ducayne as a degenerate figure, like Dracula, who co-opts the technology of modern society (115). He points to the difference between transfusion in *Dracula*, which is sexualized, and in "Good Lady Ducayne" where it is less so (114).
  10. Tomaiuolo argues that the transfusions and chloroform are "de-Gothicizing" because they introduce a "realistic perspective" (113). I am arguing that it is their reality that generates a sense of horror.
  11. Stratmann notes the relative popularity of ether in the USA, often administered using a sponge, rather than chloroform due to its reputation for safety (145).
  12. Snow identifies *fin-de-siècle* concerns about the safety of various anesthetics, dwelling particularly on heated debate about chloroform, which was used in the UK and in the southern USA but not elsewhere (169). This controversy centered on which type of inhalant was most safe: chloroform, nitrous oxide, ether, or methylene bichloride.
  13. See Poovey for a discussion of the fear of chloroform unleashing female desire during childbirth.
  14. Snow notes Stead's use of chloroform in this case as part of its inflammatory nature (144), and Stratmann describes the *Lancet* and the scientific establishment as outraged by Stead's doctor, Heywood Smith's, participation in this scheme. Robson identifies a literary sisterhood, including Clarissa Harlowe, done in by laudanum or chloroform in a manner that emphasizes their purity (168).
  15. Bilston describes the sudden "awakening" of New Woman fiction where girls realize the double standards of their culture: Bella seems notably without such an awakening. Other critics have noted that Stead's journalism tends to represent young women as passive, innocent victims in need of protection rather than economic or sexual agents; see Gorham, Mendelssohn, and Wallace. Robson argues that this insistent innocence is paradoxically sexualizing, transforming the virginal girls into the most alluring of women (167).
  16. Carnell notes that Braddon's novels, including *Lady Audley's Secret* and *Charlotte's Inheritance*, include amateur detectives who act as judges and whose "knowledge and decision is more important than that of society" (259).
  17. Bilston identifies the sexualization of the working-class girl, as opposed to the middle-class girl because of early employment. Bella seems notably without sexuality despite her status as a working woman. Dickens more clearly delineates between the sexual exploitation of the working-class daughter and the middle-class daughter.
  18. Tomaiuolo connects "Good Lady Ducayne" to fear of elderly female sexuality. He points to Braddon's own social position as an aging woman (104) and to Lady Ducayne's representation as a non-reproducing woman still dominating (or perverting) the economics of health and of wealth (105).
  19. Although the development of apparatus for transfusion continued from Blundell's Gravitator to Brown-Séquard's defibrinator (perhaps the source of the whirring in Bella's dreams?), the procedure remained dangerous into the 1890s. Writing for the *British Medical Journal* in 1889, Hunter contends, "The

- present attitude of the medical opinion [toward transfusion] may be described as one of healthy scepticism [sic]” (115).
20. Flint connects George Eliot’s *The Lifted Veil* and Brown-Séguard’s work with transfusion and the revivification of dead bodies in order to challenge the movement toward the visual in medical care.
  21. Other literary texts attacking the experiments of physiologists/vivisectionists employ the trope of the woman-as-experimental animal, as in Collins’s *Heart and Science*.
  22. Borell identifies Brown-Séguard’s 1889 experiment as influential on the developing field of endocrinology. Borell also asserts the importance in Britain of Edward Schäfer, Professor of Physiology at University College London, whose research into physiological effects of organ extracts occurred during the 1890s. Borell maintains that the field of endocrinology did not attain medical respectability for another two decades (285).
  23. Wells’s *War of the Worlds* (1898) rather similarly depicts the Martians as creatures who pipette blood directly from captured humans into their own veins.
  24. Wilde’s *Picture of Dorian Gray* (1890) manifests male fear of aging as Gothic horror.
  25. Swenson’s reading of “A Beautiful Vampire” argues that 1890s vampirism was represented not by blood loss but by loss of energy or vitality (34). She argues that Keneally intended this Gothic transaction to represent the eugenic fear of female sexuality not suitable for production of children but responsible for a host of disease states in older women (35).

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