

# Pathology, Physiology and the Un-Dead: Medicine, Misdiagnosis and Vampire Fiction

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Though the literary vampire is without doubt an entity as replete with metaphorical implication as it is bloated with ingested blood, it should not be forgotten that its customary mode of predation is in essence a physiological, rather than a supernatural, event. For all its occult trappings, the bite of a vampire represents nothing more than a traumatic intervention into the economy of the human body, and a consequent disruption of the organic harmony of its processes of secretion and circulation. The literary vampire is a creature of folklore, albeit one revised and revisited under generic influence. The vampire's victim, by contrast, is a representation of familiar humanity, and the embodiment of a mortality which persists in a nominally conventional form to the very point at which organic persistence is no longer viable and death supervenes. The uncanny developments which conventionally follow the victim's bodily death in vampire fiction are the concern only of creative writers and literary critics – those individuals who variously encode, or else interpret, personal and cultural dis-ease within the evocative imagery of pathological disorder. The processes which lead up to the moment of bodily death, however, remain matters for interpretation by way of a medical discourse, albeit with the specific proviso that medicine should be understood as an evolving nosological and diagnostic practice which embodies cultural as well as physiological implications.

The concept of vampirism appears to have entered Anglophone culture in the late seventeenth century, the defining element of exsanguination being adapted almost immediately as an evocative metaphor for domestic fiscal rapacity.<sup>1</sup> The appropriation of the vampire as a rhetorical tool did not, however, inhibit the development of a rich and consistent grammar of imagery translated from accounts originating in the eastern margins of the European continent. Though a narrative concerning post-mortem mobility and the exorcism of the dangerous un-dead had been relayed to British readers as early as 1679, it was only in 1732 that a vampire was apparently named as such by way of a

series of articles printed in a number of metropolitan periodicals – most notably *The London Journal*, *The Gentleman's Magazine*, or *Monthly Intelligencer*, *The Country Journal: or, The Craftsman* and *The London Magazine*.<sup>2</sup> The first of these published what was purported to be an ostensibly '*private Letter from Vienna*' describing the exhumation and ritual disposal of the body of one Arnont Paule – usually anglicised as Arnold Paul – a Serbian who had in earlier life 'been tormented .... by a *Vampyre*'.<sup>3</sup> The purported 'letter' appears to have generated some debate in the London drawing rooms of the period – so much so, indeed, that 'Caleb D'Anvers, of Gray's Inn, *Esq.*', the pseudonymous editor of *The Country Journal*, felt minded not merely to reproduce it more less verbatim in that periodical but also to recount how two very different Britons were to respond to its contents during the course of what he termed 'a Dispute about *Prodigies*'.

The 'letter' in both incarnations is strikingly visceral with regard to the nature of the exhumed body and the physical measures taken to neutralise its assumed malevolence – Paul's predation upon the living being all the more terrible because 'all such as have been tormented, or killed by the *Vampyres*, become *Vampyres* when they are dead':

In order, therefore to put a Stop to such a Calamity, the Inhabitants of the Place ... caused the Body of the said *Arnold Paul* to be taken up, 40 days after he had been Dead, and found the same to be fresh and free from all manner of Corruption; that he bled at the Nose, Mouth, and Ears, as pure and florid Blood as ever was seen; and that his Shroud and Winding Sheet were all over bloody; and lastly his Finger and Toe Nails were fallen off and new ones grown in their Room.

Being satisfied that the unfortunate Paul was indeed a vampire, the assembled villagers 'according to Custom drove a stake through his Heart; at which he gave a horrid Groan, and lost a great deal of Blood'.

Such superstition, perhaps, might indeed be considered prodigious in the refined drawing rooms of Georgian London, the specific details of Hungarian belief and practice emphasising once more the epistemological and cultural distance that conventionally pertained between the rational Briton and his superstitious European counterpart.

Arguably more significant than the pointed detail conveyed within this early depiction of vampirism, though, is the manner in which it was transmitted to the Anglophone reader, and the structures through which its unprecedented and unlikely claims were authorised in the printed account. The purported 'letter' is no simple private communication between two individuals but, rather, a medico-juristic statement which not merely describes but also justifies what might be considered the extraordinary disposal of an ostensibly normal cadaver. The document embodies the testimony of duly examined witnesses – 'These good Men', among whom may be accounted a local leader, 'the Senior Heyduke of the *Village*' – all of whom had claimed to have been present at the exhumation which had taken place some five years earlier. More emphatically, the account is signed by no fewer than *six* creditable individuals from *outside* of the village community, including four surgeons and two military officers. These latter, the communication makes clear, have subsequently conducted a systematic investigation under official Hapsburg commission, adding an implicitly legal sanction to the intrusive presence of the medical investigation. Together, these qualified persons have reported what they have understood *almost* as if it had been immediately observed. In the age of Enlightenment, when the philosophically encyclopaedic project had already been initiated in England by Ephraim Chambers (1680?-1740), their ostensible endorsement of how a seemingly primitive community of European villagers first comprehended and then dealt with the uncanny body of Arnold Paul would have seemed, indeed, a prodigy in the eighteenth-century sense of that term.

The grotesque fate of the late Arnold Paul was a topic ripe for debate in the drawing rooms of rational England, as D'Anvers readily noted. Recounting a discussion on the topic between 'a grave *Doctor of Physick* and a *beautiful young Lady*, who was a great Admirer of *strange and wonderful Occurrences*', the editor recalled how the lady 'insisted on the Truth of this Relation, which stood attested by such *unexceptionable Witnesses*' for 'such Gentlemen must be supposed to have too much Skill to be impos'd upon Themselves in such a matter, and too much Honour to impose upon others'. The physician, however, was less easily convinced by the ostensible authority vested in professional or social status. The account continues:

To This the *Doctor*, reply'd with some Disdain, that all the *Surgeons* and *Soldiers* in the Universe should never make Him believe that a *dead Body*, whose animal Powers were totally extinguish'd, could torment the living, by *sucking their blood*, or performing any other *active and operative Functions*. He added, that it was contrary to all the Principles of Philosophy, as well as the Laws of Nature....<sup>4</sup>

In rational England, in other words, such extraordinary possibilities may be immediately dismissed because they are incapable of verification through the 'Principles' and 'Laws' which underwrite, regulate and verify knowledge within a *national* epistemology that is conceptually discrete from its Continental counterpart. The training customarily undertaken by both physicians and surgeons in eighteenth-century England, Scotland and Ireland, grounded as it was in an intimate familiarity with anatomy learned in the dissection room, rendered the body secular, physiological and immobile once life could be proven extinct. There can be no place for vampires in British medicine, for the dead neither walk nor ingest according to the logic of the national medical epistemology.

Hence, the eighteenth-century British physician may dismiss with ease both the existence of vampires *and* the comparative competence of continental clinicians. That hypothetical individual, though, might well have taken care to contemplate the detailed descriptions of the putative un-dead recorded not merely in the early account of Arnold Paul's exhumation but, subsequently, in other translated accounts of alleged vampiric activity across the Hapsburg Empire and in Greece. Paul Barber, in the magisterial *Vampires, Burial, and Death: Folklore and Reality* (1988), has convincingly argued that the physical stigmata which were conventionally accepted as sure signs of vampiric un-death in this period were, in actual fact, little more than the unexceptional symptoms – liquefaction, corporeal bloating and dermal shrinkage – of soft-tissue decay.<sup>5</sup> That eighteenth-century medical professionals might be confounded by such mundane stigmata is hardly surprising. This was an age in which bodies were necessarily ensepulchered with haste, where artificial refrigeration and hygienic treatment of the proletarian dead and of military casualties were unknown, and where there was little compulsion to recall the cadaver from its tomb for forensic analysis. A trained doctor might,

indeed, arguably never have had cause to examine a cadaver such as that of Arnold Paul, one which had reposed in the grave for forty days. During this period, the dead body would likely have changed greatly in appearance as it passed through the stages of autolysis, bloating and active decay. As decomposition progressed, the interior of the body would progressively liquefy, the production of cadaverine and putrescine being accompanied by foul odours. The orifices of the cadaver would, further, gape and exude fluid as the gases and liquids of putrescence sought escape from the interior following its initial bloating, and its surface would discolour, displaying shades of both green and red, the skin shedding and retracting so as to give the impression that the nails had continued to grow post mortem. Though no doubt shaped by the haste with which the body was dealt with, and tintured also by a lack of precise medical language, this is in essence the situation depicted in the testimonies rendered by those present at the exhumation of Arnold Paul.

That these lay testimonies are embedded in what is essentially a medical account, whose contents are endorsed by medical professionals, should not however be forgotten. The specific manner in which Paul's case was presented to its earliest Anglophone readership should rightly be considered as the initiation of a paradigm whose implications continue to shape both the writing and the criticism of vampire fiction up to the present day. It is doctors, rather than clergymen, who appear to enjoy the prerogative of investigating vampires, even though the spiritual disciplines and symbolism of the Church may be called upon when physiological or chemical treatment proves less than efficacious in relieving those predated upon by the un-dead. Significantly, the victim rather than the vampire lies at the centre of the physician's concern: one cannot 'cure' death, though one may wish quite possibly to study its anomalies of mobility and predation in order to better protect the living. There appears to be a consistent hope, though, that medical intervention will not merely relieve the cadaverous sufferer but also prevent their infecting others in a seeming re-enactment of their own debilitation. To burn the body— it is to be hoped — is to bring to an end its infectious capability, to neutralise its ability to penetrate other beings and thereby implicate its poison within them. In this respect, Paul's superstitious neighbours appear to have anticipated a twentieth-century response to the transmission of a fatal debilitation by way of intimacy with infected tissue.<sup>6</sup>

From the earliest entry of the vampire into Anglophone culture, therefore, both the un-dead *and* their victims appear to be associated with morbid illness – and, quite possibly, with the domestic space in which debility is most frequently endured: the bed. As academic criticism – and most especially the critical response to the fictional vampire – has dwelled so consistently upon the procreative associations of the bedroom, the function of the bed as a place of nocturnal repose, as well as of accouchement, and of the enduring of illness, be the latter temporary or protracted up to the point of death, has been too often overlooked. Acknowledging these latter implications, it is noteworthy that so many instances of vampiric predation take place in the bedroom, and are enacted upon the passive bodies of sleepers, particularly those incapacitated by age, disease or disability. This recurrent scenario is, again, arguably the consequence of a paradigm also established in the earliest Anglophone translations of European narratives of vampire predation. A translation from the *Dissertatio de Vampiris Serviensivbus* (1833), a scholarly thesis defended by J. H. Zopfio of Essen, may be taken as representative.<sup>7</sup> In the translation, ‘The *Vampyres*, which come out of the Graves in the Night-time, rush upon People sleeping in their Beds, suck out all their Blood, and destroy them’, ‘sparing neither Age nor Sex’. Following the attack, though, the victims appear not to display the morbid physiological symptoms associated with either haemorrhage or anaemia, but instead ‘complain of Suffocation, and a great Interception of Spirits; after which they soon expire’. Zopfio’s observations might serve, perversely, to illustrate the ease with which the assumptions of superstition might yield to the diagnoses of reason, even when contemplating an account written by a purported believer in the possibility of vampires. The symptomatology of breathlessness, the lowering of personal vitality, and the association of the victim’s demise with some other infectious individual, now deceased, all point towards the pathology of conventional transmissible disease.

Ironically, the debilitated individual is not termed a victim elsewhere in Zopfio’s account but is designated, somewhat tellingly, ‘the sick person’.<sup>8</sup> Hence, both vampire and victim are ‘sick’ by implication: though the vampire-corpse as depicted in the *Dissertatio* exhibits a ‘fresh and ruddy’ complexion, the explicitly ‘turgid’ concentration of fluids associated with its bodily cavities and orifices imply the cloying stagnation of a deficient circulation. The victim’s body, by contrast, is substantially less physical in

Zopflo's account, its substance seemingly of less significance than its lassitude or depressed spirits. As the victim is debilitated, the predator is sustained – though, significantly, only to a level cognisant with persistence. The vampire, it would appear, never actually improves in health, and can at best only keep the ravages of lassitude, decomposition and dissolution at bay. There is no 'cure' for vampirism, no lasting respite from its progressive pathology of decomposition, no bodily regeneration.

The reciprocal relationship that pertains between those most intimately involved in vampirism – the vampire and the victim – must thus be contemplated as a central component of the medical script which silently underwrites those narratives of the undead which were published as essentially anthropological curiosities in eighteenth-century British journals. These short works, aimed at the antiquarian and the drawing-room philosopher, might in turn be understood as being instrumental in the development of the specifically *fictional* vampire which is the product of a nineteenth-century consciousness inflected, at least in its earliest days, by emergent romanticism as much as residual rationality. Both of these modes of representing the vampire, though, arguably temper the superstition of their subject matter with reference to a physiological principle very much associated with the chronologically earlier research undertaken by a British clinical anatomist. It is appropriate that the characteristic behaviour of the fictional undead has been significantly shaped by the specifically medical understanding of the intimate relationship between the circulation of the blood and the overall health and viability of the body.

The crucial role played by the blood in the maintenance of personal well-being, though long understood in principle, was popularised most influentially by the experimental physician William Harvey (1578-1657), who had lectured upon the forceful systole, and theorised the diastolic contraction, as early as 1618. Harvey's model of human vitality, as outlined in his *De Motu Cordis* (1628) advances two implications which might rightly be considered as being fundamental to the sanguine conceptuality which underwrites fictional vampirism. Immediately, the uninterrupted circulation of the blood is crucial to personal health, for it is through its heart-driven movement by way of oxygenated artery and deoxygenated vein that the whole body is both cleansed and energised. Hence:

All parts may be nourished, warmed, and activated by the hotter, perfect, vaporous, spirituous and, so to speak, nutritious blood. On the other hand, in parts the blood may be cooled, coagulated, and be figuratively worn out. From such parts it returns to its starting-point, namely the heart, as if to its source or to the centre of the body's economy, to be restored to its erstwhile state of perfection.<sup>9</sup>

The circulatory system that Harvey proposes is one premised upon exchange and vital movement, embodying plenitude on the one side, where vividly red arterial blood is infused with oxygen via association with the lungs; and deficit on the other, with the depleted venous blood being darker and effectively contaminated by the carbonic by-products of cellular respiration. A constant and appropriate quantum of blood within the circulatory system is thus necessary to maintain the body in which it is housed. Any substantial reduction in the volume of blood in circulation – as might be occasioned, for example, by some traumatic exsanguination consequent upon the puncturing of some component of the circulatory system – will prototypically reduce the circulation's capacity to both energise and cleanse the body. A languid or sluggish circulation, whatever its exciting cause may be, will similarly impede the holistic maintenance of the bodily economy it is supposed to support.

The economic analogy advanced by Harvey, however, is premised upon far more than a simplistic understanding of the relative effects of presence and absence. It is deeply implicated in the cultural mechanisms by which quality and value are vested in purity or integrity of substance.<sup>10</sup> The issue of sanguine contamination, which Harvey addresses later in *De Motu Cordis*, is thus as central to the construction of the literary vampire as are his assertions regarding the depleted circulation. Because blood is intimate to every part of the body, its very ubiquity implies its potential to undermine, as well as promote, personal vitality. Physiological health is thus a consequence, in part at least, of the presence of an uncompromised circulation. The introduction of any foreign substance into the circulation must therefore be regarded as having the potential to compromise not merely vitality but – should the contamination prove chronic, or else pass



undetected – viability also. Hence, *any* intervention into the economy of the body – Harvey exemplifies ‘a poisoned wound’ and ‘the bite of serpents or of a mad dog’ as well as the more subtly contracted ‘venereal disease and the like’ – is likely to have grave consequences: ‘From the supposition it is clear that the contamination is first imprinted into the part, then reaches the heart in the returning blood, and thereafter from the heart pollutes the whole of the body.’<sup>11</sup> The physiological body is in effect stimulated by the blood, irritated by its contamination, and debilitated by its absence.<sup>12</sup>

Harvey’s writings, no doubt, were directly read by few outside of his own profession. Their central principles of economy and contamination were, however, arguably well incorporated into non-clinical culture by the mid-eighteenth century, having been applied and explained to those subject to medical supervision across more than a century of diagnosis and treatment.<sup>13</sup> These basic principles of economy and integrity of substance, while germane to the reportage of the eighteenth century, were to be developed and enhanced as the vampire entered Anglophone poetry and fiction during the first two decades of the following century.<sup>14</sup> Vampire *fiction*, in particular, offered a more expansive canvas upon which to depict, in lingering detail, the pathetic and painful trials of besieged mortality, while presenting the predatory un-dead as physiologically damaged, pathologically pallid, and prone to the languor of debilitation when unable to feed. However the un-dead may come to be defined in occult terms – apostate, cursed being, adept of the devil, or simple victim of another vampire’s hunger – those mortals upon whom it feeds consistently hasten towards their demise by way of a quite conventional pathological trajectory. That trajectory, it should be noted, is likely to be shaped in part by current thought in medicine, as well as the terminology and conceptuality of the whole medical archive available to the writer.

This knowledge may occasionally be specifically clinical – John Polidori, author of ‘The Vampire’ (1819), was a physician – though more often than not it is based upon popular knowledge or else derived from publications written and marketed for the non-clinician. The nineteenth century, in particular, witnessed not merely an expansion of the medical profession at all levels of prestige and training, but also a significant democratisation of knowledge by way of information published in periodicals and guidance provided in so-called ‘Home Doctors’ – popular medical manuals through which

the untrained reader might be able to diagnose common complaints, mix a range of basic palliative nostrums, and undertake a rudimentary level of practical surgery. It is through these works in particular that non-clinical readers would learn of the symptoms associated with frequently encountered disorders – symptoms which they might encounter in fiction associated with a vampire pathology not admissible under the epistemology of conventional medicine. The symptoms described in both medical manuals and fiction, however, were further tintured with implicit judgements associated with the gender, social status and age of those most commonly inflicted – a burden, as it were, of cultural interpretation, and often of open condemnation, which allowed medicine to function as a type of moral policing. This aspect of medicine, its cultural freighting, is perhaps at its most acute in the patriarchal and paternalistic culture that structured the medical profession in the nineteenth century. It should be evident, though, that value-driven judgement remains embedded in what may too easily be contemplated as an objective discipline, and that the signification vested in blood by the Victorians arguably retains a residual value even in the third decade of the twenty-first century.<sup>15</sup>

The valorisation of infirmity, disease and disorder is premised upon the persistent notion that a susceptibility to illness is somehow indicative of a lack, or a failing, in the afflicted individual – or, indeed, in that person's familial, racial or social heritage. If illness is thus deviant, moreover, those who are ill – or who facilitate the spread of illness – are by definition pathological, and require a degree of treatment or supervision which will either return them to the perceived normality of health, or else neutralise their infectious potential. Under such a medico-moral discourse, it is inevitable that the physiological will enter into a perceptibly reciprocal relationship with the psychological – a healthy mind implies (or requires) a healthy body: a dis-eased psychology may be caused by, or else may prompt symptoms in, a disordered physiology.

It is noteworthy that many conventional nineteenth-century disorders of the blood embody a cultural freighting that imbricates morality with symptomatology, and judgement with both diagnosis and prognosis. Under the purblind gaze of a secular nosology, the bodily symptoms of vampiric predation may only be interpreted as the stigmata of conventional illness: the unprecedented and unacceptable aetiology of vampirism has no place in diagnosis, prognosis or treatment. Hence, in fiction, the medical professionals

who are called upon to attend those prostrated by a vampire's attack characteristically view the pallor and lassitude of the victim as the consequences of a conventional disorder associated with the quality, quantity or circulation of the victim's blood. It is their failure to contemplate the unprecedented and epistemologically impossible aetiology that is vampirism which prompts continued misdiagnosis and, more often than not, underwrites the death of the patient through chronic exsanguination.

The immediate and most likely conventional diagnosis available to a fictional physician summoned to examine an ongoing case of vampirism, would be that of anaemia – this being a qualitative disorder of the circulation in which the relative proportion of oxygen-carrying red blood cells is reduced. Though now most commonly associated with a deficiency of iron in the body, anaemia has historically existed within a network of cultural as well clinical implications associated in particular with a gendered model of physiology and psychology. Given that so many victims of fictional vampirism are female, the gendered nature of anaemia is of signal importance in the process of misdiagnosis, and constitutes further a mechanism through which responsibility for the debilitation may be often fatally deflected away from the predatory vampire and on to the hapless patient. Under a discourse such as this, the victim, indeed, may even be configured as somehow complicit in her own decline.

The conventional symptoms of anaemia are strikingly reminiscent of those associated with occult vampirism. One popular medical dictionary, published in 1899, for example, states of a disorder which it observes to be 'common in young females, especially [those] of scrofulous habit' that 'The pallor of all those portions of the body, such as the lips, which are usually well-coloured sufficiently indicates the disease'. While for some of those afflicted, the exciting cause of anaemia may be 'deficient nourishment' or 'extreme loss of blood', for others its onset may be associated with a 'constitutional origin'. Whilst the condition of the former patient may be readily improved through the administration of 'iron and good living', the recovery of those constitutionally predestined to anaemia is less sure and 'often requires long and patient perseverance in these and other means to effect a cure'. The author further notes:

General languor and listlessness, very heavy sleep, headache, mental debility, impaired, capricious or depraved appetite, constipated bowels, swelling of the feet, are the general accompaniments of anaemia; the monthly secretion is either absent or very pale. The primary cause of anaemia is still obscure, but the direct cause of the symptoms is undoubtedly poverty of the blood, and to improve the vital fluid must be the great aim of treatment.

This 'treatment' might include the patient's retreat to 'the sea-side, or to a chalybeate spring', as well as attention to diet, moderate exercise on foot, and a regular sleeping regime. Confirmed cases of anaemia, the writer advises, 'should always be submitted to the medical man', rather than left in sole possession of the amateur, for 'in extreme cases of this disease, sudden death has occurred'.<sup>16</sup>

The emphasis placed by the writer upon the vulnerability of those who are constitutionally predisposed to anaemia is, again, premised upon a gendered vision of sanguine health. In coyly referencing the possible suspension of 'the monthly secretion' in the anaemic patient, the dictionary's definition again engages the profound function of blood in the pathologising of women. This goes beyond the specific construction of menstruation as a time at which an ostensibly healthy woman is rendered periodically and predictably 'unwell', 'poorly' or even 'drained'.<sup>17</sup> The pathology of anaemia is intimate to a further gendered debilitating complaint, freighted again with a range of associations which render the sufferer both deficient and deviant, and thereby complicit in her own moral and physical decline. Considered 'a form of anaemia or bloodlessness which occurs most commonly in young women between the ages of 15 and 25', the morbid condition of chlorosis

is characterised by a peculiar greenish pallor of the skin of the face, and to some extent of the body also. Among the more prominent symptoms resulting from the impaired quality of the blood are breathlessness on very slight exertion, palpitation of the heart,

lassitude, and frequently mental depression, headaches, and absence of the usual menstrual periods.

The symptoms of chlorosis are exhibited, however, most acutely upon the face of the sufferer: 'The gums are exceptionally pale and colourless; the interior of the lower eyelids also are noticeably white, and the small blood vessels ramifying there almost invisible'.<sup>18</sup>

The 'pale countenance; listlessness, and disinclination for exercise' characteristic of chlorosis, though, almost seem to function as a telling prelude to further debilitation.<sup>19</sup> In those afflicted 'The pulse is commonly weak and there is general languor of the system' – and, on occasions, a tendency to syncope or fainting. More seriously, 'If not corrected, anasarca [i.e., swelling or oedema] is likely to supervene, and afterwards phthisis sometimes manifests itself'.<sup>20</sup> Phthisis – or tuberculosis – is a bacterial infection spread through the ingestion of air-borne water droplets.<sup>21</sup> As Thomson and Steele suggest, 'It is rightly termed consumption, as the vital progress of combustion or consuming, goes on rapidly at the expense of all the tissues of the body'. Though nominally a wasting disorder, its symptoms include not merely impaired and difficult respiration but also the sanguine stigmata of 'the cough being accompanied in most cases with expectoration of blood and purulent matter'.<sup>22</sup> Despite the bacterial nature of phthisis having been discovered in 1881, tuberculosis remained very much associated across the nineteenth century with those perceived deficiencies that might be observed in the body or heritage of the sufferer. These included an 'hereditary tendency' to contracting the infection, as well as 'intemperance, or dissipation'.<sup>23</sup> The effective moralising of the bio-pathology of phthisis underwrote a pervasive fear, common to both popular culture and morally judgemental medical circles, that those socially unacceptable qualities and practices intimate to the disorder might be as transmissible as its physical symptomatology. The languid tubercular invalid thus becomes, like the pallid vampire, a perversely active spreader of his or her own disorder – for, as the disease literally consumes the consumptive, the consumptive's pathology effectively consumes others through subtle transmission between the bedridden and the mobile, the sick and the healthy. Moreover, consumption – as both Diane Mason and Kathrine Byrne have convincingly demonstrated – is associated with voracious sexuality, being variously a cause or an expression of libidinous

(and, on occasion, same-sex) desire.<sup>24</sup> As Victor Sage suggests, 'The pallid woman is the sexually active, sexually exciting one, but she is a moral threat'.<sup>25</sup> The medically conventional consumptive, it appears, is close kin to the wholly occult vampire. Because of this – as Byrne correctly suggests – the victims of these two competing, yet congruent, pathologies offered to the reader of vampire fiction are considered as being 'in some way responsible for their own affliction'.<sup>26</sup> It is hardly needful to add to this latter point the popular association of menstrual disturbance, sexual precocity and gendered psychology with that other common, though protean female disorder, hysteria – 'a puzzle and plague to nearly every physician', as one contemporary writer termed it.<sup>27</sup> Though supposedly a psychological disorder, one physician suggested that 'Where the supply of blood to the nerves is defective in quantity, or quality, the most favourable condition exists for the production of Hysteria'.<sup>28</sup> In common with anaemia, chlorosis and phthisis, the symptoms of hysteria conventionally included syncope and collapse, coughing, epileptoid and emotional fits and fatigue, and its primary association with precocious sexuality or repressed desire in women again accelerates its potential as a focus for fatal misdiagnosis in vampire fiction.<sup>29</sup>

The emphasis placed thus far upon female pathology should not be understood as implying that the male victims of fictional vampirism are by contrast drawn customarily from those exhibiting robust health and enduring vitality. Male victims of vampirism, though somewhat less frequently encountered in nineteenth-century fiction, appear to be subject to the same imperative by which the predatory un-dead are associated with the weak or the compromised. It is the perceptibly deficient, seemingly, that are most readily predated upon, and the stigmata of vampirism might be said to supervene upon their conventional pathology almost in the manner of a near congruent symptomatic palimpsest. The gendered psychology of hysteria is, again, relevant to the symptomatology exhibited by the male victim, even though that disorder is nominally associated with the female generative organs.<sup>30</sup> As one non-clinical British manual noted as late as 1897, 'rare cases occasionally occur in very impressionable men'.<sup>31</sup> The emphasis placed upon the 'impressionable' or sensitive subject is crucial: the neurasthenic nature of the male hysteric, in his British guise at least, characteristically complements a less than hearty physicality. There is little need for popular medical manuals to tabulate the symptoms of

the male hysteric to the level associated with the female: it is sufficient to note him as the antithesis of the approved model of assertive masculinity, and contemplate him variously as passive, effeminate, malleable and deficient. He would likely come from that urban class of indoor book-workers usually denominated clerks, a fretful cohort who eschew exercise, are notably uneasy in female company, and prefer the society of men of their own type, or else the solitude of a darkened bedroom. As Colin Buckle suggests, these are the likely purchasers of another form of home medical advisor, the 'Young Man's Manual', books written as part of a 'manhood genre' to instruct those without a father's guidance to avoid the temptations of the solitary life.<sup>32</sup> These temptations included not merely the 'manly' vices of intemperate smoking and drinking – unhealthy habits which the Victorian lieutenant general Robert Baden Powell was to caution his Boy Scouts against first in 1908 and later in 1922 – but also loose women and, more seriously, masturbation and homosexuality. Again, deficient familial heritage, sexual precocity and youthful self-indulgence were freely associated with the development of homosexuality and other perceived 'perversions' from the disciplined and reproductive norm.<sup>33</sup>

Onanism, it was often suggested, was not merely injurious in itself but prototypically served as the prelude to the emasculating vice of sodomy.<sup>34</sup> Masturbation debilitated the hitherto healthy body, rendered the complexion uneven in overall tone, induced lassitude and languor, and led to premature and disgraceful death. It was associated with blood, for the persistent myth of the spermatic economy intimated that semen was a by-product of the circulation, and that its ejaculation – particularly when self-induced – disrupted the delicate balance of the human body.<sup>35</sup> The solitary practice of masturbation brought with it a very public disgrace, for the so-called Secret Vice inscribed its mark upon the lineaments of the body, proclaiming the onanist's sin and fatal destiny to anyone familiar with its supposed symptomatology of pale and clammy skin, rank breath and hairy palms. Moreover, though, masturbators – like homosexuals – apparently recognised each other instinctively, thus perpetuating the vice by supportive association in the cause of mutual satisfaction.<sup>36</sup> As more than one critic has argued, the physicality and demeanour of the literary vampire – its bloodless pallor, inclination for solitude and concealment within nocturnal shadows, and its taste for physiologically enervated or psychologically weak victims – facilitates its ability to map over the deviant and declining

physique of the habitué of self-abuse.<sup>37</sup> This latter is an individual analogous to the hysteric and the homosexual who, being considered complicit in their own moral and physical downfall, represents as potent a threat to moralised physical health as the vampire would appear to be to a physiology imbricated with residual spirituality.<sup>38</sup> Under the policing – and condemning – gaze of medicine in both its clinical and popular guises, the vampire and the victim, both of which may be contemplated as infectious under their respective discourses of the occult and the secular, may be pathologised and ultimately eradicated because of the threat which they represent to healthy humanity.

The pathological association between an identifiable human symptomatology and the debilitating consequences of vampirism would thus appear to be a convention established from the earliest depictions of the blood-drinking un-dead in fiction. The pale body of the victim is depleted, deficient, and an icon of the fragility of mortal existence. Through fiction, its declining physicality is a reminder that the ascendancy of the human species will always be limited by the inevitable termination that is individual mortality. The fictional vampire is thus a symbolic evocation of all that humanity lacks – temporal durability, resistance to infection and to prostration by any physical cause other than hunger, and the seeming prerogative to predate while not being subject to any predator. These things outline the physiological and pathological relationship between the living and the un-dead with a visceral profundity that far exceeds any accompanying accretion of theological prophylaxis: a drained and languid body is more immediate and more troubling in human terms, arguably, than the pious speculations that condemn *any* pallid victim of vampirism to a hell supposedly reserved for sinners and apostates.

The introspective, ironic and deconstructive imperatives of what has glibly been termed postmodernity, though, may provide an interesting and provocative coda to this long-established consensus, however. In recent years the fictional vampire has become a somewhat introspective individual, very much conscious of their difference from, as well as relationship with, the mortal species upon which convention dictates they ought rightly to predate. There is more to this revisioning of the symbiosis of the un-dead and the living, though, than a change in the intellectual culture of predation such as has been envisaged in, for example, the fictions of Anne Rice. Nina Auerbach's 1995 vision of a modern generation of vampires who, whilst still draining the blood of their mortal



counterparts, 'live without reference to us, composing a mythic landscape of their own' may thus be said to underwrite a quite different aspect of the earlier relationship between the living and the un-dead.<sup>39</sup> The postmodern vampire is increasingly a creature of community, attracted to the company of its own kind, often living not in secluded isolation but rather in social groups which more or less mimic the comforts and stresses of nuclear families, monastic fraternities or commercial entities. There is more to this separation than the simple imperative of shielding the un-dead from the physical assault by enraged mortal humanity. The exclusion of the human from vampire community outlines an evident species demarcation which enforces, within the fictional culture which vampire collectivism has generated, a hierarchy through which the un-dead effectively lose their status as deficient, degenerate or morally deviant former humans. As the vampire claims effective parity of existence with mortal humanity, the concept of victimhood becomes available to the un-dead as well as to the living, and the hitherto-fixed boundaries of inflection between the two become liable to inversion and redefinition.

Two examples will suffice to illustrate the revised – or perhaps decadent – nature of the relationship between vampires and humans in a period which opens nominally during the twentieth-century *fin de siècle*. Poppy Z. Brite's influential *Lost Souls* (1992) parallels humans and vampires not as successive incarnations of the same species but rather as 'separate races, races that were close enough to mate but still so far away from each other as dusk and dawn'. This latter point is crucial, for the reproduction of vampires by sexual congress rather than by way of a process of sanguine predation that can be traced back to the time of Arnold Paul, has compromised the integrity of the un-dead, perceptibly and progressively reducing some of their attributes to a semblance of mortal mediocrity. Of the three vampires whose activities form the core of Brite's novel, all of whom exhibit the stigmata of a hybrid heritage, it is explicitly noted that 'they wished they had fangs but had to make do with teeth they filed sharp'.<sup>40</sup> This disadvantage aside, 'they could walk in sunlight as their great-grandfathers could not', and because these modern vampires 'drank incessantly, even *ate*', they – in the words of an elder, less compromised member of their kind – 'drowned their true natures in gluttony'.<sup>41</sup> No longer a revenant, the vampire is inevitably drawing closer to the human, becoming less discrete in its

physiology, weaker in those functionally superior attributes which once distinguished predator from victim.

That physiology, moreover, might itself be compromised by the very substance whose consumption has conventionally defined vampirism as a practice, particularly in those fictions where the predator is a truly occult being as opposed to one that is secular but physiologically uncanny. Andrew Fox's landmark *Fat White Vampire Blues* (2003) provides perhaps the most graphic incarnation of a reverse osmosis in which the vampire, rather than the victim, becomes infected and the debilitating process leads to a saturation, rather than a draining, of the body's tissue. Jules Duchon, the central vampire in Fox's near-contemporary narrative of internecine strife within the un-dead community, has been rendered both obese and diabetic not merely by his sedentary occupation as a New Orleans taxi driver but also by his marked preference for a certain type of human victim. Jules, himself a pallid-skinned revenant of mixed-human heritage, has 'always preferred the colored victims. Always said they were tastier'. The problem arises from the distinctive deep-south diet of his predilection for, as another vampire reminds him, it is hardly a healthy regime: 'Do you know what these people eat? Fatback. Pigs' knuckles. They fry their vegetables, for Varney's sake!' <sup>42</sup> Jules attracts his female victims with the promise of visibly calorific food – a 'po' boy sandwich ... more than a foot long – thick slices of French bread embracing dozens of deep-fried oysters, the whole concoction dripping with gobs of mayonnaise and creamy tartare sauce' accompanied by a 'generous portion of syrupy red beans ... replete with fat logs of sausage that overhung the bowl' – provided in exchange for a promised sexual encounter which never takes place.<sup>43</sup> The best that Jules can hope for following his diagnosis of 'some form of adult-onset diabetes' is not a cure as such, but rather, as his doctor suggests, 'a treatment. A drug that, if it's effective, you'll need to take every day for the rest of your, er, life. Just as many normal diabetes sufferers need to take their insulin injections every day in order to keep their blood sugar levels stable'.<sup>44</sup> The suggestion that a proletarian vampire – one who is evidently a blood-drinker in the manner of Sir Francis Varney and an un-dead shapeshifter in the tradition of Count Dracula – might consult a physician whose practice ordinarily addresses the obese mortal population of New Orleans is in itself a telling detail in Fox's frequently

playful and ironic narrative. Immortal vampires, it would seem, have become as prone to bodily disease as the mortals on whom they conventionally prey.

As the revisionist script common to both *Lost Souls* and *Fat White Vampire Blues* readily suggests, the vampire fiction of the late-twentieth and early twenty-first centuries has moved substantially away from those earlier assumptions which underpinned narratives of predation by the un-dead. The vampire is now as likely to be the victim of defective or deficient human biology as it is to be the pathological agent which debilitates a hitherto healthy but still mortal subject. The moral – or species – imperative once customarily claimed in vampire fiction as an exclusive right by mortal humanity must now necessarily be shared with a co-equal rendered familiar rather than uncanny, one which is as likely to be the subject of empathy as much as ostracism by mortal protagonist and reader alike.<sup>45</sup> The constant element which links the vampire reportage of the eighteenth century and fiction written across the long-nineteenth century to the visceral narratives of the near-present is thus not a consistent demonisation of the predatory un-dead but rather the association of vampirism with medical science and with the diagnosis, variously mistaken or all-too accurate, of the deviant body. Released from the impersonality consequent upon the foregrounding of the mortal victim the postmodern vampire may be contemplated as having, arguably for the first time, a visceral corporeality that is illustrated in the detailing of injuries inflicted upon limbs and internal organs.<sup>46</sup> Physicality, and the pathological consequences of disease, disorder and injury are the effective essence of vampire fiction: beyond this physiology, all else is mutable association.

## Notes

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- 1 Katharina M. Wilson, 'The History of the Word "Vampire:"', *Journal of the History of Ideas*, (1985) 46/ 4, 577–583, at p. 581.
  - 2 Paul Ricaut, *The Present State of the Greek and Armenian Churches, Anno Christi, 1678* (London: John Starkey, 1679), pp. 273-82; Anon., 'Extract of a Private Letter from Vienna', *The London Journal*, 11 March 1732, p. 2; Anon., 'Foreign Advices in March, 1732: From Medreyga, in Hungary', *The Gentleman's Magazine, or Monthly Intelligencer*, 2/15 (March 1732), 681; Anon., 'Non missura Cutem, nisi

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- plena Cruoris Hirudo*', *The Country Journal: or The Craftsman*, 20 May 1732, pp. 1-2; Anon., 'Political Vampyres', *The London Magazine*, 1 (May 1732), 76-7.
- 3 Anon., 'Extract of a Private Letter from Vienna', p. 2.
- 4 Anon., '*Non missura Cutem, nisi plena Cruoris Hirudo*', p. 1. Following the recollection of the discussion between the two Britons, the article turns to political satire and emphasises the metaphorical implications of blood-sucking. The Latin title of the essay is taken from the closing line of Horace's *Ars Poetica*, and translates as 'a leech that will not drop off your skin until it is gorged with blood'. See Horace, 'On the Art of Poetry', in T. S. Dorsch, trans., *Aristotle Horace Longinus: Classical Literary Criticism* (Harmondsworth: Penguin, 1979), pp. 79-95 at p. 95. 'Political Vampyres', which published anonymously during the same month in *The London Magazine*,
- 5 Paul Barber, *Vampires, Burial, and Death: Folklore and Reality* (New Haven: Yale University Press, 1988), pp. ??
- 6 See Peter R. Cheeke, *Contemporary Issues in Animal Agriculture* (Danville: Interstate Publishers, 1999), p. 224.
- 7 Ioanne Henr. Zopfio, *Dissertatio de Vampiris Serviensibus quam Svpremi Nvminis Avspicio* (Duisberg am Rhein: Johannis Sas, 1733). The English translation was purportedly made around 1734, but was published somewhat later in 1745, Zopfio's name being rendered Zopfius in this latter incarnation.
- 8 Anon., 'The Travels of Three *English* Gentlemen from *Venice* to *Hamburgh*, being the grand Tour of *Germany*, in the Year 1734. MS. Never before published', in William Oldys, ed., *The Harleian Miscellany, or, A Collection of Scarce, Curious, or Entertaining Pamphlets and Tracts, as Well in Manuscript as in Print, found in the Late Earl of Oxford's Library* (London: T. Osborne, 1745), Vol. 4, pp. 348-59, at p. 358, original emphasis and capitalisation.
- 9 William Harvey, 'Movement of the Heart and Blood in Animals: An Anatomical Essay' [*De Motu Cordis*], in *The Circulation of the Blood and Other Writings*, trans Kenneth J. Franklin (London: J. M. Dent, 1990), pp. 16-87 at p. 46.
- 10 Blood, as Foucault argues, embodies an extensive cultural significance, its ability to communicate metaphors of quality, quantity and value being facilitated, if not

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- enhanced, through reference to the bodily processes by which the literal substance is secreted, depleted, dispersed and – on occasion – transferred between bodies. See Michel Foucault, *The History of Sexuality: An Introduction*, trans. Robert Hurley (London: Penguin, 1990), p. 147.
- 11 Harvey, 'Movement of the Heart and Blood in Animals', p. 72.
- 12 See, for example, Jonathan Pereira, *The Elements of Materia Medica and Therapeutics*, Third Edition (London: Longman, Brown, Green, and Longmans, 1849), Vol. 1, p. 218.
- 13 For an insight into the translation and dissemination of Harvey's writings, see John Stuart White, 'The 1653 English Edition of "De Motu Cordis", Shown to be Harvey's Vernacular Original and Revealing Crucial Aspects of His Pre-Circulation Theory and its Connection to the Discovery of the Circulation of the Blood', *History and Philosophy of the Life Sciences*, 21/1 (1999), 65-91.
- 14 The vampire was already, by this time, a familiar figure in German verse, and translations from the German were to influence British Romantics, most notably Coleridge: see Nick Groom, *The Vampire: A New History* (New Haven: Yale University Press, 2020), pp. 98-106.
- 15 See, for example, David Kilgannon, 'Bad Blood?: Good Intentions, Misinformation and Fear Contributed to Haemophiliacs Becoming the Hidden Victims of HIV in Ireland', *History Today*, 69/2 (February 2019).  
<https://www.historytoday.com/history-matters/bad-blood>
- 16 Spencer Thomson and J. C. Steele, *A Dictionary of Domestic Medicine and Household Surgery* (London: Charles Griffin and Company, 1899), p. 27.
- 17 Pye Henry Chavasse, *Advice to a Wife on the Management of Her Own Health*, Ninth Edition (London: John Churchill, 1870), pp. 84, 88; Thomson and Steele, *A Dictionary of Domestic Medicine*, p. 27.
- 18 Thomson and Steele, *A Dictionary of Domestic Medicine*, p. 123.
- 19 See, for example, the illustration of a female phthisis sufferer by Richard Tennant Cooper reproduced in Richard Barnett, *The Sick Rose, or: Disease and the Art of Medical Illustration* (London: Thames and Hudson, 2014), p. 114.

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- 20 John Stegall, *A Manual for Students Preparing for Examination at Apothecaries' Hall, or Other Medical Examinations*, Tenth Edition (London: John Churchill, 1846), p. 481.
- 21 For an overview of the complaint, see Thomas Dormandy, *The White Death: A History of Tuberculosis* (London: Hambledon Press, 1999).
- 22 Thomson and Steele, *A Dictionary of Domestic Medicine*, p. 143.
- 23 Thomson and Steele, *A Dictionary of Domestic Medicine*, p. 144, cf. J. M'Gregor-Robertson, *The Household Physician* (London: Blackie and Son, n.d. [1898]) p. 279; A Medical Man [pseud.], *Cassell's Family Doctor* (London: Cassell and Company, 1897), p. 363.
- 24 Diane Mason, *The Secret Vice: Masturbation in Victorian Fiction and Medical Culture* (Manchester: Manchester University Press, 2008), pp. 34, 42, 88; Katherine Byrne, *Tuberculosis and the Victorian Literary Imagination* (Cambridge: Cambridge University Press, 2011), pp. 92-123, 158.
- 25 Victor Sage, *Horror Fiction in the Protestant Tradition* (Basingstoke: Macmillan, 1988), p. 56, cf. p. 184.
- 26 Byrne, *Tuberculosis and the Victorian Literary Imagination*, p. 137.
- 27 M'Gregor-Robertson, *The Household Physician*, p. 520; cf. Chavasse, *Advice to a Wife*, p. 91; A Medical Man, *Cassell's Family Doctor*, p. 534.
- 28 E. H. Ruddock, *The Lady's Manual of Homœopathic Treatment in the Various Derangements Incident to Her Sex* (London: The Homœopathic Publishing Company, 1886), p. 90.
- 29 Thomson and Steele, *A Dictionary of Domestic Medicine*, p. 339; Ruddock, *The Lady's Manual*, p. 92; A Medical Man, *Cassell's Family Doctor*, p. 535; Alfred B. Olsen and M. Ellsworth Olsen, *The School of Health: A Guide to Health in the Home* (Watford: International Tract Society, 1908), pp. 290-1.
- 30 Ruddock, *The Lady's Manual*, pp. 89-90.
- 31 A Medical Man, *Cassell's Family Doctor*, p. 535, cf. Ruddock, *The Lady's Manual*, p. 90; Thomson and Steele, *A Dictionary of Domestic Medicine*, p. 520.

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- 32 Colin Buckle, “‘The Defence Set Up by the Male Kind’: Male Masturbatory Pathology in early Victorian England’ in Nickianne Moody and Julia Hallam, eds, *Medical Fictions* (Liverpool: MCCA, 1998), pp. 188-200 at pp. 190-2.
- 33 Robert Baden-Powell, ‘Contenance’ in *Scouting For Boys: A Handbook for Instruction in Good Citizenship*, ed. Elleke Boehmer (Oxford: Oxford University Press, 2005), pp. 197-200, 350-1; *Rovering to Success: A Book of Life Sport for Young Men*, Revised Edition (London: Herbert Jenkins, n.d.), pp. 105-6.
- 34 See, for example, Conolly Norman, ‘Sexual Perversions’, in Daniel Hack Tuke, ed., *A Dictionary of Psychological Medicine* (London: J. & A. Churchill, 1892), Vol 2, pp. 1156-7.
- 35 For an overview of the spermatic economy see Ben Barker-Benfield, ‘The Spermatic Economy: A Nineteenth-Century View of Sexuality’, *Feminist Studies*, 1 (1972), 45-74.
- 36 See Diane Mason, “‘A Very Devil with the Men’: The Pathology and Iconography of the Erotic Consumptive and the Attractive Masturbator’, *Gothic Studies*, 2/2 (2000), 205-17 at p. 210; cf. *The Secret Vice*, pp. 57-8.
- 37 Charles S. Blinderman, ‘Vampurella: Darwin and Count Dracula’, *The Massachusetts Review*, 21/2 (1980), 411-428 at pp. 423-4; Kathleen L. Spencer, ‘Purity and Danger: *Dracula*, the Urban Gothic, and the Late Victorian Degeneracy Crisis’, *ELH*, 59/ 1 (1992), 197–225 at pp. 215-16.
- 38 Sage, *Horror Fiction in the Protestant Tradition*, pp. 185-6.
- 39 Nina Auerbach, *Our Vampires, Ourselves* (Chicago: University of Chicago Press, 1995), p. 153,
- 40 Poppy Z. Brite, *Lost Souls* (London: Penguin, 1994), p. 68.
- 41 Brite, *Lost Souls*, pp. 5, 59 (original emphasis).
- 42 Andrew Fox, *Fat White Vampire Blues* (New York: Ballantine Books, 2003), p. 32 (original emphasis).
- 43 Fox, *Fat White Vampire Blues*, p. 5.
- 44 Fox, *Fat White Vampire Blues*, pp. 104, 105.
- 45 See, for example, Brite, *Lost Souls*, pp. 217, 240-2; Fox, *Fat White Vampire Blues*, pp. 100-5.

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46 See, for example, Brite, *Lost Souls*, pp. 193, 345-6; Fox, *Fat White Vampire Blues*, pp. 318-19.