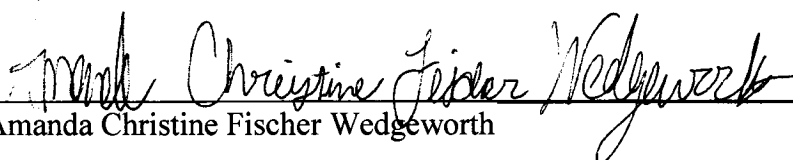
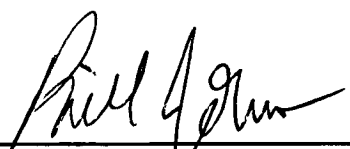


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Examining the Metaphorical Role of Tuberculosis in Bram Stoker's Novel

Amanda Christine Fischer Wedgeworth

Professor Gerard

Graduate Thesis

5 April 2015

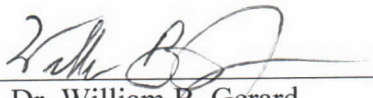
Disease, Despair, and *Dracula*:  
Examining the Metaphorical Role of Tuberculosis in Bram Stoker's Novel

By Amanda Christine Fischer Wedgeworth

A thesis submitted to the Graduate Faculty of  
Auburn University at Montgomery  
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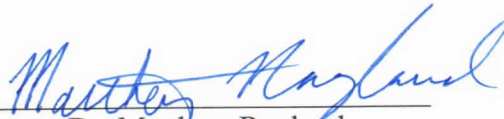
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## Introduction

Bram Stoker's *Dracula*, published in 1897, combines fact and fantasy in creating a realistic basis for terror in a fictional account. Tuberculosis was a very real threat to Victorian society and a potential inspiration for the vampirism of the tale. Stoker begins the association with this disease through the Count's selection of victims and his supernatural abilities. The symptoms of the afflicted before death and their medical treatments have demonstrably strong parallels with tuberculosis. Even the characters' symptoms after death and the treatment of their corpses reveal links to the disease, as do common folkloric beliefs about which Stoker was well apprised. This blend heightens the impact of the work, particularly for those contemporary readers who had witnessed numerous cases of consumption. The vampiristic elements of Bram Stoker's *Dracula* are based on contemporary knowledge and traditions surrounding tuberculosis and these are prominently displayed in the Count, his victims, and the attempts to eradicate the plague of vampirism.

Stoker begins the novel's associations with science and medicine in its very presentation of events. The work is not presented as a narrative, but as a sort of cumulative case file. From the outset, it asks the reader to examine a series of articles, journal entries, and letters and judge the validity of the events for themselves. Even the characters acknowledge the unbelievable aspects of the tale, and throughout the work there is a focus on logic and bridging the gaps between the fantastic and reality. This lends credibility to the events and changes how the audience will respond to the work. This is, in some ways, similar to scientific methods that were developing at the time of the novel's publication.

By 1897, some of the mysteries surrounding tuberculosis had been uncovered, but the presence of a highly contagious wasting disease that seemed to target no specific group still terrified society. The disease, also known as phthisis and consumption, can take many forms, and its symptoms provide the primary opportunities for parallels with the novel. Caused by a bacterium, *Mycobacterium tuberculosis*, it has been traced back to ancient cultures such as Greece and Egypt. Consumption spreads when an infected individual deposits the germ, often through coughing or sneezing, and it is picked up by a new host or carrier. The potential for easy contamination allowed the disease to spread quickly through families, factories, and cities. Tuberculosis has the ability to affect humans of all ages and socio-economic backgrounds, but young and middle-aged adults were most at risk in Victorian England. Working in close quarters with afflicted individuals and tending to sick family members facilitated its spread.

Even with advances in medical technology and theories, the methods of diagnosing and treating tuberculosis continued to vary among professionals and geographical locations. Blood-streaked sputum and labored, noisy respirations were the best ways to determine the disease's presence even after Robert Koch's discovery of the bacillus. These symptoms often occurred in the later stages of consumption when the disease was almost impossible to cure. The pathogenesis facilitated the confusion as symptoms often varied between cases. Similarly, the bacillus could remain dormant in the human body for extended periods before effects were experienced. The high mortality rate, broad social range of infected individuals, and the symptoms suffered by the afflicted created varied perceptions of tuberculosis patients. These ranged from the idea

of the disease enhancing the physical beauty and mental faculties of sufferers to seeming instead to be a sign of “immoral” behavior.

The first chapter of this thesis, ““Something Wicked this Way Comes,”” will focus on the links between consumption and *Dracula* that occur before the Count’s predation in England. It begins with the textual assertion that Count Dracula is a symbolic carrier and host of tuberculosis. His position as a potential tenth scholar in the “Scholomance” will also be discussed, since it offers an explanation as to his “infection” and a possible motive for spreading the “pathogen.” Dracula preys on the weak and destroys countless lives much like consumption did in the nineteenth century. His superior strength, speed, and mystical powers allow him to spread the “disease” efficiently over a seemingly infinite span of time.

Destroying the Count is a difficult task and this matches attempts to prevent the spread of consumption. Jack Seward, Quincy Morris, Abraham Van Helsing, Arthur Holmwood, and Jonathan Harker use fire to purify “contaminated” elements in England such as the Count’s coffins and his crates of soil. Fire was long held to be a means of destroying bacteria and stopping the spread of infection. The five men drive Dracula back into his native Transylvania, where they are finally able to destroy him, suggesting that the best way to prevent vampirism is to isolate it in its place of origin. This is consistent with disease patterns and with quarantining principles of potential epidemics. Should the patient be able to spread the pathogen to a vast number of individuals without detection, the effects of the disease would be far greater than if the person were removed from the healthy population. This has strong ties to consumption, as many who contracted the



disease in the nineteenth century were forced to remove themselves from society in an attempt to stop its spread.

Another example of the Count's relation to consumption is his use of hosts and carriers. Mina, Lucy, and his "brides" are all hosts to his "pestilence" and they experience symptoms of or succumb to his "disease." In order to maintain their vampiric existences, they must drink human blood, and this aligns them with parasites. Bacteria have a similar need as they must have a host to thrive. Spreading to new hosts, the disease is able to sustain itself and replicate. Without infecting others, the bacteria causing the illness would die out. Jonathan Harker, Arthur Holmwood, Quincey Morris, Dr. Van Helsing, Jack Seward, and Renfield become unwitting carriers. They are used to spread the "disease" to other members of society through their associations with the afflicted.

Similarly, animals are used as facilitators by Dracula. He is able to summon creatures associated with death and disease, and this furthers his status as a facilitator of metaphorical consumption. The animals are used to gain access to victims and prevent attempts at destroying the Count. One striking implication of the animals that he commands is their association with communicable diseases. Cross contamination, the ability of a pathogen to affect various species, is highlighted in the novel. Tuberculosis' infectious nature had been recently discovered at the time of the work's publication and had become a source of anxiety for British society. The concept of pathogens affecting multiple species was also being developed, and Robert Koch, the discoverer of *M. tuberculosis*, researched the variations of the disease in multiple species thoroughly. The Count's ability to control creatures associated with cross contamination is indicative of his connections with death, illness, and potential contamination.

Next, Dracula's association with tuberculosis also is suggested by his capacity to command foul weather, which could be particularly dangerous for sufferers of the disease. Many doctors then recommended "fresh-air" treatments for their patients suffering from phthisis; this involved moving to milder, dry climates to allow the lungs to heal while the patient was receiving specialized care. In summoning storms and other inclement weather systems, Dracula is able to inflict further damage to his victims, thus prolonging their illness and ultimately leading to their deaths. Through fog and rain the Count is able to access his victims with little detection. As with consumptive patients, the victims of the Count can be impacted by foul weather, though their attacker is in actuality internal. This well-known aspect of the disease offers deeper insight into Dracula's metaphorical connection to consumption. Like the bacillus, weather allows the Count to manifest and drain the life of his victim.

The first chapter will also examine the methods and destinations of travel in the work and how they fit into the metaphor of disease in the novel. Dracula uses sea travel to move across vast distances. Pathogens can take similar paths into foreign countries, as the transportation of goods and people could bring infections to new populations. The ailments can spread indefinitely from a central incident to epidemic and pandemic proportions. Even one vampire could conceivably be disastrous for a large portion of the English population as vampirism, like consumption, could spread quickly with little detection. Similarly, the Count's need to leave Transylvania has some parallels to tuberculosis. Finding victims may be more difficult as the native population is aware of his undead nature and are able to thwart his attacks through superstitious ritual. This aligns the work with the concept of resistance in disease as the "body," the local

populous, has been exposed to the Count and is able to recognize and combat the ailment produced.

The selection of victims by Count Dracula will also be discussed in this chapter as it relates to tuberculosis. Lucy is his first victim in England, and there are insinuations that she is recovering from a pre-existing condition prior to his predation. Whitby is a seaside community that lies on the eastern seaboard of England. It is close to areas that were contemporarily used for rest cures, and sufferers of a variety of ailments, including tuberculosis, would vacation in the region. This means that some of the residents, like Lucy and Mrs. Westenra, might suffer from pre-existing conditions that would allow for easy predation. Many of the characters, including Dr. Seward and Wilhelmina Harker, Mina, express their concern over Lucy's weakening condition early in the novel and note their relief as she begins to show signs of gaining strength. Furthermore, Lucy is shown to be domestically weak; she does not have a paternal relation in her life to broker her financial and social affairs or keep her safe from outside dangers. Mrs. Westenra is not physically or emotionally capable of protecting her daughter. This offers parallels to a weakened immune system as her "natural" defenses are incapable of fighting off the Count. Like a disease, the Count is able to benefit from her debilitated state, and she is far easier prey than a protected individual.

The second chapter of the thesis, "Symptoms, Strife, and Struggle," focuses on the symptoms of vampirism and its treatments, particularly in regard to Lucy Westenra. This character offers the most complete example of the scourge of vampirism on the human body and experiences many symptoms similar to tuberculosis. Lucy's "infection" begins with minor symptoms such as fatigue and shortness of breath, which are consistent

with phthisis patients. Eventually her condition deteriorates until she exhibits extreme exhaustion and signs of wasting. The notion of sterterous breathing is also prevalent in the novel and in the actual disease. Indeed, one of the first markers of tuberculosis that doctors examined was labored breathing and rattling in the lungs of the afflicted. This was the best way to diagnose the disease at a point when the patient might recover with proper treatment. The treatments prescribed and the initial perception of her ailment by doctors furthers the novel's parallels with metaphorical tuberculosis. There is confusion over her condition until she exhibits concrete symptoms of vampirism. As with tuberculosis, Dr. Seward fails to equate Lucy's condition to its true source until she spirals closer to death.

As the Count's feedings continue, tell-tale signs similar to consumption emerge in Lucy's body. Due to the general nature the disease's symptoms, blood-streaked sputum was often the first sign that brought an understanding of the severity of the illness to doctors and patients. There are initial observations of injuries on the throat after her first encounter with Dracula, but they are slight enough to seem like minor pin-pricks to Mina. In the case of tuberculosis, the blood is caused by rupturing masses, known as tubercles, in the lungs, and these are brought about by the advancement of the infection. Lucy does not demonstrate her injuries in a perceivable way to her doctors until she is already a vampire and there is no chance of medical intervention. Some consumptives had similar experiences, and though the tubercles were present in their lungs, the expectorations would be relegated to the stomach and not seen by the patient and caretakers. Before her mortal death, the marks left on her neck by the Count mimic the tubercles of a

consumptive. They are the source of “infection” and their “eruption,” caused by Dracula’s feedings, brings the sufferer closer to death.

Mina Harker is another afflicted individual in the novel. Like her friend Lucy, Mina’s illness begins with fatigue and difficult breathing, and this advances to sterterous breathing, extreme exhaustion, and wasting. Her “infection” comes from her close proximity to Lucy and the men attempting to save her, a vector consistent with tuberculosis. The highly contagious nature of consumption made its spread through families and work environments highly likely, even when the afflicted had relatively few symptoms. The males, who are busy hunting the Count, do not immediately notice Mina’s worsening condition and even blame her exhaustion on her struggle to aid them in eradicating the vampire. Upon seeing the Count in her room and the blood around her mouth, they are finally able to properly “diagnose” her. Hemoptysis, the expectoration of blood and dead bodily tissues in sputum, was a concrete marker of consumption and allowed the sufferer and others to understand the seriousness of his or her ailment. The event in Mina’s “pathogenesis” allows for proper diagnosis early on and leads to correct care, and this is similar to metaphorical consumption.

Mina is ultimately cured of her disease after going with the men to Transylvania to destroy Dracula. Her journey becomes a metaphorical “fresh-air” treatment, though it is killing Dracula and not the sojourn abroad that will save her. Destroying the Count is the only way to stop the progression of the tuberculosis-like disease afflicting her. With the Count’s departure to his homeland, a journey becomes necessary to “cure” her. Through her psychic ties to Dracula, the men are able to follow his movements and maximize their chances of killing him. Similarly, they are able to protect Mina from the

potential dangers of the Count's control over her. Mina's affliction resembles a rare case of tuberculosis in the Victorian era, one that has an ultimately positive outcome.

The third chapter of this thesis, "Postmortem Mayhem," will compare the effects of vampirism and the effects of consumption after death. Lucy, who provides such a complete record vampirism's impact on the living body, is the best candidate in the novel for examining the effects of the Count's attacks. Dr. Seward notes the increased attractiveness of her corpse as opposed to her living body directly before she expired. This is consistent with some aspects of wasting diseases and tuberculosis. The toll of wasting on the human body is staggering and many victims waste away to the point that they are almost unrecognizable. Upon the death of the individual, provided there is no postmortem autopsy or embalming of the corpse, gases build up and give the body a fuller appearance than directly before their demise. The bloating of the body can also cause fluid release from the mouth. The buildup of gases and fluids forces blood, bile, and other substances to exit, causing streaking around the mouth and other orifices. This, combined with a distended stomach, can give the illusion that the corpse has recently fed. In the novel, Lucy and the other "brides" of the Count demonstrate this after consuming the blood of children.

The strong parallels between the folklore surrounding consumption and vampirism will also be examined in the third chapter. Vampires and tuberculosis sufferers were aligned in folkloric traditions. Tuberculosis sufferers were, like vampires, viewed as the "living dead" since the disease had no cure and death typically occurred after prolonged suffering. Their ability to transmit the ailment also made them dangerous to the afflicted. This led to many superstitions about both consumptives and vampires,

including the concept of familial predation. This was due to the close proximity of relatives, resulting in contamination, perceptions of the corpse after death, and the timing of symptoms that occurred soon after the death of the initial victim.

Sadly, some people actually treated deceased relatives as *nosferatu*. In New England, several bodies were exhumed and burned in the region to stop the spread of “vampires.” These consumptive bodies contaminated many family members who succumbed to the same fate as their disinterred relatives. Many believed that destroying the consumptive body was the only way to rid themselves of the “White Plague,” and Stoker was aware of this. News clippings detailing the frenzy in New England were found among the notes he used when writing the novel. The decapitation, burning, and other tactics concerning the elimination of vampires in the text suggest a link to the methods of destroying consumptive bodies that were occurring during the novel’s creation and before.

The third chapter also examines Stoker’s interest in and access to medical knowledge. In his story “The Invisible Giant,” Stoker sets an important precedent for the use of an actual disease represented by a monstrous figure in his fiction. The tale revolves around a phantom-like creature that parallels a cholera epidemic in Ireland. He was keenly aware of contemporary medical practices and had several close family members who were physicians. He procured diagrams of the effects of blunt force trauma to the body from his brother Thornley, a highly regarded physician, to make the death of Renfield as realistic as possible. This means that Stoker wanted to bring realistic elements into his work even in small details like the exact nature of Renfield’s death. It is not so far-fetched, then, that he would seek to intertwine realistic medical problems with the

main theme of his work, vampirism. His access to medical knowledge and interest in using devastating ailments in his writings give important insights into the author's mindset.

Bram Stoker's novel *Dracula* uses vampirism as a metaphor for tuberculosis, bringing a terrifying reality to a mythic concept. This highly virulent disease, which has plagued mankind with almost certain death for centuries, was familiar to many in Victorian society and had strong roots in the folklore of their era and before. Parallels to the disease can be seen in all aspects of Lucy's demise and resurrection. This thesis takes a linear approach to examining this dimension behind the vampiric scourge in Stoker's work. It compares the Count and his methods with the sociological ideas of the myth as well as the reality of consumption. Stoker created a multi-faceted work with the ability to terrify readers on many levels, and the "consumptive" nature of vampirism adds a realistic base to the scourge, playing on the reader's subconscious and adding elements that nineteenth-century readers could see all around them. Blending reality, myth, and fiction seamlessly, Stoker is able to retain a firm grip on the minds of his readers.



## Chapter 1

## “Something Wicked this Way Comes”

Many factors metaphorically tie the vampiristic elements of *Dracula* to tuberculosis. This chapter will examine the links between the two that are suggested before the Count begins feeding on his first English victim, Lucy Westenra. First, the Count's motivations as a “carrier,” his physical attributes and his supernatural abilities as well as limitations will be explored in relation to phthisis. Next, the concept of hosts in the novel will be presented. Following this, aspects related to containing and eliminating the Count's “pathogen” will be explored as will the relation of the Count's choice in victims to contemporary views of infection. This chapter focuses on the general links to disease that are expressed in the novel and explores preliminary indications of consumption that will be expanded upon in subsequent chapters. In examining such associations, the nature of vampirism can be fully explored as it relates to contemporary knowledge of tuberculosis.

The first clue toward establishing Dracula's metaphorical link to tuberculosis is examining how he may have become a vampire. In the novel, Van Helsing notes, “They [sic.] learned his secrets in the Scholomance, amongst the mountains over Lake Hermanstadt, where the devil claims the tenth scholar as his due” (Stoker 241-43). The Scholomance, or *Scholomari*, is a mythical school where Satan instructs students in magic (Gerard 197-99). This is significant in its implication that Dracula may have been a tenth member of the school and his actions are thus in the service of Satan. It is a potential explanation as to why he preys upon others and spreads vampirism in his travels. This element comes from Emily Gerard's *The Land Beyond the Forest*, a work that Stoker researched while writing the novel. In it, she explains that the education

received at the *Scholomari* is in communicating with animals, the secrets of natural occurrences, and the conjugation of magical spells. The tenth student, she continues, becomes an assistant to the Devil (198). Dracula's abilities in all of these areas can be seen throughout the novel. His association as the tenth student of the Scholomance offers a potential explanation about his motivations as a metaphorical host to phthisis.

The association of the Count with the Scholomance could relate Dracula to another mythical being, the incubus. Incubi and succubae were gender based representations of demons that lured men and women into evil acts and satanic service through sexual means (Kramer 36-38). Dracula, and the concept of vampires in general, are closely linked to such beings. The notion of the Count psychologically controlling people, as well as the erotic implications of biting, allude to Victorian male sexual fantasies. Stephanie Demetrakopoulos, a modern feminist critic, explores this in detail, noting that the masochistic and sadistic acts of Dracula toward Lucy and those of his brides toward Jonathan Harker represent sexual taboos that some Victorian males desired (Demetrakopoulos 106). She further explains the violation of "good" women, such as Lucy and Mina, as well as the Count's abilities to psychologically exploit such women into sexualized acts at will can be seen as a contemporary desire reflected by erotic texts of the era (107). Dracula's associations with Satan and his position as an incubus further link him to contemporary disease perceptions.

Similarly, superstitions surrounding tuberculosis associated the disease with sexuality. The lack of symptoms in small children and geriatric members of society led to the belief that consumption could be linked to sexual activity (Ott 35-36). This is certainly highlighted in the novel as the concept of vampirism was seen as primarily

sexual at the time and linked to sexually deviant behaviors (Roth 411-12). This is a link between the Count and tuberculosis as his ability to “seduce” young women as well as his physical characteristics, such as the hairy palms described by Jonathan Harker (Stoker 43), suggested bizarre sexual practices to Victorian culture. This link to sexuality is continued as Dracula is depicted as a virile male with multiple female companions and an indefinite life span that facilitates his “infection” of women.

It is possible to view most vampires as incubi or succubae, but Dracula’s predatory inclinations could indicate that he is a servant of Lucifer, thus linking him to perceptions of a disease. Stephen Arata notes the differences between the Count and other literary vampires of the age: “Polidori’s Count Ruthven and Le Fanu’s Carmilla represent the aristocrat as decadent aesthete; their vampirism is an extension of the traditional aristocratic vices of sensualism and conspicuous consumption” (Arata 463). Dracula represents the opposite of these models of vampires. His lack of such behavior could mean that he was not a vampire created by his own will and was not made with his own interests and pleasures at heart. This is highlighted in his choice of victims. He selects targets that are difficult to obtain. Lucy and Mina are both preparing to marry and have a network of associates who protect and assist them. The Count cannot feed at will, as is seen in his erratic behavior at Lucy’s window (Stoker 125). He becomes frustrated when there is no means of ingress, but does not move on to another victim. In attacking these women, he is also putting himself in some danger. As he travels, his powers are limited and any disruption could be disastrous for his plan. He is also exposing himself to others as he continues to feed in a small area and upon a single victim multiple times, yet has access to an unlimited number of lower-class women, peasants and fallen women, who

would satisfy his basic need for sustenance. His choice in victims and his willingness to place himself in danger distances the Count from other popular literary vampires.

Another link between the Count and disease that comes from *The Land Beyond the Forest* is the superstition surrounding the spread of disease. In Transylvania, many diseases are said to come from demons or spirits (Gerard 202-03). Among these are the *dschuma*, a haggard woman thought to be responsible for cholera, and the *strigoi*, beings representative of illness to come (202 and 185). There is a clear link between infectious disease transmission and superstition in Transylvania that is reflected in Stoker's work. In his notes he lists the two words (Stoker, *Bram Stoker's Notes* 125 and 249) and *strigoica* does appear in the novel in relation to the Count (Stoker 13 and 212). The word is given to restless spirits that not only bode future illness, but are able to drain the energy and vitality of the living. Vampires can be seen as a more virulent form of such spirits (Gerard 185). In using *strigoica* in relation to *Dracula* the association between the Count and disease is insinuated.

The next indication of *Dracula's* motivation and position as a metaphorical "host" of consumption relates to his willingness to serve those of a lower social station. Throughout Jonathan Harker's ordeal in the opening chapters of the novel, the Count acts as a coachmen, cook, and servant to him instead of one who should be served. This idea is furthered by his service to the brides, for whom he secures and delivers meals. Instead of acting as a noble, he reduces himself to the role of domestic servant (Moretti 431). At first glance, it could seem that *Dracula* is unable to retain household staff due to the fear of his nature; however, he does have loyal help in the Szgany people (Stoker 64-66). He

does not hire them for the arrival of Jonathan Harker, though the Szgany facilitate his move to England.

Furthermore, the lack of servants in Dracula's household alludes to the Count's role as a servant to Satan. The Count is a practitioner of the vassal-lord social order. He is a vassal to Lucifer, but maintains his superiority over mortals whom he classifies along these social lines. This is furthered in his confused dialogue with Jonathan Harker: "I desire it much; nay, I will take no refusal. When your master, employer, what you will, engaged that someone should come on his behalf, it was understood that my needs only were to be consulted" (Stoker 37). Dracula must maintain his social perception and debase Harker to the role of servant to a master who is able to be traded at will to serve the needs of those above him. His tremendous pride in his social rank as well as his ancestral bonds make it unlikely that he would be willing to prepare meals, clean up after, and even carry the bags of a lower-class clerk like Harker (22-23). He does, however, perform such menial tasks to ensure that his move to England is secure. He becomes an active "host" to the disease and seeks to spread the "pathogen." As an incubus, his role is to secure new souls for Lucifer and he will act as he must to achieve his goals. His domestic servitude can be seen as a mere component of his larger task that he must fulfill to continue his mission.

In the late nineteenth century, servants could be seen as the likely culprits of spreading tuberculosis to members of the upper classes and this is mimicked in the novel. The disease was seen as a primarily lower class concern that infiltrated more affluent regions through engaging in activities associated with vice and employing infected domestic help (Barnes 138 and 134). Servants were often subjected to medical tests for

tuberculosis and could be removed from service if symptoms were found or they refused the examination (135-36). Though a nobleman by birth, Dracula is a servant to Lucifer and does act as in a domestic capacity for others through procuring meals for his brides as well as cooking and cleaning for Jonathan Harker. The Count's participation in domestic affairs for the benefit of others, be it Harker, the brides, or Satan aligns him with an "infected" servant. He will spread vampirism to others, and the various incarnations of his domestic service allow him to, ultimately, serve Satan.

The next clue in determining Dracula's links to consumption is his physical appearance. Jonathan Harker notes of the Count's visage: "...The mouth... was fixed and rather cruel-looking, with peculiarly sharp white teeth...For the rest, his ears were pale and at the tops extremely pointed...the cheeks firm though thin. The general effect was one of extraordinary pallor" (Stoker 23-24). As a wasting disease, consumption, a contemporarily synonymous term for the disease, has a profound effect of the physical appearance of the sufferers. John H. Woodcock, a physician from the early 1900's, explains, "The muscles of the face have a wasted appearance, the cheeks are sunken, the lips are pale and are usually contracted, giving the patient the appearance of grinning... The wasting not only changes the appearance of the neck, but the ears seem larger" (Woodcock 51). Dracula has the contorted lips, wasted musculature, and the elongated ears that could be seen as signs of tuberculosis. The receding of the gums also associated with a wasting disease could give the effect of having longer teeth. The physical description of the Count bears a striking resemblance to someone suffering from latent stage consumption, tuberculosis that has reached a near fatal point in its pathogenesis, and aligns him with a host of the disease. The concept of physical attributes in both pre-

mortem and postmortem consumptives will be addressed in subsequent chapters as they relate to manifestations of the ailment and folkloric tradition.

Furthermore, like an infectious disease, Dracula has a long line of destructive ancestors. He states in a fury, ““What devil or what witch was so great as Attila, whose blood flows in these veins?” He held up his arms. ‘Is it a wonder that we were a conquering race...’” (Stoker 34). Tuberculosis bacilli have been discovered in the bodies of ancient individuals. This intimates that the disease has been present and a threat since the early days of man (Cohen and Durham 8). The notion of an ever- present threat of disease is expressed in the Count’s unlimited lifespan. He is unencumbered by time and is able to indefinitely spread his “pestilence” until he is eliminated. On a broader scale, Dracula’s ancestors could be viewed as representative of various diseases that contemporary science was attempting to understand. This offers a link between the Count and the concept of infectious disease. As long as he exists and has suitable victims, he can “infect” various generations indefinitely.

The next point to be examined that relates the Count to consumption is the notion of hosts and carriers. The host of a disease can be thought of in different ways. Individuals who contract and experience disease symptoms are seen as hosts. Infectious diseases must have access to individuals who have not built up immunity to the pathogen in order to replicate and survive (McNeill 68). Carriers can have a bacteria or virus present in their system for indefinite spans of time without experiencing any effects themselves; however, they can still transmit the pathogen to others (68). Without suitable hosts and carriers, diseases like tuberculosis would be eradicated.

The first relation of the work to hosts and carriers is the Count's potential need to leave his homeland and its implications to infectious disease. Just as the immune system is able to recognize and combat a familiar parasite, the immediate recognition of the Count in his own country furthers his need to relocate outside of Transylvania's borders. Dracula has, in a sense, exhausted the pool of potential "hosts" in his homeland and must expand into England. He notes this in saying, "Here I am noble; I am boyar, the common people know me, and I am master. But a stranger in a strange land; he is no one; men know him not and to know not is to care not for" (Stoker 45). The Count presumes that those around him understand his nature and can protect and distance themselves from him. Through superstitious rituals, such as the crucifix and garlic, the native people are able to combat the Count and prevent his attacks. In England, he hopes to remain anonymous and carry out his feedings without suspicion. Diseases such as tuberculosis have a similar need as the body's immune system can recognize previous threats and fight the invader before it does extensive bodily harm (McNeill 67-68). This process, which is a main principle in inoculations, was known in Stoker's time. The Count must find other populations to sustain himself and metaphorically replicate.

Hosts in *Dracula* are essential for the continuation of vampirism. It is through feeding that other vampires are created and the species is propagated. At the same time, the creatures must go on feeding in order to sustain their "lives" (Stoker 240-41). Lucy, Mina, and the Count's "brides" are all hosts to vampirism. It is through feeding upon them that Dracula takes on the metaphorical role of the disease, itself. Through his feedings he destroys the mortal bodies of the women who allow him to continue his "life." After he has finished his "meal" and the women are transformed he must find a



new host to sustain himself. Upon their demise, his victims must also feed on, and thus “infect,” living bodies. This is similar to the spread of infectious diseases and tuberculosis.

Next, the idea of carriers in the novel will be examined. Through Jonathan Harker and Renfield, the Count is able to move into England and find suitable victims. In assisting Dracula in finding homes, transportation, and victims, the men act as carriers of his pestilence. Though they will not experience the full impact of the Count’s illness themselves, they move the “pathogen” to a potential host population. Indeed, a person can have *Mycobacterium tuberculosis* present in their system without showing any actual symptoms of the disease or experiencing any damage to their body (Shekleton 17). Even though the person may lack symptoms of their own, he or she can still transfer the disease to others (Cohen and Durham 6). The “carriers” of the Count’s malady introduce him to suitable victims and potential populations of new “hosts.”

Another link to infectious disease is apparent in the idea of trade as a means of moving a disease to a new host population. In brokering and securing assets for Dracula, Jonathan Harker introduces a new “pathogen” to an unwitting population. Merchants at the time would attempt to make their fortunes through buying and selling goods from areas that were far removed from their own lands. While potentially introducing new pathogens to the population with whom they wish to trade, the merchants could be exposed to unfamiliar contagions that would be transported back with the goods to be sold in other regions. The various new diseases would then be transferred to other groups as they returned home that could result in pandemic illnesses (McNeill 177-80). This is particularly relevant to Jonathan Harker, who is sent to finalize transactions by Mr.

Hawkins (Stoker 21). In completing the business, the foreign “pathogen” is allowed to enter the new population.

Furthermore, Dracula’s infiltration of England has particular parallels with contemporary knowledge of infectious disease and carriers of them. He begins by landing in the cargo ship the *Demeter* in Whitby a small seaside town in eastern England (Stoker 96-102). The use of water transportation to move the threatening pathogen into a new host country resembles the path that many diseases take into new populations (McNeill 137-38). The most astonishing example of this was the bubonic plague that was brought to England on merchant ships that bear a striking similarity to the *Demeter*. Ships would come ashore with entire crews dead or near death from the infection. In the novel, only the captain’s body is found aboard the ship, though the ship’s log indicates that nine seamen were originally onboard (Stoker 79 and 81). When townspeople arrive to investigate the vessel, a large “dog” disembarks, mimicking the disease’s presence in Whitby (80). Though there is some time between the ship’s ghostly landing and its discovery, the Count must wait until the humans are present to leave the vessel. In this way, they act as “carriers” who allow the germ to spread into the township. Similarly, merchant ships, like the *Demeter*, moved disease from one population to another while thriving off the crew and passengers. After landing, those dealing with the vessel and its contents would, inadvertently, bring the pathogen to their homes and towns (McNeill 137-39). Dracula, then, is linked to both the mythology and reality of highly infectious and devastating diseases.

Next, the animals that Dracula can control become facilitators to the pestilence. Associations with the Scholomance may help explain the Count’s ability to command

animals; however, the particular creatures he controls furthers his association with death and disease. According to Van Helsing, “he can command all the meaner things: the rat, and the owl, and the bat-[sic.] the moth, and the fox, and the wolf” (Stoker 209). Dracula is able to summon their assistance, thus turning them into “carriers” of the illness. Rats, for example, are used to stop the attack on Dracula’s holdings (222). Wolves are used to eradicate the mother of the infant given to Dracula’s brides as a meal (48). A wolf is also instrumental in eliminating Mrs. Westenra, allowing the Count to feed on Lucy (131). Dracula is able to momentarily “infect” these creatures to facilitate his own feedings and ensure the survival and propagation of the “pathogen.”

Furthermore, most of the animals named by van Helsing can be linked to potentially fatal ailments. Many infectious diseases originate from domesticated animal populations and cross-contaminate humans (McNeill 69-70). Rats, for example, have long been associated with diseases and unsanitary conditions. It is through these creatures that the bubonic plague, caused by the bacterium *Yersinia pestis*, crossed species from rats to fleas and, eventually, to humans, decimating the population of Europe and Asia (138). Indeed, rats alone carry thirty-two separate diseases that can be given to humans (70). Other animals, such as bats, wolves, and, to a lesser extent, foxes, are known to carry rabies, an infectious disease that is transferred to humans through scratches and bites or saliva from infected animals (Bellenir and Dresser 278-79). Though vaccines existed at the time of the novel’s publication, rabies, which attacks the central nervous system, was often fatal (278-80). The animals noted to be influenced by the Count were known to afflict humans with a myriad of very real and devastating diseases. Their

function as facilitators in the novel aligns the work with infectious disease and cross-contamination between species.

Similarly, tuberculosis can spread from infected animals to humans. Koch's *Ætiology of Tuberculosis* was published in 1894 and details tubercular infections in various animals. He discovered that many domestic animals carried forms of the disease and was able to infect other animals with bacterial cultures from the lungs of human consumptives (Koch 43-49 and 59-62). Koch proved that the bacillus was not solely a human contagion and that it could spread from one species to another. Cows were seen as the most common source of tubercular cross-species contamination in contemporary society as consuming unpasteurized milk could spread the bacillus to humans (Dormandy 332). This was a very real concern in the nineteenth and early twentieth centuries and many infected herds were destroyed to prevent the spread of the disease (330-34). Though not mentioned in the novel, the fact that bovine tuberculosis is able to transmit the phthisis bacilli to humans suggests a link between cross contamination in the novel and consumption. This also links the Count to infectious disease as he is, like these creatures, able to cross-contaminate other species with his pestilence. Though he is not a member of the living species, he is capable of infecting them.

The next point that metaphorically relates the Count to consumption is Dracula's ability to control inclement weather. The "sudden" storm that forces the ultimately unmanned *Demeter* into Whitby could be the work of Dracula as he steers the vessel into his desired port after the crew and captain are killed (Stoker 75). As the men chase after the cart carrying Dracula back to his castle, sudden strong gusts of wind and blizzard-like conditions facilitate the Count's escape and increase as the caravan transporting him

draws nearer to the dangers presented by his pursuers (322-23). Scientists believed that tuberculosis sufferers were greatly impacted by moist weather conditions due to the weakened state of their lungs (Smith 15-17). In this way, he is a facilitator of the “illness.”

The use of inclement weather to move about allows Dracula to confuse individuals and continue to feed on them without detection. He can continue his conquest much as consumption does when weather conditions facilitate the advancement of the disease. In both senses, Dracula facilitates the demise of the afflicted. It is under the guise of weather that the Count is able to move with ease to “infect” Lucy. A sudden rush of wind allows Mrs. Westenra to see the wolf behind the curtains that leads to her death. This in turn allows the Count easy access to prey upon Lucy in the final stages of her vampiric infection (Stoker 131-32). His feedings thus mimic weather’s impact on tuberculosis sufferers.

Similarly, as telling as the Count’s abilities are, his limitations are also indicative of his associations with phthisis. The first limitation that aligns the Count with disease is his inability to roam at will in the daytime (Stoker 244). His powers weaken substantially during the day, and this parallels a commonly held belief that diseases are more prominently experienced in the evening and at night. Tuberculosis sufferers in particular often seemed to worsen during the evening. This is due, in part, to the strained breathing of a depressed respiratory state and the impact of abnormal lesions in the lungs (Cohen, Harriman, and Madsen 56). This idea is recounted in Jonathan Harker’s journal entry: “They say that people who are near death die generally at the change to dawn or at the turn of the tide...” (Stoker 73). Such a notion has strong ties to tuberculosis and Victorian

perceptions of it. Dracula's nighttime feedings also tie into this notion. This will become more evident in the second chapter as it examines Lucy Westenra's ordeal in detail.

Another limitation with allusions to consumption is the Count's need to be welcomed into a household before he is able to enter at will. Van Helsing informs those tasked with hunting and eliminating the Count of this phenomenon after Lucy is killed (Stoker 211). This metaphorically links Dracula to the fast spread of *M. tuberculosis* to family members and close associates. His primary feedings occur within a very limited group that is representative of a family in some respects. The transfer of attacks from Lucy to Mina mimics an infection. Mina's proximity to Lucy and her associates has contaminated her. This is representative of the close links between vampiric folklore and consumption that will be examined in chapter three.

The next aspect that aligns Dracula with tuberculosis is the methodology used to expose and eliminate him in the novel. It becomes apparent that the only way to stop the Count is to prevent his advancement through England. Dracula's pursuers push him back to Transylvania, thus minimizing any further threat to the English population. This mimics the process of quarantining sufferers of infectious diseases in the nineteenth century. He must be segregated from the uninfected population to prevent further contamination. The people of Transylvania are, in many ways, already familiar with the scourge and have built "immunity" against him. Forcing him back in his homeland is the best way to remove the threat from England before the "disease" can spread to epidemic, and potentially pandemic, proportions.

The first step in removing the threat of Dracula is to identify various individuals and segregate them from the normal populous. Jonathan Harker begins this by noting the

features of Dracula along racial terms. He describes the Count's nose as "aquiline, with high bridge... and peculiarly arched nostrils" (Stoker 23). Later, he will describe two of the Count's wives in the same fashion, further indicating the racial and physical break that Harker describes. John Allen Stevenson introduces several interesting points on this matter, noting that Stoker may have used the exaggeratedly white color of the Count as a racial barrier thus distinguishing him from the English, and living, race (Stevenson 141). This is furthered in the need to mark those of vampiristic tendencies throughout the novel.

Lucy, Mina, and Dracula are presented with scarring on their foreheads that denotes their difference from other members of society. It is only in the death of the vampires in the novel that Lucy and Mina are liberated from their "branding" and are, in some ways, free to rejoin society or, in Lucy's case, to be considered as a woman of virtue in the minds of those who knew her (Stevenson 141). The scarring is also a means of reminding other characters of the importance of their mission and to exercise caution while in contact with Lucy and Mina. The need to distinguish between "races" in the novel has links to perceptions of tuberculosis as consumptives were often removed from society to protect those without the disease.

Another aspect of controlling individuals with potentially infectious ailments that appears in the novel is quarantining the afflicted. Sanatoriums were a popular means of segregating consumptives from society in the nineteenth century. Like the need to mark and distinguish the vampires in *Dracula*, the desire to remove tuberculosis patients and protect the general population is central to Victorian consumptive treatments (Dormandy 148). William Dodge Frost and Michael Vincent O'Shea, early twentieth-century

physicians, note in a 1912 manual on controlling the spread of phthisis in schools that “probably all of these diseases can be prevented [diphtheria, typhoid, and tuberculosis]. All that is necessary is to prevent the escape of the disease germ from those infected by it, and guard the bodies of the well from its attack” (Frost and O’Shea 11). There are other methods discussed in this manual, but removing the infected from the healthy population was a common means of stopping contamination. In fact, by the 1890s, many individuals were expected to enter an institution after diagnosis or risked being shunned by society in a sort of socially induced quarantine (Rothman 211). In distinguishing and removing afflicted individuals from those who are not infected, the men in the novel protect the untainted population. This presents a link between common tuberculosis containment and the methods used to prevent the spread of vampirism in the novel.

Similarly, the use of fire to destroy Dracula’s holdings in England mimics a contemporary means of controlling infectious disease. The belongings of an individual with a disease that could be contaminated were often discarded or burned in the nineteenth century to prevent further infection. Bodies were also cremated to stop the spread of some diseases before and after infectious illnesses were fully understood (“Vampires in New England” 189-91). Most importantly, the idea of purging sin and deviance through fire comes to the forefront. Many cultures used the cleansing properties of fire to destroy witches and heretics (Summers 80-81). Fire, then, becomes a means of completely eliminating the Count’s presence in England as it destroys the evil he comes to represent to the characters and the “infection” he carries.

The next aspect of the Count that relates him to infectious disease is the manner in which he selects his victims. Dracula’s ability to exploit inherent weaknesses in humans



is similar to diseases that manifest most completely in individuals weakened by other diseases or circumstances (Cohen, Harriman, and Madsen 55). While illness could be the result of substandard living conditions and lack of proper care by a physician, the Count uses his psychic abilities to manipulate the psychological and physiological disadvantages of those around him, thus mimicking disease patterns. He is able to recognize the weaknesses in Lucy, Renfield, Mina, and others to exploit them to his will. Tuberculosis has a similar ability in that it can take hold in those with pre-existing conditions (Ott 19). It uses a myriad of hosts and carriers to spread to others who may be unable to fight off the bacterium. The Count becomes like a disease in his ability to infect some, like Renfield, without a direct link to death by vampirism and use them to move toward victims who will succumb to the “disease.”

The concept of weakened immune systems leading to disease is easily seen in Lucy Westenra’s case. In the novel, it is clear that the Westenra’s are mere visitors in Whitby. Mina states, “Lucy met me at the station, looking sweeter and lovelier than ever, and we drove up to the house at the crescent in which they have rooms” (Stoker 63). It is possible that their reasons for visiting relate to a rest or open-air cure. These involved moving a patient to a more suitable climate for recovery and were prescribed for consumptives (Dormandy 148). Seaside towns were often selected by physicians for patients suffering from pulmonary conditions who could afford to travel both monetarily and physically (148). Katherine Byrne explains that Whitby is close to Scarborough, which was a well-known location for such cures in England (Byrne 134). The location and the extended visit of the characters implies that the sojourn is more than a mere vacation.

It is possible that the Westenra's stay in Whitby is meant to assist Lucy's recovery from another ailment. Though Mrs. Westenra suffers from a heart condition that is a constant threat until she passes away, it is unlikely that a rest-cure would be prescribed for her. Dr. Seward indicates that, "...any shock may prove fatal" (Stoker 112). Rest cures were prescribed only for individuals capable of travel (Smith 10). The frail condition of Mrs. Westenra would make moving her a health risk and there would be few medical benefits, aside from personal pleasure. It is far more likely that the move was undertaken to assist Lucy's health. Her pre-existing condition is intimated in Mina's initial fears of her friend's health as well as the perception of a continually delicate state throughout the early portions of the work; this alludes to her health being the reason for the visit (Byrne 133-34). This is furthered as Mina writes: "Thank God, Lucy's health keeps up... She has lost that anæmic look which she had. I pray it will all last" (Stoker 72). A pre-existing condition, such as anemia or scrofula, could lead to a swift incubation and expression of *M. tuberculosis* bacteria as well as a fast demise from consumption (Ott 19). Mina notes that Lucy, "has got a beautiful colour since she's been here [in Whitby]" (Stoker 65). This indicates that her condition is improving since coming to the town and that the rest or open-air cure is working. The implication of Whitby as a refuge for Lucy or her mother in a time of illness links the concept of open-air cures to the novel and may have implications as to the author's intent.

Next, the notion of hereditary predisposition to disease is relatable to both Lucy and tuberculosis. Lucy's mother is described as a frail woman who is close to death from a heart condition (Stoker 104). Her father is discussed merely in passing and his death is not detailed in the novel; however, Mrs. Westenra explains that Lucy's father was also a

heavy sleepwalker and that her daughter inherited this trait (Stoker 93). Tuberculosis had been considered an inherited illness by many physicians (Dormandy 41-42). A family's disposition toward illness and early death was a common factor in nineteenth-century medicine. Although Robert Koch's discovery dispelled this in the 1880s the notion that it was a communicable disease was not universally accepted. This was due, in part, to the uncertain nature of the disease and a lack of uniform identifying characteristics (Ott 21-23). The medical history of the Westenra family could indicate that Lucy is susceptible to various diseases and this might make her a more attractive victim to the Count. This indicates the theory of hereditary disposition that was considered a potential cause of tuberculosis in contemporary society prior to and after Koch's discovery.

Furthermore, the domestic weaknesses of Lucy Westenra mimic a weakened immune system. The human body is able to recognize bacteria and viruses that pose health threats and eliminate or at least slow the progression of a disease. In many ways, Lucy's metaphorical "immunity" is low when first seen in the novel. Her future husband, Arthur Holmwood, cannot attend to her as he is nursing his father through his final days and her mother is a sickly and feeble woman who is incapable of assisting her child (Stoker 94). Indeed, Mrs. Westenra does more harm than good in removing the garlic from her daughter's presence, thus allowing the Count to feed more readily (146). The lack of recognition of the "pathogen" further allows the Count to continue to feed as her doctors attempt to treat the results of his predation instead of preventing future attacks. Abraham Van Helsing eventually uncovers the cause of her illness, but she is too far along in the "pathogenesis" to be saved (104-14). This progression mimics the effects of

a disease on a weakened immune system. Through lack of timely recognition and proper care, the infection is able to thrive and ultimately kill the host organism.

Many elements suggest tuberculosis as an analogy to vampirism in *Dracula* before the illness becomes expressed in Lucy. The Count's association with the Scholomance, as well as the proclivities of his personality and appearance, highlight the potential danger that he represents. The various "hosts" and "carriers" allow the Count to move easily into England and begin "infecting" a new population. Dracula's predation on Lucy takes on similar attributes of infection and her variously weakened immune system exposes her to outside pathogens. Indeed, it is through Lucy and her ordeal that the links between consumption and the vampiristic elements of the novel become apparent.

## Chapter 2

## Symptoms, Strife, and Struggle

Parallels between tuberculosis and vampirism in *Dracula* can be seen through the experiences of Lucy Westenra and her physicians. The chronology of her ordeal will be examined first, followed by a careful study of her symptoms and the physiological and anatomical effects of vampirism. This leads to the concept of misdiagnosis in the novel and its links to consumption. The chapter will then examine Wilhelmina Harker's ordeal and ultimate recovery, focusing heavily on the treatment and differentiating characteristics of Mina's malady over basic symptoms that mimic Lucy's ailment. Furthermore, this chapter will examine how the medical treatments and misdiagnoses in Lucy and Mina's cases mimic contemporary phthisis patterns. By reviewing the different aspects of Lucy and Mina's illnesses as well as their "treatments," parallels between tuberculosis and *Dracula* become apparent.

From the novels' outset there is a focus on logic and this begins its associations with medicine. In *Dracula*, the audience examines a sort of case file and the preface of the work reflects the focus on logic in the novel's organization. It reads:

How these papers have been placed in sequence will be made manifest in the reading of them. All needless matters have been eliminated, so that a history almost at variance with the possibilities of later-day belief may stand forth as simple fact. There is throughout no statement of past things wherein memory may err, for all the records chosen are exactly contemporary, given from the standpoints and within the range of knowledge of those who made them. (Stoker 5)

The novel infers that this was written by an anonymous character and that it represents actual facts presented in a logical order. Critic Rosemary Jann writes of this section that, “This ‘stranger than fiction’ ploy is common enough in the gothic tale, but in *Dracula* it forms an important part of a more pervasive testimonial to the power of certain forms of rational discourse to constitute and control truth” (Jann 278). This entry gives some credibility to the tale as does the “factual” and logical presentation of information untainted by the characters’ own interpretations. This adds realistic undertones to the novel and highlights the author’s choice to intertwine the action of the work with facts.

Before examining how Lucy’s condition metaphorically aligns the novel with consumption, it is necessary to explore contemporary medical practices and their relation to tuberculosis. The disease’s uncertain pathogenesis and significant changes to the medical practice caused the treatments and perceptions of afflicted individuals to vary throughout the nineteenth century. By the end of the Victorian Era medicine had begun to shift from archaic practices based in superstition to scientific approaches to illness. Tuberculosis was a particular concern as it became the leading cause of death in Europe by the twentieth-century (Strathern 194). The field of bacteriology, the study of microorganisms and their impact on the human body, had recently and drastically altered medicine. Between 1875 and 1884 researchers had attributed eleven major diseases to microorganisms, including tuberculosis, cholera, typhoid, and pneumonia (300). Koch’s 1882 discovery of *M. tuberculosis* was a source of fear for some in the medical profession (301-02). Not only were past treatments for phthisis called into question, but many had been exposed to the bacillus without understanding that it was infectious; moreover, there was still no cure (Dormandy 135). Though the bacillus had been

discovered, the disease itself remained shrouded in mystery. The great uncertainty over potential treatments and the fear of infection changed how consumptives were viewed and handled by the general population and physicians.

Next, it is beneficial to view why Lucy's "symptoms" are significant. Throughout the novel, there is a consistent focus on symptoms similar to tuberculosis. Katherine Byrne, a modern literary critic, observes: "It is notable here that Stoker depicts painful and difficult breathing as the most concrete symptom of Lucy's wasting, rather than dizziness and lightheadedness which are also classic accompaniments to blood loss..." (Byrne 136). Indeed, Stoker continually expresses Lucy's weakness, wasting features, and labored respirations through her physicians' reports while offering few allusions to extreme blood loss. Though she does not actually have tuberculosis, the Count's effect on the human body parallels the disease. This becomes more pronounced in Mina Harker's case as her condition worsens without direct contact with Dracula, thus indicating an ailment that is infectious rather than the result of trauma to the body.

The first parallel between tuberculosis and vampirism in Lucy's case is in their chronologies. Her first confirmed physical contact with Count Dracula occurs around two a.m. though the entry is noted as three a.m., on August eighth (Stoker 88-89). Dr. John Seward's professional help is not sought by Arthur Holmwood until August thirty-first (104). John Woodcock, a physician in the early twentieth century, explains: "The period of incubation [of tuberculosis] may be a few weeks, months, or years..." (Woodcock 45). He goes on to describe the differences in time between acquiring the bacillus and the experiencing symptoms in afflicted individuals. Unlike various other diseases, the timing of phthisis incubation and manifestation varies between patients (45-46). The time

between Lucy's initial encounter with Dracula and the request for medical attention parallels the early stage of an infectious disease. The fact that the Count does not kill his victims immediately, though he has the means to do so, resembles the pathogenesis of an infection. The illness may begin with a few general problems, but the bacillus or virus spreads and begins to tax the body, causing disease-specific symptoms to emerge.

After John Seward's professional help is requested by Arthur Holmwood, he attempts to diagnose Lucy's condition with little success. His initial findings indicate a "bloodlessness" in Lucy's appearance and he suspects anemia as a potential cause of her ailment (Stoker 127). He analyzes her blood and finds that "the qualitative analysis gives quite a normal condition, and shows, I should infer, in itself a vigorous state of health" (128). Lucy's illness is not, then, an issue with her blood, but could still be related to the function of the red blood cells. In the nineteenth-century, some doctors associated tuberculosis with problems of the blood and, specifically, a lack of the fluid (Byrne 129). They felt that the "increased oxidation of the blood" caused the disease and led to the various pulmonary symptoms (129). Seward's analysis indicates that, at this point in the pathogenesis, Lucy's cardiovascular system is functioning somewhat normally.

The relation between Lucy's condition and Dr. Seward's suspicion of anemia has further ties to tuberculosis. Felissa Cohen, Carol Harriman, and Lorie Madsen, modern-day medical practitioners, state that in cases of pulmonary tuberculosis, "Laboratory abnormalities may be relatively non-specific if present and can include anemia, elevated sedimentation rate, and a normal white blood cell count with monocytosis" (Cohen, Harriman and Madsen 56). Lucy's initial symptoms mimic this as Seward describes an anemic state that is not consistent with the condition. His analysis of the blood, however,



indicates that the specimen provided was normal. It is worth noting that medical technologies and methodologies were still developing in the late nineteenth century and his findings may not be accurate. His examination via microscope with a potentially contaminated sample would not be reliable by modern standards (Stoker 127-28). Thus, the generalized appearance of an anemic condition without the markers of it could be a clue to the true nature of the Count's attacks.

The next point that metaphorically links Lucy's initial symptoms with phthisis is her diagnosis and, indeed, her misdiagnosis. Despite suspicions of anemia, Seward concludes that Lucy's condition is mental in nature. Female hysteria as a potential cause of illness was a common professional assumption in contemporary diagnostic procedures. William Jenner, a respected Victorian era physician, noted in a lecture from 1895: "I once saw a physician, of deservedly high reputation, mistake a case of tubercular meningitis for hysteria, because some well-marked hysterical phenomena were present..." (Jenner 108). This comes directly after a lecture entitled, "On the Differential Diagnosis of Acute Laryngitis and Feigned Laryngitis of Hysterical Women" (103). The disease was present in the case recounted by Jenner, but the examination of cultures did not detect an abnormality and the woman did succumb to the disease even though evaluated by a doctor (108-09). This professional perception, when coupled with still developing medical practices, suggests the dangers of misdiagnosis. The concept of female patients experiencing and even "acting out" symptoms of various ill-defined diseases was a concern for contemporary doctors (105). This fallacious belief, when combined with faulty laboratory practices, was often disastrous for female patients. Lucy is "misdiagnosed" in a similar manner to the case recounted by Jenner and that will be the

difference between life and death. Seward cannot find any concrete markers of disease, though he cannot possibly suspect vampires at this point, and this leads to the conclusion that the problem is psychological. The perception of the hysterical woman and a lack of concrete symptoms ends in confusion with devastating implications for all.

The lack of disease-specific symptoms in Lucy is one reason for her misdiagnosis. Katherine Ott, a modern scholar of tuberculosis' role in history, notes, "In determining the presence of phthisis in the first two stages, physicians relied heavily upon patients' reports of their symptoms. The patient was crucial because his or her account supplied the only data the physician had" (Ott 20). The relationship between Lucy and Seward mimics this in his initial examination. Her spoken accounts and general appearance are the basis of his initial diagnosis. He does not, as most physicians in the era would, check her breathing and attempt to examine her body thoroughly, because having the patient partially disrobe to listen to lung functions raised issues of decorum (Stoker 104-05). It is up to the patient, then, to describe her own symptoms and these included difficulty breathing and sleep disruptions in the forms of nightmares and lethargy (105). Though she is willing to describe some of her symptoms, she refrains from describing others for various reasons. She does not indicate the sore throat that she notes in her journal after her initial encounter with Dracula, and other omissions are possible (103). As with consumptive patients, Lucy's condition is initially characterized by general symptoms that cannot produce a concrete diagnosis.

The next point that ties vampirism to consumption in Lucy's case is respiration. Her breathing is examined throughout her ordeal and changes as her condition deteriorates. This is significant as listening to auditory anomalies in the lung function of

patients was crucial for diagnosing phthisis (Dormandy 38-40). The focus on her breathing suggests that Seward and Van Helsing understand that the issue is related to the lungs. Even Lucy understands this as she writes shortly after the Count's initial attack, "It must be something wrong with my lungs, for I don't seem to ever get air enough" (Stoker 104). The general difficulties that Lucy experiences with breathing gradually worsen throughout the novel until her breathing is described as being "painful to see or hear" (112). The progression of her respiratory difficulties is heavily documented in the novel and aligns the effects of the Count's feedings with a pulmonary ailment over blood-loss.

Furthermore, Lucy's breathing deteriorates from irregular to sterterous and this mimics the experience of consumptives. Thomas Dormandy notes from J. Clark's *Treatise on Pulmonary Consumption*, "The irregular harsh breathing was particularly important because it indicated a 'weak circulatory system incapable of flushing out the tubercular poison'" (Clark in Dormandy 41). Consumptives would have difficulty breathing from a very early point in their illness and this would increase in severity as it advanced. Lucy's respirations also gradually worsen throughout her illness. Similarly, consumptives experience increased respiratory distress during the evening. Byrne notes that Lucy's breathing "troubles her most at night when she is in bed, or upon waking, the times when consumptives had the most difficulty with their breathing" (Byrne 136). Her breathing mimics the difficulties that phthisis sufferers would experience and further parallels her condition to the disease.

Another key link between Lucy's condition and phthisis is nocturnal discomfort and daytime fatigue. The night hours seemed to take a particular toll on phthisis patients and Lucy experiences this throughout her ordeal with the Count. Woodcock explains: "In

many of the early cases of tuberculosis we have night sweats, occurring usually in the early morning hours about 2 to 4 A.M. The patient usually has unpleasant dreams...” (Woodcock 57). Consumptives’ conditions deteriorate at night. Events such as night sweats and nightmares would detract from the rest sorely needed to allow their bodies to fight the infection. The Count’s initial attack occurs during this time frame (Stoker 87-88). This indicates the timing of Dracula’s predations and offers a parallel to consumption. Vampires attack in the evening or early morning when their powers are at their zenith. The trauma to their victims, then, mimics the nocturnal stress common to tuberculosis. Lucy notes, ““All this weakness comes to me in sleep; until I dread the very thought”” (116). She continues to experience this pattern throughout her illness and is later afraid to sleep without supervision or her garlic adornments (125). The concept of the Count’s victims worsening at night aligns the effects of vampirism with the consumptive experience.

The high fevers associated with phthisis cause many of the nocturnal symptoms and are metaphorically expressed in Lucy’s case. Elevations in temperature are often recorded during the mid-to-late evening and early morning hours and are a factor in the nighttime discomfort of tuberculosis sufferers (Dormandy 220). Patients undergo a restless night and wake up able to function mentally, but are physically drained from their ordeal (22-23). Lucy expresses this trait after the Count attacks her during the night and she is found in the morning, more drawn than the day before. This mimics the consumptive fevers that cause periods of elevated stress to the body. In Lucy’s case, the trauma is caused by the Count’s feedings and his psychic control over her instead of a bacillus. The nightmares and discomfort she experiences parallel consumption and relate

to the notion of “fever dreams.” The predatory episodes cannot be recalled, but the body and the vague memory of them appears dream-like.

Furthermore, Lucy experiences vacillations in energy levels that mimic phthisis. Throughout her illness, Dr. Seward notes bouts of normal activity followed by periods of extraordinary fatigue and weakness (Stoker 117-18). Her countenance improves for a time and then diminishes, a vacillation consistent with phthisis. Sir Pendrill Varrier-Jones, a physician with experience with contemporary consumptive care, states, “on return to their ordinary occupations [consumptives], are apt to speedily relapse and to suffer from an exacerbation of their disease” (Varrier-Jones 28). This relates to sufferers who have been prescribed bed-rest in sanatoriums, but it also has some significance to Lucy. Thomas Dormandy further notes, “Classically it [tuberculosis] was chronic and even intermittent, with seemingly miraculous remissions and startling improvements followed by terrible relapses” (Dormandy 22). Such swings are noted by Dr. Seward as well as Lucy, with changes occurring over several days or in the course of a single night. When she attempts to resume her normal life, through speaking, writing, and moving about, her health almost always goes into rapid decline.

Another aspect of phthisis that is mirrored in Lucy’s case is inappropriate swings in mood. Upon seeing Arthur in her final moments of life, Lucy says, “Arthur! Oh, my love, I am so glad you have come! Kiss me!” (Stoker 146). Dr. Seward describes her voice as “voluptuous” and intimates that it has never taken on such a tone (146). This extreme change is consistent with a strange aspect of latent-stage tuberculosis: unusual emotional swings (Dormandy 220). A patient could exhibit unusual behavior, such as inappropriate happiness, without any perceivable cause. Her sensual intonation is

uncharacteristic and unexpected from a woman lying on her deathbed. This is a relatively obscure symptom of phthisis and it does not seem to occur in Lucy's waking state until the final minutes of her mortal life. This change will become more pronounced after she is a vampire, but the expression of it before her initial death suggests a link between her condition and phthisis. Her actions are not rational or normal for the situation and are the result of the disease, vampirism, to which she is succumbing.

The next point that aligns vampiric transformations with consumption is the wasting component common to both "illnesses." Lucy begins to take on physical attributes of vampirism consistent with tuberculosis in the form of cachexia, a severe wasting resulting from a prolonged illness. Consumption was, in the nineteenth century, a term given to wasting diseases that had some effect on the respiratory system and, according to Ott, "was defined as progressive emaciation or wasting away" (Ott 13). Lucy exhibits the necessary components of tuberculosis in the mindset of contemporary audiences. John Seward pays particular attention to Lucy's facial features and describes a consistent wasting pattern. The facial region of tuberculosis sufferers was often used as a means of visually identifying those with the disease (Woodcock 51). Seward notes her pallor, prominent teeth, emaciated appearance, dim eyes, and other aspects of her visage that align vampirism with a wasting disease.

Lucy's pallor is discussed throughout the novel and becomes more pronounced as her condition worsens. After her initial meeting with Dracula, Lucy's coloring is discussed by the doctors attending her and is described as: "bloodless," "ghastly", "chalkily pale," "waxen," and "deadly" (Stoker 105, 112, 124, and 147). Consumptives had similar descriptions of their coloring and the progression of the adjectives that

Seward uses to describe Lucy indicate that she is in gradual decline. This is similar to the wasting aspects of phthisis and can be linked to the steady deterioration in health and vitality associated with vampirism as well as tuberculosis. As her coloring changes, so will the rest of Lucy's appearance, thus denoting the progression of a wasting disease.

Furthermore, the description of Lucy as "bloodless" is similar to the descriptions of many consumptive patients. "Transparent" skin was used by contemporary texts to describe the extraordinary pallor of phthisis sufferers and relates to insufficient oxygenated blood flow to the dermal layers. Ott describes observations by a nineteenth-century medical student in *Fevered Lives* that lists transparent skin as a characteristic of consumptives (Bigelow in Ott 10). She goes on to recount Bigelow's description: "the skin is very thin, soft and delicate, and through it bluish veins are visible" (10). The description has potential links to Lucy's ailment and could be what Seward is attempting to describe. In noting her pallor as "bloodless," Seward evokes an unnatural appearance that resembles Bigelow's description.

Another aspect of Lucy's countenance that exhibits a wasting pattern is her mouth. Dr. Seward notes that her teeth become progressively elongated as she deteriorates. The transformation is first examined on September seventh when he describes a change to the color of her gums; on September tenth, eighteenth, and twentieth he indicates the pronounced recessions that have led to the appearance of sharper teeth (Stoker 111, 118, 139 and 144). He observes that, "her open mouth showed the pale gums drawn back from the teeth, which thus looked positively longer and sharper than usual" (Stoker 139). Lucy is taking on characteristics consistent with vampirism that also relate to consumption. As a wasting disease, tuberculosis caused

many physical anomalies to take hold. Receding gums and contracted lips could cause a perceived elongation and sharpness of teeth. The lips become contorted as muscles waste and alter the appearance of the mouth and this exposes the teeth. Similarly, the cheeks become sunken and this leads to the appearance of “grinning” (Woodcock 51-52). All of these aspects align the elongation of Lucy’s teeth with a wasting disease.

The next aspect of Lucy’s visage that display a wasting pattern is her eyes. In the final throes of her illness Seward notes, “she opened her eyes, which were now dull and hard at once...” (Stoker 146). This is in direct contrast with previous descriptions of her eyes as having an “angelic beauty” (146). They will continue to change when she is a vampire until they are described as “unclean and full of hell-fire” (188). The eyes of consumptive patients similarly manifest the disease. Woodcock states, “The eye is bright and yet has a gloomy appearance. It is different from the bright eyes of other fevers” (Woodcock 52). This passage continues to discuss changes to the size of the eyes as well as their pronounced whiteness and changes to the pupils (52). The fact that Woodcock describes a bright appearance to the eyes and Seward indicates dull eyes in Lucy suggests that the “fever” that causes the transformation, the Count or vampirism, is not currently present. The unnatural glow to her eyes that occurs after she is a vampire shows the unusual brightness with a similar dull appearance that Woodcock intimates (Stoker 188). The changes to her eyes mimic those displayed in consumptive fevers.

Furthermore, the wasting causes the musculature around the eyes to recede and gives them the appearance of being deep-set and wider than normal. Woodcock explains, “There is a melancholy expression about the eyes of a tubercular patient” (Woodcock 52). The notion of melancholy in the eyes does occur in Lucy shortly before her last



perceived encounter with the Count. Seward notes that, “when she woke the softness of her eyes evidently changed the expression, for she looked her own self, although a dying one” (Stoker 139). This indicates her eyes had taken on a “melancholy” expression consistent with Woodcock’s description. This perception of “sorrowful” eyes could also be a reaction to the fear of a phthisis diagnosis and impending death. Such changes indicate a potential parallel to consumption and contemporary theories of tuberculosis.

Eventually, Lucy is given multiple transfusions to combat the symptoms of the Count’s predation. The procedures are performed on September seventh, tenth, thirteenth, and eighteenth (Stoker 114, 119, 124, and 136). The blood received revives her for a time, but the Count’s continued feedings inexorably lead to her demise. The idea of consuming blood links the novel to unsubstantiated and taboo medical cures occasionally tried in the era. Some European physicians would readily suggest that their patients consume the blood or raw meat of a freshly killed animal (Byrne 147). It was thought that the fluid would “invigorate” sufferers of many ailments including phthisis through psycho-spiritual means. The blood, itself, was not nearly as beneficial as the act of consuming the “life” of the creature and stronger animals, like bulls, were favored (147). The concept was not widely accepted, but the practice continued sporadically. In France in the twentieth century, the “remedy” was used by a consumptive, M. Emmanuel Robles, but the blood consumed was that of a child (Dormandy 46 and Bercher 606). This indicates the lengths that some phthisis patients would go to for a potential cure. Lucy’s transfusions operate in a similar way to drinking blood. By giving her the blood of men, Van Helsing is attempting to restore her vitality. He explains to Quincey Morris: ““A brave man’s blood is the best thing on this earth when a woman is in trouble...””

(Stoker 136). The blood functions similarly to the practice used by some consumptive patients. The quality of the blood is key to prolonging her mortal life. In Van Helsing's mind, the blood of males, and particularly those close to her, is the best means of assisting Lucy. The transfusions become a means of restoring her vitality and increasing her energy, but, like the act of consuming fresh blood, do not cure her ailment. This changes after her conversion to vampirism when drinking the fluid will be the only means of prolonging her "life."

Another aspect of wasting that Lucy exhibits consistent with metaphorical consumption is involuntary anorexia. Though she is not intentionally avoiding meals, there is little to no indication that she is ingesting sufficient nourishment. Tuberculosis patients would often forgo meals because of pain or pulmonary damage resulting from tubercle eruption (Dormandy 221). Dietary concerns were seen as vital to physicians specializing in phthisis and a portion of the care that consumptives received revolved around carefully planned meals (Smith 7). Woodcock explores the dietary needs of phthisis patients at length and explains that the amount and quality of foods provided made a great difference to a patient's potential for recovery (Woodcock 110-19). Though Lucy is given food Seward observes, "the little nourishment which she could take seemed to do her no good" (Stoker 139). Like latent stage tuberculosis sufferers, she cannot physically ingest foods. The transfusions given to Lucy mimic the concept of sustenance and become comparable to "meals." Van Helsing exhibits the careful selection of "nourishment" throughout her ordeal. He selects Holmwood, her fiancé as the first donor, and uses the blood of the other males present to sustain her (113). He feels that it is preferable as it comes from strong sources and all but refuses to use the blood of Lucy's

maids (136). In using what he feels is quality fluid he parallels the nutritional concerns of consumptives. The blood provides her with nutrients, but is still not sufficient to counter the Count's feedings.

Furthermore, Lucy's attempt to attack her fiancé even though she is not a vampire could be seen as an indication of thirst. The transfusions that Lucy receives throughout her illness combat her symptoms and act as intravenous "feedings" (Stoker 114, 119, 121, and 136-37). Her attack on Arthur before her death could be attempt to gain access to a "meal," but is far more consistent with thirst (146). The damage done to the respiratory system and throat in consumption causes severe irritation. Sufferers would look for fluids to drink, but would continue to reject solid foods (Byrne 147). She lacks not only blood but sustenance in general when she attempts to draw in her fiancé and is stopped by Van Helsing. The "thirst" in her final moments of life mimics the desire for fluid that consumptives feel in the latter stages of the illness. She attempts to draw Arthur to her as his blood would give her relief from her malady.

The final aspect of Lucy's condition that parallels vampirism with consumption relates to the concept of tubercles. The punctures that the Count inflicts on Lucy during the course of his feedings resemble lesions that consumptives suffer in the latter stages of the illness. Dr. Seward examines the punctures and explains, "Just over the external jugular vein there were two punctures, not large, but not wholesome looking. There were no signs of disease, but the edges were white and worn looking, as if by some trituration" (Stoker 115). Woodcock notes of pulmonary consumptives: "At times there may be notices on the skin, forehead, and upper parts of the cheeks, slight skin eruptions"

(Woodcock 52). The marks on the Lucy's skin can be seen as this feature of tuberculosis, but have stronger ties to the most significant aspect of the phthisis: tubercles.

The physical appearance of Lucy's marks parallels tubercles and tubercle eruptions. Caseous material, a cheese-like substance that is the result of dead bodily tissues and bacteria, fills portions of the bronchial tree and erupts, leaving a cavity known as a tubercle, and scar tissue (Dormandy 23). This tissue is thicker than normal with a jagged appearance and indicates the advancement of the disease (220-21). The tubercles of consumptives are small and relatively inconspicuous when examined (Woodcock 47). Lucy's marks have similar physical properties to these scars and lack indications of excessively deep punctures or tears. The "white and worn" look described by Seward further indicates these nodes have "scarred" over. Though no disease seems present, the possibility of a "pathogen" remaining is insinuated. Woodcock notes a saying by Krause, another contemporary physician, that "the patient's resistance is as strong as the shell of his tubercle" (Woodcock 47). This means tubercle eruptions marked the disease as potentially terminal. Like the tubercles of consumptives, Lucy's marks are a constant threat until her death, when they disappear (Stoker 145). With each feeding, the wounds open and allow blood to escape; they then "scar" over until the next "eruption." The continual description of Lucy's marks after the Count feeds further indicates multiple "eruptions" and shows the futility of the efforts of the doctors to save her.

Next, the implications of lesions in the lungs of consumptives also mimic the implications of Lucy's marks in regard to her condition. *M. tuberculosis* is aerobic in nature, meaning it must have air to propagate, and the lesions in the bronchial tree are an excellent site for the microbes to flourish (Dormandy 221). Similarly, the marks on

Lucy's neck allow the Count to feed efficiently when he has access to her. Located strategically above the outer jugular vein in the neck, they offer an ideal area for the extraction of blood (Stoker 115). Like the lesions of a consumptive, the placement of the cavities is vital for the "pathogen" to thrive off the host organism. This aligns the small punctures with the cavities of the disease as they both lead to the eventual death of the patient.

The "eruptions" that Lucy exhibits parallel hemoptysis, the coughing up of blood, in consumption. This is highlighted in Mina's description of Lucy's first encounter with Dracula when she notes that "on the band of her nightdress was a drop of blood" (Stoker 89). This tiny drop of blood is not enough to cause alarm, but it imitates the expectoration of blood through the process of feeding or being fed upon. The blood is, presumably, intertwined with sputum much as it would be in a case of tuberculosis. The "tubercles" on Lucy's neck do erupt, but the Count's feedings do not leave a great deal of blood that would alarm doctors. Instead, it is the lack of blood that becomes their focus.

Furthermore, Dr. Van Helsing's reaction to the marks on Lucy's neck indicates a parallel with tubercle ruptures. In consumption, the cavities in the bronchial tubes erupt and the discharge is forced out of the lungs where it is either coughed up, known as hemoptysis, or relegated to the stomach (Dormandy 23). Coughing up blood was, in the contemporary mindset, a concrete marker of tuberculosis (Ott 25). Immediately after seeing the marks on her throat for the first time, Van Helsing returns to Amsterdam to get books that will alter how Lucy's case is handled (Stoker 115-16). In the nineteenth-century, a consumptive patient would automatically be relegated to a different course of treatment and extreme caution was taken while in contact with them after an eruption of

the tubercles (Dormandy 23-24). The recognition of the lesions changes how the doctors will approach Lucy as well as the methods used to treat her. When Van Helsing returns to Whitby, he begins filling Lucy's room with garlic and securing the windows and doors more completely than before (Stoker 120-21). As with consumptive patients, the implications of the marks on her neck cause Van Helsing to modify how he will treat her and he begins to suspect that the true cause of her illness is the Count.

Similarly, Van Helsing's observation of the lesions alters the level of physical contact that he allows others to have with the patient. His first notice of the marks is the last time that Van Helsing gives Arthur Holmwood the direction to kiss Lucy on the face; he will block later attempts at this (Stoker 114 and 146). He is trying to prevent the "disease" from spreading to other members of the group by limiting the contact that Lucy is able to have with them. This further aligns her ailment with an infectious disease and not one related to blood-loss. Consumptives could expect similar treatment as the discovery of the ailment as infectious caused many individuals to avoid sufferers. Indeed, some patients were moved to large sanatoria to receive specialized care and to avoid spreading the disease (Dormandy 148-53). In limiting her physical contact with others, Van Helsing is preventing her from attacking and possibly "infecting" others.

The next main point of this chapter revolves around Wilhelmina Harker's affliction. She begins to take on characteristics consistent with Lucy's soon after her friend's death. She is exposed to the Count on August eighth with Lucy, but the pathogenesis is markedly different (Stoker 88). The secondary stage of experiencing symptoms of the "disease" does not occur until after Dracula begins his feedings. This lapse in time parallels vampirism with consumption. *M. tuberculosis* can be present in the

human body for an indefinite amount of time before the disease takes hold. The expression of the disease depends on the age of the infected as well as their state of health (Shekleton 20). The Count's malady has similar properties. Mina's body is not under direct attack early on and her removal from the situation to attend to Jonathan distances her from Dracula and potential "disease."

Furthermore, the males around Mina act as a metaphorical immune system. After coming in contact with a pathogen the human body is able to recognize the bacteria or virus and resist its spread or destroy it entirely (McNeill 26-27). Like the body's natural defenses, Mina's associates understand the threat from past experiences with the Count and are better able to assist her after she is attacked. When Dracula begins his predation, she is left unguarded by the males. Her "immune system" is weakened and the Count is able to feed. After they see the Mina drinking the blood of the Count, they recognize the truth of the illness and will eliminate Dracula to save her.

Another parallel between Mina's case and phthisis is the initial reaction to her symptoms. Jonathan relays her condition:

Even Mina must have felt its exhaustion, for though I slept till the sun was high, I was awake before her, and had to call two or three times before she awoke.

Indeed she was so sound asleep that for a few seconds she did not recognize me, but looked at me with a sort of blank terror, as one looks who has been waked out of a bad dream. She complained a little of being tired, and I let her rest till later in the day. (224)

This comes after descriptions of her unusual pallor and her robust health earlier in the day (224 and 218). She is exhibiting symptoms similar to Lucy's initial complaints, but

Jonathan Harker does not associate her appearance, exhaustion, and nighttime discomfort to anything other than over-taxing herself with worry. As with Lucy before, Mina's generalized initial symptoms lead Harker to assume that her malady is aligned with psychology. Though identifiable to the reader, those around Mina seem to ignore the basic markers of the Count's predation. This is consistent with contemporary knowledge of consumption. The indefinite pathogenesis of the disease made early detection and treatment difficult in the nineteenth century (Cohen and Durham 7). As the disease progresses, Mina's symptoms will become more identifiable to those around her.

One striking aspect of Mina's case is what appears to be "hemoptysis." After drinking Dracula's blood, her visage is described as "ghastly, with a pallor that was accentuated by the blood which smeared her lips and cheeks and chin" (Stoker 247). This is consistent with tuberculosis as sufferers can experience fluid discharge as the disease progresses (Ott 25). Indeed, patients could cough up large amounts of bodily fluids, sometimes "half a teacup," and this would indicate the severity of the disease (25). As with actual hemoptysis in consumptives, this marks the seriousness of her illness and Dracula omnivorously indicates that Mina is "infected" and that no one around her will be able to cure her (Stoker 252). Ott notes of consumptives, "Coughing up large quantities of blood was in itself terrifying, but it also indicated that cachexia had reached irreversibility" (Ott 25). The expectoration of blood in quantities large enough to draw attention, then, indicates to the patient and the doctor that permanent, and conceivably fatal, damage was already present. After this episode Mina spends several sentences explaining her final wishes to follow her seemingly imminent mortal death (Stoker 253-54). Like a consumptive, Mina expects to expire following the presence of blood and



consequent knowledge of her affliction. This event exposes the cause of her general symptoms, the Count, and brings a clearer understanding to all involved.

Thus, the intense expression of metaphorical “hemoptysis” in Mina’s case allows for proper diagnosis and care. Woodcock explains, “Blessings often come in disguise. Hemoptysis (spitting of blood) is one when it comes in an early case of tuberculosis as it causes a patient to seek medical aid in some instances several years sooner than he would otherwise” (Woodcock 57). Many consumptives might ignore the minor symptoms of the ailment, such as fatigue and labored breathing, but the expectoration of blood around the mouth would make the diagnosis quite obvious to the patient and the attending physicians (Ott 25). As in tuberculosis, this is the point when everyone around Mina realizes the truth of her condition and are better able to “treat” her. Unlike Lucy, Mina will recover and the expression of this “symptom” early on in her affliction allows her doctors and attendants to better assist her recovery.

After Mina’s definitive encounter with the Count, Dr. Van Helsing begins to see symptoms consistent with those examined in Lucy. He states, “Her teeth are somewhat sharper, and at times, her eyes are more hard. But these are not all, there is to her the silence now often; as so it was with Miss Lucy” (Stoker 281). Mina exhibits the receding gums, extreme fatigue, increasingly worrisome pallor, and the restless nights that her friend experienced (280-81). Even though the Count is unable to feed on her regularly after his detection, she continues to deteriorate (314). During the final stages of the journey to Transylvania, Van Helsing notes that Mina “has been so heavy of head all day that she was not like herself.... She, who is usual so alert, have done literally nothing all the day; she even have lost her appetite. She make no entry into her little diary, she who

write so faithfully at every pause” (313-14). Mina is showing symptoms that parallel latent stage phthisis: exhaustion, lack of appetite, and lack of interest in normal activities. The fact that her symptoms become more pronounced without Dracula’s physical feedings indicates that her affliction is not a direct result of the blood loss, but of a pathogen-like course that he has set into motion (273-301). This aligns her condition with an infectious disease as its onset is triggered by a “pathogen,” the Count, and continues to thrive from within the host organism.

Mina will ultimately be cured by eliminating the Count and her excursion to Transylvania has some parallels with consumptive care. Tuberculosis sufferers, and those with various diseases, would be sent to communities that had climates thought to be beneficial for different ailments (Smith 3). Mina journeys with the men to find and eradicate Dracula. Through her psychic ties to the Count, they are able to track his moves and her insistence to undertake the journey has links with her contemporaries’ views of consumptive psychology. Sir Pendrill Varrier-Jones, a nineteenth-century physician, notes of patients undergoing sanatorium stays: “A consumptive must learn to be a consumptive... Patients require sheltered conditions to enable them to feel comfortable, and unless they are ‘comfortable’... they will not stay” (Varrier-Jones 30). Mina knows that she is not secure unless she is in the company of her protectors and that the men would not have a psychic link to track Dracula without her presence. Her best chance at eliminating the Count and saving herself is to travel. Thus, she exhibits the notion of knowing how to be a sufferer of vampirism and survive. The process of curing Mina through eliminating Dracula will be expanded upon in the third chapter.

In conclusion, examining the different “symptoms” expressed by Lucy and Mina and relating them to consumption underscores the metaphorical role of tuberculosis in *Dracula*. Lucy’s case offers a more complete view of vampirism’s toll on the human body. Her progressive wasting, respiratory difficulties, emotional as well as nocturnal behaviors, and metaphorical tubercles all parallel vampirism with consumption. Continual misdiagnosis and improper medical attention ultimately condemns her and this was the case for many actual consumptives. Though Mina shares many common symptoms with Lucy, she is able to combat the onset of vampirism. The different aspects of the two cases is consistent with the varied pathogenesis of consumption. The symptoms presented by Stoker show strong parallels between vampirism and tuberculosis. As during her illness, it is Lucy who will be the most complete example of the myths surrounding vampires and consumption and this will be the major focus of chapter three.

## Chapter 3

## Postmortem Mayhem

The links between metaphorical tuberculosis and vampires are not unique to *Dracula* and the two became combined as a result of various superstitions. Lucy, Mina, and the Count's brides demonstrate the folkloric commonalities between these groups, and this will be the focus of this chapter. First, associations between consumptives and vampires as they relate to the female vampires in the novel and their postmortem actions will be examined. Next, the focus will shift to the deaths of Lucy and Dracula's brides and the parallels to folklore and tuberculosis suggested in their eradication. Finally, it will examine the potential intentions of Bram Stoker in aligning some aspects of the vampires in the work with phthisis as well as his understanding of related medical practices. The superstitions connecting the undead and consumptives in folklore are paralleled in the novel, and this further aligns the work with metaphorical tuberculosis.

In folklore, vampires became intertwined with wasting diseases and those suffering from them. Many cultures have viewed these diseases as the work of evil beings and tuberculosis is no exception (Bell 30). Katherine Byrne notes, "over the centuries the vampire myth was formed by social anxieties which accompanied a number of different wasting diseases" (Byrne 125). Though not the only ailment that influenced superstitions, consumption's effect on the human body has many parallels to the undead. Sufferers of the disease would experience gradual emaciation and they seemed to be slowly drained of life and vitality while taking on a deathly visage (Bell 235). Those observing the effects of the illness concluded that something was feeding upon the afflicted and causing the symptoms. As with other superstitions involving maladies, these perceptions were shaped

by a lack of medical understanding. Those who showed symptoms were seen as the victims of malicious beings, and anomalies in human corpses were used as proof of the existence of vampires. Seemingly fresh blood around the mouth of the deceased and the tendency for blood to re-liquefy in some bodies was seen as an indication of both life after death and recent feeding (Barber 114-15). Such corpses were then viewed as vampires and potential causes of subsequent ailments in others.

In *Dracula*, the superstitions relayed seem to derive from the New England vampire “epidemic” and from Emily Gerard’s *The Land Beyond the Forest*. These are not the only two works related to folklore read by Stoker in connection with the novel, but they seem to have impacted it greatly (Stoker, *Bram Stoker’s Notes* 304-05). Bram Stoker was aware of the supposed vampire attacks that occurred predominantly in rural communities throughout Rhode Island during the nineteenth century. In his working papers, there is a clipping from the *New York World* about the events and various superstitions related to them (186-93). At times when tuberculosis became prevalent in communities, some felt that previously expired family members became vampires and were preying upon the newly afflicted members of the group (Bell 235). They would exhume the bodies of dead relatives suspected of vampirism and use a variety of methods to prevent their rising from the grave. This included staking the body, removing the heart, removing the head, and burning the corpse (“Vampires in New England” 187-89). Some of these methods are expressed in the destruction of Lucy and the brides of Dracula and are also consistent with European superstitions. Every disinterred and subsequently destroyed body represented a person who had succumbed to tuberculosis (Bell 234-35). Such events were not limited to New England; similar happenings were reported in

France and England in the mid-nineteenth century (Summers, *Vampire in Lore and Legend* 124-26). The relation of these events to Stoker's work will be discussed later in this chapter.

Gerard's work examines superstitions of vampiric beings from Transylvania. Stoker read this work and extracted some information on terminology, customs, and superstitions common to Eastern Europe. One aspect of vampiric lore found in the work examines the different types of vampires. She notes, "There are two sorts of vampires, living and dead. The living vampire is generally the illegitimate offspring of two illegitimate persons; but even a flawless pedigree will not insure any one against the intrusion of a vampire into their family vault, since every person killed by a *nosferatu* becomes likewise a vampire after death" (Gerard 185). In the novel this is similar to the differences between hosts and carriers, and these will be discussed in subsequent paragraphs. The work goes on to discuss the various techniques used in Transylvania to combat or confine the undead. These range from staking corpses to circling the grave of suspected vampires while smoking tobacco on the anniversary of their death (185). Gerard further writes "That such remedies are often resorted to even now is a well-attested fact, and there are probably few Roumanian villages where such have not taken place within memory of the inhabitants" (185). As with the vampires in New England, the superstitions surrounding the undead and their impact on the living caused panic and led to the desecration of graves as well as corpses in the nineteenth-century. The connections between vampires and consumptives are apparent in the events recounted, as is the potential impact of superstition on the social psyche. The superstitions were so entrenched in some communities that people were willing to disinter and mutilate their

former loved ones. The prevalence of consumption in the era and its staggering mortality rate could have caused the resurgence of archaic practices used to combat the “undead.”

The first parallel between metaphorical tuberculosis and the female vampires in the novel is the varied perceptions of the living victims of *nosferatu* and their “undead” attackers. Consumptives were confronted with stark social receptions after the disease was exposed as infectious. Many felt that they could control its spread and there would be severe ramifications if a tuberculosis sufferer failed to comply. They were expected to use various precautionary measures to prevent infecting others, including avoiding the unafflicted, using sanitary devices such as spitting cups, and potential relegation to sanatoriums or other communities populated by the infected (Frost and O’Shea 26-29 and 45-47). Those who willingly complied with sanitary sanctions were viewed more favorably and those who refused “were none the less stunned by their sudden exile” (Rothman 211). The vampires in *Dracula* do have a degree of control when spreading their “pathogen,” but continue to willingly attack and potentially “infect” others. Through selective feedings they are able to limit or expand the breadth of their affliction. Like consumptives who resisted sanitary changes, the vampires in the novel are both condemned and dangerous.

More striking than the controlled feeding of vampires is Mina’s desire to be eliminated before she can begin preying on others. She states, “Because if I find in myself— and I shall watch keenly for it— a sign of harm to any that I love, I shall die!” (Stoker 254). Though Van Helsing soon intimates that her death would result in becoming a vampire (254), her willingness to commit suicide, by her own hand or assisted, parallels the thought of consumptives who wish to control the spread of their

ailment. Later, Mina makes the men promise that “When I am thus dead in the flesh, then you will, without a moment’s delay, drive a stake through me and cut off my head; or do whatever else may be wanting to give me peace” (287). She is taking precautionary measures to ensure the safety of others and stop the potential spread of vampirism. In forcing the men to swear that they will eliminate her once she has expired and before she awakens undead, she is preventing potential attacks. While she is alive she is a victim, but understands that once she dies she would become a menace.

Furthermore, Lucy and the brides of Dracula can only be viewed favorably after they are completely removed from society, and this is similar to some perceptions of consumptives. Before they are terminated, they are seen as dangerous and detestable, but this changes after they are no longer a threat to the living. After staking Dracula’s brides, Van Helsing notes, “And the poor souls, I can pity them now and weep as I think of them placid each in her full sleep of death” (Stoker 320). The vampiric women are only able to be pitied when they are truly dead and no longer a threat to the unafflicted. Lucy is similarly characterized as Van Helsing explains, “Instead of working in wickedness by night and growing more debased in the assimilation of it by day, she shall take her place with the other angels” (191). After her vampiric death, Lucy will no longer be a threat to society and the men will be free to resume their admiration of her. Like consumptives, their continued presence is a source of anxiety for the unafflicted, but their removal changes how others will view them.

Next, both vampires and phthisis sufferers were considered, in some ways, “undead.” This classification in vampires is easily seen and some felt that “The consumptive was also one of the living dead, though doomed not by curse, but by the



failure of his fellow human beings to find a remedy” (Bell 235). This passage indicates that consumptives were “undead” because of their bleak prospects for surviving the disease. Tuberculosis sufferers were certain to die after a prolonged and physically taxing illness; without hope of a cure, they would waste away. This is typified in Lucy’s case as Dr. Seward and Dr. Van Helsing try various remedies, including garlic and blood transfusions, but are unable to save her. As with consumptives, their “failure to find a cure” ends in her death. Similarly, she is caught between life and death while alive, but becomes truly undead after she succumbs. Seward notes before her initial expiration, “There did not seem to be with her now the unconscious struggle for life and strength that had hitherto so marked her illness” (Stoker 145). Lucy’s vacillations in vitality had ranged from bouts of normal behavior to near-death states from Dracula’s feedings. Like a consumptive, she hovers between the two states while progressively wasting in body and morale until she expires and, in her case, becomes a vampire.

Another point that aligns the novel with metaphorical disease is the presentation of dust as potentially dangerous. The areas where vampires reside are associated with contaminated particles, and this has parallels with contemporary fears of disease transmission. Tuberculosis can be transmitted to healthy individuals through contact with sufferers, but the bacillus could also be deposited by consumptives on common surfaces and find new hosts. It would be released during normal respiration, coughing, talking, or spitting and contact with airborne contaminants could lead to new infections (Shekleton 17-19). Leila May, a modern literary scholar, notes: “The concern over these invasive ‘minute particles’ extends even into a fear of dust, which is now [in the nineteenth-century] associated with stench and death” (May 17). Jonathan Harker focuses on dust

while in the bride's apartments in Dracula's castle (Stoker 55-56). The males similarly note of one of Dracula's English houses: "The whole place was thick with dust. The floor was seemingly inches deep, except where there were recent footsteps, in which on holding down my lamp I could see marks of hobnails where the dust was caked. The walls were fluffy and heavy with dust" (220). This fixation parallels the social perceptions of dust as indicative of potential contamination.

The vampires can also convert themselves into microscopic particles to escape danger and feed. Van Helsing explains that Dracula can become "so small... He can, when once he find his way, come out from anything or into anything, no matter how close it be bound or even fused up with fire" (Stoker 211). Lucy is also capable of this and goes into her crypt through a tiny crevasse to escape Van Helsing, Seward, Morris, and Holmwood (189). In this sense, the vampires can become contaminated particles similar to those that many feared. This relates to a sanitary concern that could cause a myriad of ailments and lead to phthisis infection.

Similarly, repugnant odors can be associated with both the vampires in the novel and tuberculosis. May notes an observation by Edwin Chadwick, a nineteenth-century social activist and commentator on the unsanitary working conditions of the lower-class, that "'offensive smells are true warnings to sanitary evils to the population.' He goes on to quote at considerable length various doctors regarding this subject" (Chadwick qtd. in May and May 17). Odors, much like dust, were viewed as signs of contamination and potential danger for much of medical history and this continued into the latter nineteenth-century. In tuberculosis, this is most evident in the perception of consumptive breath. It has been described as smelling of "rot" from hemoptysis, the expectoration of caseous

materials and blood from the lungs. This smell, and taste, is described as initially sweet or salty, but becomes foul as the disease progresses (Ott 24). The Count and his brides are characterized as having a similar olfactory affect. Harker notes, "The fair girl advanced and bent over me till I could feel the movement of her breath upon me. Sweet in one sense, honey-sweet...but with a bitter underlying the sweet, a bitter offensiveness, as one smells in blood" (Stoker 42). The Count's breath is described as "rank" by both Jonathan and Mina Harker (24 and 251). Like phthisis patients, the breath of the vampires denotes their difference from normal society and their potential danger to the unaffected. The fact that there is no "sweetness" to the Count's breath and there is some in that of the female vampires could indicate the nature of the different *nosferatu*. The females may be younger than the Count and thus not as advanced in their metaphorical "pathogenesis." The breath of the vampires is similar to the stench associated with consumption and further aligns the novel with the disease.

Next, Lucy Westenra's postmortem appearance will suggest the commonalities between consumptive corpses and vampiric superstitions, and the first aspect of this is her seemingly fuller form. Wasting diseases have a profound effect on the human body while the victim is alive and changes after death are similarly striking. The body begins to release gases that can give corpses a fuller appearance than immediately prior to expiration (Barber 109-10). For consumptives this could mean a more "lively" visage than while alive. This is noted in Lucy's case by Dr. Seward: "All Lucy's loveliness had come back to her in her death, and the hours that had passed, instead of leaving traces of 'decay's effacing fingers,' had but restored the beauty of life, till positively I could not believe my eyes that I was looking at a corpse" (Stoker 148-49). Lucy's body is

exhibiting a characteristic that partially shaped vampiric lore. Some saw the fuller corpse as proof of recent feedings and the lack of exaggerated bloating gave the impression that the corpse was not decomposing as expected (Barber 106 and 110-11). As Dr. Seward explains to Arthur Holmwood, "I assured him that it [Lucy's death] was so and, went on to suggest...that it often happened that after death faces became softened and even resolved into their youthful beauty; that this is especially so when death had been preceded by any acute or prolonged period of suffering" (Stoker 152). Seward is reassuring Arthur that Lucy is dead and that her postmortem beauty is merely a natural phenomenon. The changes that she undergoes after death are indicative of both vampiric and consumptive lore; had Lucy retained her figure and not wasted from the Count's feedings, the released gases would have given her more of a bloated façade.

Similarly, the continued focus on Lucy's features mimics the care she received before her death and that given to consumptives. Dr. Seward uses her features to "diagnose" her vampiric state much as a physician would a potentially consumptive patient. He focuses on her pallor, eyes, and general features to concretely identify that she is an undead creature while in the cemetery (Stoker 187-88). This is consistent with contemporary consumptive care as, "The patient who has had tuberculosis for some time can usually be easily picked out in a crowd" (Woodcock 51). Physical features were a means of easily distinguishing phthisis patients from the normal population (51-52). In the absence of a pulse and respiration, they could be the best means of determining Lucy's vampiric condition. The continued focus on her physical features before Dr. Seward sees her walking corpse indicates that he feels something is wrong with the patient (Stoker 151-78). Like a physician working with a potentially consumptive patient

or one with an unknown wasting ailment, he continues to examine Lucy's features for change.

A specific point that Seward focuses on while in the cemetery is Lucy's eyes, and this is significant to the concept of fever manifestation in tuberculosis. He observes that they "blazed with unholy light" and describes them as "unclean" and "full of hell-fire" (Stoker 188). Prior to her death, Seward examined her eyes and indicated that they would change from "dull and hard" to melancholy as she internally fought the Count's attacks (146). Changes to the eyes of consumptives were viewed as manifestations of a fever that "is different from the bright eyes of other fevers" (Woodcock 52). Sufferers of the illness vacillate from a low-grade fever during the day to advanced ones in the evening hours and changes in the eyes were markers of this (56). Lucy's eyes could be an indication that the Count's malady is still afflicting her, even though she is dead. Similarly, consumptive fevers "cause fluctuations in the consumptive's physical and mental state, for they came to life at night when the increase in temperature stimulated their mind and increased their energy" (Byrne 140). During the day, sufferers can be lethargic and worn from the previous spike in activity, and the vampires mimic this; they hunt and feed at night, but cannot be as active in daylight (Stoker 211-12). Before her death, Lucy suffers through the metaphorical fevers while asleep; after her demise, she becomes active when the "fever" takes hold and seeks out prey. Fever was universally associated with illness and, even though she is "dead," she is still affected by Dracula's ailment.

The next aspect of a consumptive corpse that is demonstrated in Lucy's case is the expectoration of fluids from the mouth. Through decomposition, fluids from the stomach, among them undigested blood, would be forced out of the mouth and nose by the buildup

of gasses (Barber 115). This event, among others, gave rise to various vampiric superstitions including the notion that vampires consume blood. It is not consumption that causes this, but the natural decomposition process. A footnote written by Paul Barber, a modern scholar of vampires and their mythology, states, "Any disease that causes disintegration of the lung tissue can cause blood to appear at the lips. Both pneumonic plague and tuberculosis do this, and both have been associated with vampirism, presumably, by analogy with the tendency of the corpse to exhibit blood at the mouth" (115). The common trait of blood streaked sputum in consumptives and blood around the mouth of a corpse became a graphic association of the two groups. Lucy expresses a similar trait after feeding on children. Seward explains: "by the concentrated light that fell on Lucy's face we could see that the lips were crimson with fresh blood, and that the stream had trickled over her chin and stained the purity of her lawn death robe" (Stoker 187). This act parallels superstitions surrounding a natural phenomenon common in decaying corpses. In consuming human blood, she is expressing a link between superstition and medicine, as feeding on the fluids leads to the proof of blood on the mouth of her corpse.

Similarly, the presence of blood around Lucy's mouth can be seen as an episode of metaphorical hemoptysis, and it is used to concretely identify her vampiric state. The first night Seward attends Van Helsing at Lucy's gravesite he is not completely convinced of her metamorphosis (Stoker 178-79). When he returns to the crypt with Van Helsing, Arthur Holmwood, and Quincey Morris Lucy's face is his first close observation of what she has become. He immediately notices the blood around her mouth and describes it (187). The appearance is similar to the manifestation of hemoptysis in

tuberculosis as it was a concrete marker of the disease and, if present, would be used for diagnosis (Ott 24-25). Not only does everyone understand Lucy's condition after seeing the blood around her mouth, but their perceptions of her features change.

Furthermore, Lucy's postmortem "hemoptysis" alters how her body will be treated. Arthur Holmwood and Quincy Morris are initially horrified at the thought of decapitating her corpse. Holmwood exclaims, "Not for the wide world will I consent to the mutilation of her dead body... I have a duty to do in protecting her grave from outrage; and, by God, I shall do it" (Stoker 184). This attitude changes after he sees her returning to the grave with fresh blood dripping down her chin and her victim in-hand. He tells Van Helsing, "Do as you will, friend. Do as you will. There can be no horror like this ever any more [sic]!" (189). Instead of seeking to sanctify her memory and preserve her tomb they will destroy her body via superstitious ritual. Holmwood ultimately ends Lucy's un-dead state through staking while Dr. Van Helsing removes her head (183-93). Similarly, prior to the men's understanding that she is "undead," Dr. Seward sees her corpse as a miraculous return to her natural beauty; after seeing that Lucy has risen from her grave and is preying upon children the perceived beauty becomes a loathed "voluptuousness" (152 and 189). This is significant as the blood around her mouth causes a similar reaction to that of a tuberculosis sufferer. It indicates the advancement of the disease and causes changes in the medical treatment and handling of the patient. Like a consumptive, her metaphorical hemoptysis identifies her "ailment" and alters the attitudes of those around her.

Next, the relation of Lucy and Dracula's brides to associations between immorality and tuberculosis will be explored. Prior to 1882 tuberculosis had "romantic"

connotations such as increased attractiveness in females and enhanced genius in males (Lawlor 155, 173 and 189). When the disease was exposed as infectious, however, the idealized view of consumptives began to shift. Vampires are representative of this as, “These monsters, sapped of blood and needing ever-more to replenish their life-force, represented degeneration and contagion: they became the other side of the coin to the idealized representations of consumption supplied by the earlier parts of the century” (188-89). Tuberculosis took on a renewed role as a disease of vice likened to alcoholism and syphilis (Barnes 138). Barnes, a modern scholar of tuberculosis’ role in nineteenth-century France, notes: “It was through this trio [alcoholism, syphilis, and phthisis] that moral depravity came to be considered at the turn of the century, along with slum housing and contact with microbes, a principal causal factor in the spread of tuberculosis” (138). Doctors and researchers in the era would examine individuals suffering from syphilis and/or alcoholism and found that many of the patients were also consumptive. They saw this as a connection between the immorality of engaging in activities associated with vice and tubercular infection (140). This led to the establishment of “a moral etiology of tuberculosis...and thus persuasively linked behavior with disease, morality with mortality” (141). This is important to viewing the role of disease in the novel.

The relation of both vampirism and metaphorical tuberculosis to immorality can be seen in *Dracula* through the brides of the Count and Mina Harker. When attacked by the Count, Mina exclaims: “Oh my God! my God! what have I done? What have I done to deserve such a fate, I who have tried to walk in meekness and righteousness all my days” (Stoker 252). Though the Count is truly to blame for the assault, she automatically indicates some personal moral failing. This, in a sense, demonstrates the connection of



immorality to disease transmission; it also parallels the Victorian belief in the “individual responsibility for misfortune” (Ott 35). Various social and medical conditions were thought to be brought on by the individual suffering from it. Mina’s immediate assumption that her own imperfection has caused the affliction is similar to social views that changed how the ill were treated by society and how diseases were perceived.

The association of consumption with sexual intercourse and as a potentially self-inflicted state was particularly linked to prostitutes and morally lax women. Barnes notes: “The prostitute, immorality incarnate and an object of social anxiety in France comparable to the cabaret, became associated with tuberculosis through the study of venereal disease (especially syphilis)...” (Barnes 162). Women who used their bodies as a means of earning money were viewed as detestable, unworthy of love or pity, physically and morally contaminated, and loathsome beings who roamed the night spreading various diseases. Though they could be exposed to various pathogens through plying their trade, they were often considered the source of transmission to males, and thus potentially the families of their patrons (166). The lack of sympathy for their ailments stems from the previously discussed belief in personal responsibility for various medical and social afflictions (Ott 35). In the novel, the female vampires are viewed in a similar way to sexually aggressive women.

Though not prostitutes, the female vampires parallel the dangers and “immorality” associated with uninhibited sexuality. They are, in a sense, extreme exaggerations of “loose women” and use their physical allure to pacify and attack males. This is apparent in Lucy’s transformation as Seward notes, “My own heart grew cold as ice... as we recognized the features of Lucy Westenra.... The sweetness was turned to

adamantine, heartless cruelty, and the purity to voluptuous wantonness” (Stoker 187). Her newly voluptuous features are what the males find most detestable and disturbing. Stephanie Demetrakopoulos explains: “Perversely aggressive, the vampire women are interested only in sexual uses of men that will render the male helpless” (Demetrakopoulos 107). This is similar to contemporary views of prostitutes, as their appearance and hyper-sexuality are the antitheses of Victorian womanhood. Once her vampiric state is discovered, her former suitors begin to distance themselves emotionally from her and view her as demonic (Stoker 190). After Arthur is chosen to finally eliminate Lucy, Seward writes, “his should be the hand which would restore Lucy to us as a holy, and not an unholy, memory” (191). There is a focus on her transformation from pure and virtuous into a highly sexualized monstrosity.

The disgust in Lucy’s physical appearance is similar to views of morally lax women in the era. Demonstrably sexual females were considered a threat in their ability to corrupt others and spread ailments. May writes: “Significantly, Dracula, the walking, waking emblem of the nineteenth-century horror of disease and contagion, infects not men (although the threat that he might do so pervades the text) but women, who, much like prostitutes, act as ‘reservoirs of infection’ and ‘potential pollutants of men’” (May 18). Lucy and Dracula’s brides are “tainted” with the Count’s “pathogen.” Through Dracula’s feedings, they have “contracted” vampirism and could pass it on to others during predation; this mimics a prostitute contracting and transmitting tuberculosis. Women who associated with a number of different partners could easily catch the disease from sexual contact, but there is a greater focus on their ability to spread the ailment

(Barnes 166). The female vampires use their sexuality to gain access to meals and this possibly could result in “infecting” or killing their victims.

Furthermore, Dracula’s brides refer to their attacks as “kisses,” underscoring the sexuality of the act and aligning it with a known means of transmitting various diseases. Charles Bouchard, an early twentieth century scholar, studied the impact of prostitutes on the spread of consumption in France and observed, “The extended and prolonged contact of the oral mucous membrane of a tuberculosis person with the same mucous membrane of a healthy person, *as often happens during the genital act* [sic.], is a very favorable condition for the transmission of tuberculosis” (Bouchard in Barnes 166). Lucy attempts to feed on Arthur through potentially lethal “kisses.” Van Helsing states “Friend Arthur, if you had met that kiss which you know of before poor Lucy die; or again, last night when you open your arms to her, you would in time, when you had died, have become *nosferatu*, as they call it in Eastern Europe, and would all time make more of those Un-Deads that so have fill us with horror” (Stoker 190-91). Van Helsing clearly believes that the female vampires are capable of creating new vampires through their feedings. This means that any victim attacked by them could be at risk of a vampiric transformation. Lucy’s “kisses” could mean either infection or death.

Jonathan Harker is in similar peril to Arthur Holmwood while in Dracula’s castle. One of the brides exclaims while attacking him early on in the novel, ““He is young and strong; there are kisses for us all”” (Stoker 42). A few lines earlier, Jonathan writes, “I felt in my heart a wicked burning desire that they would kiss me with those red lips” (42). The association between the act of “kissing” and its sexual nature is implied in this scene. Though they actually intend to bite and drain Jonathan’s blood, the reference to it being a

“kiss” highlights the use of a sexualized act to prey upon him. Dracula has “infected” the women through his own predation, and the “kisses” of the female vampires are similarly tainted with danger and potential disease. When attacked, Harker faces either “infection” or death. This offers a parallel between tuberculosis transmission, sexual danger, and vampirism.

Next, the males that are associated with the hunt for the Count are unhappy in their home lives making them more susceptible to sexual advances by females in the contemporary mindset. While preparing to dispatch Dracula’s brides, Van Helsing describes how a man could be so taken aback by their physical charms that he may hesitate until nightfall when their seductive powers would lead to his doom (Stoker 319). This is indicative of the belief that sexuality was a catalyst to medical affliction (Barnes 162-64). Should a man be seduced by a contaminated female, he will be exposed to the ailments that she carries. Holmwood had recently lost both his father and fiancée, and Lucy exploits his sorrow when attempting to feed in the cemetery. She refers to him as her “husband” and claims that her “arms are hungry for” him (Stoker 188). He believes that his beloved bride is alive and is drawn to her until Van Helsing prevents the attack. She does not attempt to approach the other males, instead she singles out the member of the group who is emotionally weakest. She ignores her other two suitors, Quincey Morris and Jack Seward, who seem startled by her visage, but romantically disconnected from her. While in the cemetery waiting for Lucy by her grave, Seward describes Morris’ demeanor as “phlegmatic in the way of a man who accepts all things, and accepts them in the spirit of cool bravery, with hazard of all he has to stake” (186). Though Morris loved her in life, his perceived stoicism could be the reason he is not attacked. Lucy pursues

Arthur as he is the weakest member of the group and most likely to respond to her advances.

Similarly, Harker is physically separated from Mina when he is attacked by the brides of the Count. During the attack he intimates a strong desire for sexual contact with them (Stoker 42). The vast, physical distance between the couples is similar to the view that “solitude greatly increased the chance of sexual danger” (Spencer 215). This is significant to the myths surrounding consumption as Holmwood and Harker are both alienated from their loved ones when confronted with the chance of an encounter with a female vampire, thus making them more likely to fall victim to the sexual advances of immoral women (Barnes 138-39). The unsatisfied males are in danger of yielding to the sexual allure of female vampires much as contemporary males could with prostitutes. Should the men be attacked they may be killed or “infected” with the potential to pass their ailment to their families and close associates after their own vampiric transformation.

The next point to be addressed relates to the concept of hereditary disposition common to both consumptive and vampiric lore. The rapid transmission of phthisis through families gave rise to the notion that the disease was dependent on heredity (Byrne 21). Michael Bell, an expert on the New England “vampire” outbreak of the nineteenth century, explains, “Either theory— germ or vampire— could explain both the contagious and hereditary aspects of the disease as it was understood prior to the twentieth century. The germ/vampire can quickly proceed from being an individual problem to one involving family and, if not checked, an entire community” (Bell 234). Once a consumptive showed signs of the disease, their family would care for them and

expose themselves to the bacilli. This could easily result in germ transmission to the immediate family that could then spread throughout the community. This influenced the belief that vampires would feed on their own families (“Vampires in New England” 187). This aspect of the disease is metaphorically expressed in *Dracula* through the character’s reactions to “illness” within their circle.

In the novel, the Count attacks individuals in a very confined group, and their close proximity allows for the potential spread of vampirism. The extensive time spent together and the duty they feel toward one another mimics a familial mentality; when one member is ill they gather around to care for that person. Each of the men, except Jonathan Harker, gives their blood to prolong Lucy’s life, and they will all struggle to “cure” Mina later in the novel (Stoker 138 and 265). The extraordinary measures taken for the welfare of each other mimic the family of a consumptive. One member of the group becomes ill and the others care for them, thus introducing themselves to the “pathogen.” While attacking Mina, Dracula states, “You would help these men to hunt me and frustrate me in my designs! You know now, and they know in part already, and will know in full before long, what it is to cross my path. They should have kept their energies for use closer to home” (251). Mina’s affliction is directly related to her proximity to the men hunting the Count. She is exposed to the Count’s pestilence through carriers, and is targeted, in part, because of her assistance in their quest to eradicate Dracula. As with consumption, the Count’s “disease” is spread to various members of the group through attending members previously exposed to the “pathogen.”

Next, Dracula’s perception of the females that he “infects” is similar to contemporary superstitions of family transmission and consumption. The Count states

while forcing Mina to drink his blood, “And you, their best beloved one, are now to me, flesh of my flesh; blood of my blood; kin of my kin; my bountiful wine-press for a while; and shall be later on my companion and my helper” (Stoker 252). This parallels a passage from Genesis when Adam states, “This, this at last is, bone of my bones, and flesh of my own flesh” (*Holy Bible*, Gen. 2. 25-27). Dracula creates a bride from his blood, similar to the creation of Eve from Adam’s ribs. The act of drinking the blood of another aligns them as relations in the Count’s mind. In this way, he follows the superstition of vampires preying upon their own family members; when he attacks a woman, she becomes his “wife” and subsequent feedings are familial predations. Lucy mimics this when she attempts to feed on Arthur after calling him “husband” in the cemetery, thus associating her attack with family (Stoker 188). As with the concept of tuberculosis being linked to family, the attacks of the vampires follow a similar pattern. Though not direct descendants, the vampires create a pseudo-family and this links the novel to both consumptive and vampiric folklore.

Similarly, the concepts of marriage and reproduction were important to preventing the spread of tuberculosis in nineteenth- and twentieth-century medicine. The notion of heredity as the cause of phthisis made lineage very important to physicians. Men and women were cautioned against accepting or proposing to individuals with family histories of tuberculosis (Spiers 41). Indeed, some felt that, “Intermarriage of tuberculosis subjects should be prevented by legal enactment” (41). This was thought to be a means of preventing offspring that could become consumptives through genetic transmission. Though extreme, this attitude persisted in some medical circles until the twentieth century despite knowledge of the causative bacillus. This notion relates to past

perceptions of the disease and their influence on tubercular theory, but also has associations with infectious ailments. Marrying a consumptive could spread the illness throughout a family through contact with the individual or their previously deposited germs.

In the novel, the fear of producing infected “offspring” is metaphorically expressed in the Count, his brides, and the children that fall victim to the women. Even without genetic links, tuberculosis “has been called a family disease because TB-infected children commonly have a TB-infected parent(s)” (Cohen, Edwards, Kurth, Peabody 207). Though the “transmission” of vampirism more closely resembles an infectious disease, the vampires’ feedings follow a familial pattern; Dracula “infects” women who become his brides; in turn, they feed on children who could become hosts to the “pathogen” and potentially, Dracula’s vampiric “children.” Van Helsing states of the victims of Dracula and his brides, “for all that die from the preying of the Un-Dead become themselves Un-Dead and prey on their kind” (Stoker 190). The children attacked by the female vampires could become *nosferatu* through the feedings, but there is a conspicuous lack of the beings at Dracula’s castle, and this has metaphorical connections to phthisis expression in children.

Tuberculosis in children follows a similar pattern to the victims of Lucy and Dracula’s “brides.” William Jenner, a physician in the latter nineteenth century, writes in a lecture examining tuberculosis in children, “The deposit or formation of tubercle may take place slowly or rapidly. Tuberculisations may therefore be acute or chronic” (Jenner 79). The acute onset of tuberculosis was thought to be common in children who had inherited the disease, or a pre-disposition to the ailment, from both parents or had



recently suffered from another disease (79). Those under the age of two are particularly susceptible to *M. tuberculosis* infection, though the disease can remain dormant or even express asymptotically (Cohen, Edwards, Kurth, and Peabody 208). Their under-developed immune systems cannot fight off the infection and symptoms may not be recognized quickly enough to prevent death. The victims of Dracula's brides in Transylvania are metaphorically aligned with acute onset tuberculosis. The women are given a single small child by the Count and seem to consume it immediately. Unlike the victims of Lucy and Dracula, the abrupt desiccation may not allow for the propagation of vampiric offspring. It is also important to note that the young children selected are taken by the Count and remain innocent to the Victorian audience. They are not responsible for the affliction and this may allow them to avoid a vampiric fate.

Lucy's victims in England are not killed by her initial feeding and represent metaphorical chronic tubercular infection. Van Helsing indicates that she can recall the children to feed on them at will (Stoker 191) after he explains that "all that die from the preying of the undead become themselves Un-Dead" (190). The children preyed upon by Lucy are "hosts" to potential vampirism, much as small children are considered "the reservoirs from which future cases will be transmitted" (Cohen, Edwards, Kurth, and Peabody 207). In actual cases of childhood tuberculosis, those infected with the bacterium after the age of five are more likely to develop symptoms of the disease during puberty (208). Children, then, could be infected with the bacteria and not experience the disease until later. Lucy's victims have a similar experience and will act as "hosts" until she concludes her feedings. These children have knowingly gone with Lucy, though they are unaware of her vampirism and motives, and will be recalled for future predation. Like

Mina, this may make them somewhat culpable to contemporary readers and put them at risk for vampiric transformation unless Lucy is eliminated. There is no sexual generation of vampires, but the cycle of infection mimics a family system from “husband” to “wife” to “progeny.”

The next points to be examined relate to the need to, and methods of, eliminating vampires. The only means of curing those affected by vampires and preventing further “infection” is to destroy the perceived cause: the undead (“Vampires in New England” 187). Van Helsing states of Lucy’s victims, “Those children whose blood she suck are not as yet so much the worse; but if she live on, Un-Dead, more and more they lose their blood... But if she die, in truth, then all cease: the tiny wounds of the throat disappear, and they go back to their plays unknowing ever of what has been” (Stoker 191). Through psychic links similar to the ones that Dracula creates when feeding, she is able to recall the children for subsequent feedings (191). Similarly, Mina’s only hope of being “cured” is to destroy Dracula. In eradicating the sources of their afflictions, Mina will be saved and the children will not be at risk for future predation. The vampires in the novel are similar to those described in New England as their continued presence is seen as a threat. To cure current cases of consumption and prevent new infections, people exhumed and destroyed the bodies of suspected vampires (Bell 20-21); to cure those afflicted in the novel, the vampires must be also eliminated. This is also found in *The Land Beyond the Forest* as vampires would only be stopped from feeding if eradicated (Gerard 185). This links *Dracula* to the deceased consumptives who were disinterred for the perceived good of the community.

Similarly, death is characterized as a release for both the female vampires and consumptives. At the time, the final stages of tuberculosis were particularly strenuous and painful for sufferers. Until the mid-twentieth century, there was no cure for the disease and no way to fully alleviate symptoms. Death was the only means of stopping the emotional and physical pain of phthisis (Ott 10). Though physical pain is not intimated on the part of the vampires, it is assumed by Van Helsing and the other males that they are in moral pain. Van Helsing states when preparing to destroy Lucy, “it will be a blessed hand for her that shall strike the blow that sets her free” (Stoker 191). This implies death will be a release from a sort of spiritual prison caused by her vampiric state. Regardless of the concept of morality influencing afflictions, the vampires in *Dracula* cannot be saved through medical means, and annihilation is a means of alleviating their anguish as was the case with those suffering from latent stage tuberculosis. Van Helsing states of Lucy, ““when this now Un-Dead be made to rest as true dead, then the soul of the poor lady whom we love shall again be free”” (191). The only means of saving Lucy from vampirism is to destroy her, thus ending her immortal “life.” The other brides of *Dracula* are similarly “freed” through their elimination. Van Helsing notes: “Had I not seen the repose in the first face, and the gladness that stole over it just ere the final dissolution came, as the realization that the soul had been won, I could not have gone farther with my butchery...” (320). The perceived “gladness” in death indicates this wife of *Dracula* feels she is being released from the torments of a vampiric state.

Next, the methods of eliminating vampires demonstrate the impact of medical knowledge on vampiric lore. Lucy is ultimately destroyed after Arthur Holmwood drives a stake through her heart and Van Helsing decapitates her corpse. Van Helsing and

Seward then stuff the mouth with garlic and secure the tomb by soldering the coffin completely and replacing the lid (Stoker 191-93). Stoker derived this mode of eradication from *The Land Beyond the Forrest*, and it relates to Transylvanian superstitions. Gerard, the author of the work, explains, “In very obstinate cases of vampirism it is recommended to cut off the head, and replace it in the coffin with the mouth filled with garlic...” (Gerard 185). In Transylvania, Dracula’s brides are reduced to dust by Van Helsing after he stakes their bodies and decapitates them (Stoker 320). Van Helsing explains, “hardly had my knife severed the head of each, before the whole body began to melt away and crumble into its native dust, as though the death that should have come centuries ago, had at last assert himself...” (Stoker 320-21). The immediate reduction of the vampires to an ash-like substance indicates their absolute destruction much as it did to New England residents when destroying “vampiric” corpses.

Similarly, during the deaths of the vampiric women, blood is released and this is was seen as proof that a corpse was “undead.” Deceased bodies sometimes exhibit the “escape of blood-stained fluid from the mouth and nose” from the natural putrefaction process (Barber 106). This phenomenon was often misunderstood and “The liquid blood is considered presumptive evidence of the vampire’s habit of blood-sucking” (41). This is described in Lucy’s case during her final death as, “the mouth was smeared with crimson foam” (Stoker 192). The brides of Dracula are similarly described during their deaths as having “lips of bloody foam” (320). Medically, when bodies decay built up gasses and fluids from the decomposition process can be released naturally, but any trauma to the corpse could force out the matter with potentially violent force (Barber 106). This also occurs when Lucy is staked by Seward: “the blood from the pierced heart welled and

spurted up around it [the stake]” (Stoker 192). The presence of liquefied blood around the mouth and in the body is noted in the article “Vampires in New England” in: “Sometimes fresh blood was actually discovered on their lips. What proof could be more convincing, inasmuch, as was well known, the buried body of a vampire is preserved and nourished by its nightly repasts? The blood on the lips, of course, was that of the victim of the night before” (“Vampires in New England” 189). The occurrence of blood around the mouth and a “lifelike” visage was used as proof of vampirism and recent feedings on blood. In the novel, the postmortem expectorations are also graphic indications of unnatural life. The relation of this to tuberculosis is in the superstitions regarding death and the process of decay. This point aligns the novel with the events in New England and the blending of vampiric and consumptive lore.

The final aspect of tuberculosis’s metaphorical role in *Dracula* to be examined is Stoker’s potential motives in aligning some aspects of the novel with the disease. As an author, he drew heavily on real-life inspirations when creating his works. Phthisis’ role as the leading cause of death in the nineteenth century made it both visible and terrifying to many. Byrne notes, “Consumption had always seemed to Stoker a disease associated with the supernatural and with life after death” (Byrne 131). His own views of the disease could have been shaped by the ailment’s prevalence in artistic and literary works of the era. In the nineteenth-century, “Medical literature seems to create a picture of a consumptive who in ways resembles a vampire; fictional writing portrays a vampire evocative of the consumptive” (148). Though the medical community did not actively seek to align the disease with the undead, the folk remedy of disinterring and destroying “vampires” becomes an actual, though archaic, medical practice. The use of

consumptives to represent the undead in literature and art is deliberate, and Stoker could have been inspired by it.

One example of the impact of the artistic presentations of the disease could be Stoker's knowledge of and fascination with Lizzie Siddal. Byrne discusses an observation by Clive Leatherdale, another modern critic of the novel, that Stoker, "was 'deeply impressed' by... Elizabeth Siddal, the late wife of Stoker's neighbor Dante Gabriel Rossetti. It was reported that when Siddal's coffin was opened in 1869... it revealed a still-perfect corpse, whose beautiful hair had continued to grow for the seven years following her death, so that it filled the coffin" (Byrne 131). Byrne shares this view and discusses the influence of this woman at length in her own work. Many people close to Siddal believed that she had tuberculosis, though there is no evidence of a concrete medical diagnosis (97-99). In life, her gaunt and extraordinarily pale features bore a striking resemblance to those of a consumptive, and she had been painted to reflect a tubercular affect (98-103). Stoker was aware of the exhumation and it influenced several of his short stories including "The Secret of the Growing Gold" based on the continual growth of her hair (Belford 294). Interestingly, in this work the hair becomes the instrument of a dead woman to terrify, and ultimately kill, her murderer and his lover (Gitter 948). In some ways, the female of the story is undead and seeks to harm others, and this parallels the female vampires in *Dracula*. The knowledge of Siddal and her portrayal as consumptive in many artistic works did captivate Stoker and may have added to allure of the disease as a model for the "living dead" more than once.

Some of Stoker's inspirations came from his own family stories, and these also intimate the blending of reality and fantasy that he wanted to achieve in his writings.

During a prolonged early illness, Stoker's mother, Charlotte, would entertain him with stories from Irish folklore and her own life experiences (Belford 16-18). He was particularly interested in the actual events she recounted and eventually asked her to write them out for future reference. These tales included the impact of an early cholera epidemic and how, during times of famine, some Irish families were forced to drink the blood of livestock, including cattle (18). The introduction of consuming blood to sustain life has fairly obvious implications to *Dracula* and was an important factor in many of his works. The cholera epidemic that she described became the basis of his short story "The Invisible Giant." Martin Willis, a modern scholar of Bram Stoker's works, explains: "It is in this story, nevertheless, that Stoker's creation of an invading spectre with the potential to infect a population with an unforeseen and unnamed disease finds its first expression. Here, too, Stoker deals with actual historical data on infectious disease in his imaginative personification of disease as a monstrous gothic figure" (Willis 303). This tale is a precedent for the use of actual facts and theories related to a real disease in his works. Tuberculosis was an epidemic in nineteenth-century Europe and England, much as cholera had been in Ireland, and Stoker may have used some aspects of vampires in a similar way to the "specter" of the short story.

Another potential source of Stoker's inspiration is the New England "vampire" epidemic. The presence of the *New York World* article, "Vampires in New England: Dead Bodies Dug Up and Their Hearts Burned to Prevent Disease," in his working papers suggests that he was aware of the events occurring across New England (Stoker, *Bram Stoker's Notes* 186-93). The events described have been discussed throughout this chapter, but the presence of the article in Stoker's working papers for *Dracula* is striking.

The folkloric associations between tuberculosis sufferers and vampires are clearly demonstrated in these events as those who succumbed to phthisis were seen as potential vampires. Byrne observes:

That Stoker not only read this article but cut it out of the paper and retained it among his notes, suggests that he was likely to have considered the possibility of a link between vampirism and consumption. This may well be the reason he represents the illness of Lucy Westenra, one of the most detailed and important accounts of vampiric wasting in literature, in pathological rather than supernatural terms. The section of the novel which deals with Lucy's illness is fundamentally a narrative of illness. (Byrne 133)

Its inclusion in his notes indicates that he was aware of some of the folkloric connections as well as information about the disease. The commonalities between the events chronicled and the novel further tie the work to superstitions of the disease and the "undead."

Furthermore, Stoker's notes for *Dracula* reveal extensive planning for minute details of the work, and this highlights his desire to create a "realistic" novel. While vacationing in Whitby, he spent a great deal of time researching the customs, colloquialisms, locations, folklore, and history of the town (Belford 220-28). The book contains actual terminology, locations, and customs common to Transylvania and Whitby (Stoker, *Bram* 139-51, 161-67, and 200-34). His notes also contain a general layout of the town, actual epitaphs from its cemetery, and information on real shipwrecks that appear in the work (161-67, 253-73, and 151-55). He was not able to travel to Transylvania, but



researched the information found in the novel. The attention paid to fleeting details highlights Stoker's desire for realism.

Next, Stoker's familial connections influenced his perceptions of medicine and gave him access to medical information. As a child, he was crippled by a mysterious and life-threatening illness and was attended by his uncle William Stoker, who, at the time, was a physician at Dublin's Fever Hospital and House of Recovery (Belford 17-19). His hospital was "one of the most influential organizations for infectious disease in Victorian England" (Willis 304). This means that he would have advanced knowledge of the emerging field of bacteriology and of germ theory. William was known to practice bleeding regularly, but was primarily interested in "organic" diseases, those that affect the bodily tissues and cause severe physiological changes (Belford 19). Byrne notes, "Other potential pathological influences on Stoker's work include... the medical writings of a distant relative [uncle]— a Dr. William Stoker— who wrote graphically on wasting diseases and whom Paul Murray suggests may have been read by the young Stoker" (Byrne 131). Willis observes, "While there is no direct evidence to prove that disease was ever a topic of discussion between Stoker and his family it is nevertheless significant that medicine and infection were a common and consistent part of Stoker's life in the years when he was writing both 'The Invisible Giant' and *Dracula*" (Willis 304). Later, his brothers Thornley, who became the president of the Royal College of Surgeons in Ireland, and George, a physician who lived with Bram for a time (Hopkins 79), offered their own insights about medicine (Belford 244). As medical professionals, they would have worked with consumptive patients and have advanced knowledge of the various theories surrounding the disease. Bram could easily have received information about

tuberculosis from them, and he did consult Thornley on other medical events that can be found in the novel.

One example that clearly highlights Stoker's access to medical knowledge and interests in portraying medical realism in *Dracula* is the death of Renfield. In his collection of notes there is a description of the effects of blunt force trauma to the head procured from his brother Thornley (Stoker, *Bram* 178-85). The notes state: "An injury to the side of the head above <and behind> the ear would produce symptoms in the opposite side of the body. If a depressed fracture the symptoms would be probably immediate" (179). Renfield's mortal injury is described by Seward as follows: "'I think, sir, his back is broken. See, both his right arm and leg and the whole side of his face are paralyzed' ... the man withdrew, and we went into a strict examination of the patient... the real injury was a depressed fracture of the skull, extending right up through the motor area" (Stoker 241-42). This scene is brief, but the use of precise details highlights Stoker's desire to infuse the work with realistic medical practices. The importance of this to consumption is in its proof of Stoker's access to advanced medical theories. It also shows that he was willing to pose such questions to his family members and implement them in the work. The science behind the death of Renfield was very advanced for the era, though it has since been proven false, but Stoker's access to complex medical practices and theories is presented in this episode. Through his associations with medical practitioners he was able to use actual scientific facts within the novel that may not have been common knowledge.

In conclusion, the parallels between vampires and consumptives in *Dracula* begin in the folkloric traditions that associated both groups. Phthisis sufferers were seen as "undead," dangerous, and condemned and the novel presents vampires in a similar way.

The vampiric women are particularly dangerous and have many commonalities with “loose women” who were often blamed for the spread of tuberculosis and other diseases. The New England vampire epidemic was well known to Stoker and the novel has many similarities to the events recounted. The “vampiric” corpses that were actually destroyed were consumptives, and like the vampires in the novel, their elimination was a means of stopping the spread of the illness. Lucy’s corpse further aligns her condition with phthisis as her postmortem “hemoptysis” and changes to her appearance relate to the disease and physiological phenomena. Similarly, the changes in how others view her and alterations to the treatment of her corpse after her vampirism is discovered are consistent with metaphorical consumption. The final aspect of this chapter focuses on Bram Stoker and his potential inspirations and intentions in aligning his vampires with consumptives. He uses a variety of real-world influences in the work, and these bring a sense of realism to the novel. The decidedly fictional vampires become something that can be seen in everyday life, thus making the work truly terrifying.

## Conclusion

Bram Stoker's novel *Dracula* is a complex work of fiction that infuses a sense of reality into the fantastic. In aligning some aspects of the novel with tuberculosis, the author created a monster that was more credible to Victorian readers, thus enhancing the terror of the text. The parallels between metaphorical consumption and vampirism in the work are demonstrated in the Count, his victims, and folklore surrounding the "undead." The first chapter of this thesis examines the Count's relation to tuberculosis and how his actions express links between the novel and disease. The second chapter focuses on the symptoms and treatments of Lucy Westenra and Mina Harker in detail while relating them to phthisis. The final chapter views parallels between vampires and consumptives in folklore as well as the knowledge and potential intentions of the author. The strong ties between metaphorical tuberculosis and *Dracula* can be seen in the Count, the women he attacks, and the folkloric connections between the "undead" and consumptives.

Tuberculosis was a widespread disease that scientists were only recently beginning to understand in the nineteenth century. A scourge since ancient times, many superstitions arose about its origins, and this included the association of the ailment with vampires. The slow wasting of consumptives with no hope of a cure was a terrifying prospect, and vampires were used as a means of making sense of an often confusing condition. Many false theories as to proper treatment and potential transmission of the ailment persisted well after the novel's debut, and these furthered the fears associated with the disease. It was a leading cause of death in the Victorian era and spread quickly through crowded areas and families. The knowledge that the disease was infectious caused severe anxiety and altered how sufferers were viewed.

In the novel, vampirism has many parallels with metaphorical consumption and the superstitions surrounding it. The Count's "pathogen" is a mysterious force that slowly drains the life of its victims in a manner similar to phthisis. For the majority of the work, the truth as to Dracula's predations is not understood by the characters, and a variety of methods are used to treat Lucy Westenra to no avail. This is similar to the confusion that accompanied phthisis as bacteriology began to emerge and replace superstition. With Mina, the attacks are recognized early on in the "pathogenesis." Her continued deterioration after Dracula's departure mimics the virulent disease and indicates that her ailment is not the result of his constant feedings. Vampirism, then, functions similarly to an infectious wasting ailment in the novel, and the prevalence of consumption in the era makes it a likely model.

The first chapter, "Something Wicked This Way Comes," focuses on the Count and the parallels with consumption that occur before he begins feeding in England. Dracula takes on the role of both a host and carrier of metaphorical tuberculosis in the guise of vampirism. Through the "Scholomance" he is aligned with Satan, and his possible position as the tenth member of his class would mark him as a servant to Lucifer. This offers a potential point of "infection" and may indicate the reason for his spread into other countries. As an incubus figure, he would be responsible for securing souls for the Devil, presumably through vampirism. Dracula's powers and limitations further these associations and are also consistent with contemporary views and superstitions about consumption.

Next, other characters in the work become carriers and hosts to the Count's "ailment." Lucy, Mina, and the brides are hosts of the "pestilence" and experience

symptoms of and succumb to vampirism. Other characters and animals act as carriers to the Count and facilitate the spread of the “illness” without experiencing it themselves. This is consistent with *M. tuberculosis* and the infection it could cause. The bacillus could remain dormant in a carrier’s body indefinitely, but could still be transmitted to other potential hosts. Like phthisis, vampirism relies on hosts and carriers to thrive. Vampires must feed on living victims, thus draining the life out of them. The death of the victim means that the undead must move on to another host while the former victim may begin to feed, thus further spreading the ailment. Without individuals to feed upon, vampirism would be eradicated just as a disease would disappear without potential hosts and carriers.

Another point that aligns the novel with disease is the need to quarantine afflicted individuals. As with fighting infectious diseases, the brides, Dracula, Lucy, and Mina are marked as potential threats and segregated from uninfected populations. This mimics the concept of the sanatorium that was a popular means of consumptive care in the late-nineteenth and early-twentieth centuries. Afflicted individuals would be moved to specialized facilities to prevent the spread of the disease and to receive care. Similarly, the Count is forced back into Transylvania and his holdings in England are burned to eliminate contaminants and control the spread of his “disease.” The brides of Dracula, as well as Lucy and Mina, are identified as vampiric and contained until they can be “cured” through their destruction or the elimination of other vampires. As with quarantining practices, the best means of controlling the spread of vampirism is to distinguish and distance the afflicted from healthy populations.

Next, Lucy's presence in Whitby may imply that she has a weakened immune system and, potentially, a pre-existing condition. Tuberculosis infection is most likely to occur in individuals with weakened immune defenses. Mina notes positive changes in Lucy's appearance and this alludes to a previous illness. She also expresses the fear of a potential relapse of Lucy's condition before the Count begins feeding. Similarly, Lucy's domestic life metaphorically parallels a weakened immune system. She is young and has no surviving male relations to protect her. Arthur Holmwood, her affianced, is busy assisting his dying father, and her mother is in poor health. There is no one around to keep her safe from Dracula's attacks. This postpones the recognition of the "illness" and allows the Count to feed more readily, similar to a weakened immune system allowing tuberculosis to manifest and thrive.

The second chapter, "Symptoms, Strife, and Struggle," focuses on the symptoms and treatments of Lucy and Mina. The "symptoms" that Lucy exhibits are similar to metaphorical tuberculosis. Dr. Seward consistently focuses on her breathing throughout her illness. Respiration is particularly important in consumptive cases and breathing becomes more strained as the disease progresses. This is caused by tubercles in the lungs that fill with bacteria and dead tissue. These are similar to the Count's feedings that cause small, jagged lesions. Like tubercles, they are located in strategic areas and scar over after each "eruption," indicating the seriousness of her illness. Throughout Lucy's ordeal, the marks are the source of her illness and represent the constant threat of future predation. The focus on respiratory anomalies in the novel metaphorically aligns Lucy's condition with tuberculosis.

Next, the duration of Lucy's ailment and her gradual decline in vitality indicate that she is suffering from a wasting disease. After the Count begins feeding, Lucy's health begins to slowly deteriorate. Her features become emaciated and her strength wanes with periodic upswings. Like a consumptive, Lucy's condition vacillates throughout her ordeal, and her prolonged deterioration is highlighted in the novel. Dr. Seward focuses on her facial features and respiration much as a physician would with a consumptive patient. He describes progressive emaciation and increasingly labored breathing. This aligns Lucy's condition with a wasting disease that affects the pulmonary system instead of acute blood loss or other contemporary diseases. Tuberculosis' metaphorical role in the novel is clearly demonstrated in the presentation of Lucy's symptoms.

Another model for the effects of vampirism on the living body is Mina Harker. The pathogenesis of Mina's affliction is different from Lucy's, and this is consistent with tuberculosis inasmuch as the course of phthisis and its symptoms are not uniform among sufferers. Mina's case begins with general fatigue, but she experiences intense metaphorical "hemoptysis" early on in the "pathogenesis." This allows for the early detection of, and ultimate recovery from, vampirism. Those close to Mina witness the event and are fully aware of her affliction. Similarly, Mina's own understanding of her condition parallels the disease. The probability of surviving consumption was low at the time and, like a consumptive, Mina expects to succumb to vampirism. Even though the Count is no longer present to feed on her, she continues to deteriorate, thus suggesting a virulent disease.



As with consumptives, Mina travels in the hope of recovering from her illness. She accompanies the men as they hunt for the Count and this resembles a rest cure. Though seemingly inhospitable, her sojourn allows her to feel safe and she is able to use her psychic ties to Dracula to locate him for eradication. It is not the journey that will save her, but her ability to find the Count and the protection she receives from the other characters that will ultimately free her from vampirism. The early detection of her ailment allowed for proper treatment and eventual recovery. This mimics consumption, as treatment early on in the pathogenesis of the disease was key to survival.

The third chapter, "Postmortem Mayhem," examines superstitions surrounding vampirism and consumption as they relate to the novel. After the disease was proven to be infectious, the perceptions of phthisis and consumptives changed. The "romantic" tradition of enhancing the mind and beauty of sufferers became a combination of pity and fear. Like vampires, the afflicted were seen as living dead because the disease was almost always fatal and suffering could last for prolonged periods before expiration. The understanding of the ailment as a communicable disease also made sufferers seem dangerous to uninfected members of society. Similarly, perceptions of Lucy shift from a beautiful and angelic woman to something to be feared. After her death and the discovery of her vampiristic "life," she is seen as dangerous and annihilation becomes the only means of saving her soul and eliminating the threat that she poses to others. As with the shifting views of consumptives, the truth of her affliction alters how her corpse will be perceived and treated.

Next, Lucy's body shows the natural process of decay that parallels the history of vampiric superstition. Those closest to Lucy are shocked by the life-like appearance of

her corpse. This phenomenon is similar to perceptions of deceased consumptive bodies and vampires. The fuller features were caused by gases that could also cause postmortem excretions of blood and potential motion in the body. Her pre-mortem wasting changes the perception of her bloating. As with some consumptives, she gradually returns to her pre-afflicted physique, whereas other corpses that had not wasted before death could seem engorged. The focus on her corpse is similarly aligned with the New England vampire “outbreak” as fullness, blood around the mouth, and movements of a fresh corpse while being staked were used as “proof” that the bodies were “undead.” The demonstration of these historic and natural events and their relation to vampirism accentuates the blend of reality and superstition presented in the work.

Lucy and Dracula’s brides can be viewed in similar terms as “loose” women who were seen as potential epicenters of disease transmission. Women who were sexually aggressive were often detested and considered potentially dangerous. They could catch and transmit a variety of diseases, including tuberculosis, and changing views toward sufferers of the disease as potentially immoral were particularly associated with them. This is paralleled in Lucy’s case, when her “voluptuous” postmortem appearance is a source of anxiety for the men who once loved her. After her vampiric nature is exposed, they are horrified by her appearance and immediately distance themselves from her emotionally. The other female vampires are similarly viewed as overtly sexual, using their sensuality to lull Jonathan Harker into a passive state for predation. The description of their attacks as “kisses” highlights the sexuality of the act and also links their predation to a well-documented means of transmitting tuberculosis: kissing.

The relationship between vampires and the notion of genetic transmission in consumptive theory is important to understanding the nature of superstition in the novel. The “undead” were thought to prey upon their own family members and this is partially attributed to their superstitious connection to consumptives. The families of phthisis patients would care for sick relations, exposing themselves to the disease, and thus it spread rapidly throughout households; this gave rise to the belief that the disease was hereditary. In the novel, the reaction of the characters to vampiric affliction is similar to the spread of tuberculosis: one member of the group falls ill and the others attempt to help them, thus exposing themselves to the ailment. Dracula also aligns his attacks with family predation as he considers his victims to be brides or children after he feeds on them. After forcing Mina to drink his blood, he alludes to the newly established familial connection to her through biblical verse.

Another point that links the novel to consumption is the inclusion of the article about New England’s “vampire” outbreak in Bram Stoker’s notes and its potential use in *Dracula*. The only means of saving Mina and the children fed upon by Lucy is to eliminate the source of their affliction: vampires. Like the New England cases, the exhumation and eradication of the “undead” was a credible treatment for others suffering from the same ailment and in order to prevent further contamination. When consumptive bodies were exhumed, their disinterment was meant to control the spread of the disease in the community. New England was not the only region to have such events take place, and that article was not the only work Stoker consulted about vampires and superstitions. Its presence in the notes, however, proves that Stoker was aware of the connections between

consumptives and vampires and that he did have access to information about tuberculosis.

The final points discussed in chapter 3 relate to Bram Stoker's potential influences and mindset when writing the novel. He often drew on real-life experiences when creating his works and consumption was a well-known disease that he would have seen in everyday life. In "The Invisible Giant," he created a monstrous figure to represent cholera, a precedent for the use of metaphorical disease in his works. His family gave him access to a wealth of information on medical practices, and his notes contain some of the information he received from them. The working papers also include information on a variety of topics that intimate Stoker's desire to bring a sense of realism to the work. He added detailed and accurate information on Whitby and Transylvania throughout the novel, and these underscore his intentions to create a realistic piece.

Ultimately, Stoker's attention to detail and the use of realistic undertones created a work that is at once captivating, entertaining, complex, and terrifying. In infusing the very real threat of tuberculosis into the topic of vampirism in the novel, he created monsters that could easily be understood and feared by his readers. The painstakingly accurate details in the text bring the reader into the mystery and further the sense of reality. The role of disease in the novel is merely one facet of the puzzle created by Stoker. The work is complex and blends social, political, and personal fears into a truly classic novel that continues to enthrall readers.

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