

*Dracula*<sup>1</sup>: A new genre of mystery novel

Abstract

Bram Stoker published *Dracula* at the end of a century that experienced revolutionary changes in social and legal reforms, medicine, science and technology. While scholars differ on their interpretations of the symbolism permeating Stoker's most famous Gothic fiction, I believe Stoker, whether intentionally or unintentionally, introduced a new genre of fiction with a plot that is multifaceted and open-ended, that allows the novel to evolve and adapt to the rapidly changing world of literary commerce. On the one hand, *Dracula* has a simple story line filled with supernatural events, while on the other hand, if read at a much deeper level, it is an intriguing and multifaceted psychological thriller that can be read and interpreted from various vantage points depending on the knowledge and skill of the reader. This compositional design appears to have insured its sustainability. In order to prove the above hypothesis, this paper will dissect the storyline from a nineteenth century medical perspective and not the fantastic.

Key words: Gothic fiction; dementia praecox; hysteric paroxysm; Bram Stoker; *Dracula*

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<sup>1</sup> Stoker, Bram. *Dracula*. Broadview Literature, Ontario Canada. Ed. Glennis Byron, 1998

### Research Problem

Bram Stoker (1847-1912), an Irishman raised in a land where superstition and other irrational beliefs about magic and mysticism permeated society, graduated from Trinity College, Dublin as a student of science and pure mathematics. Stoker also had an interest in literature and the arts, and while at Trinity studied the works of Shakespeare, Keats, Shelley and Walt Whitman. Stoker's academic studies and the unique environment in which he grew up, may have contributed to his diverse professions as an Inspector of Petty Sessions in Dublin Castle, writer for news journals, manager of a theatre, and author (9).

*Dracula* is not Stoker's first literary work, nor would it be his last before death, but it is his most famous. Since its first publication in 1897, scholars have dissected the structural content from almost every angle. Some of the criticisms of the novel relate to Stoker's introduction of modern technological advances in medicine and science into the storyline.

For example, Anne Stiles focuses on human behavior, free will and 'the immortal soul,' and the inclusion of references to nineteenth century neurologists and psychiatrists Stoker cites in "Cerebral Automatism, the Brain, and the Soul in Bram Stoker's *Dracula*."<sup>2</sup> Fiona Subotsky also focuses upon the medical men in "Bram Stoker Psychiatrists in 19<sup>th</sup> century fiction,"<sup>3</sup> and finally, Stephen D. Arata, in "The Occidental Tourist: *Dracula* and the anxiety of reverse Colonization"<sup>4</sup> centers on cultural issues involving race, like Social Darwinism and Eugenics, that were prevalent in 1890's British society.

The above sampling is only a fraction of the journal articles published by academic scholars since 1897.

### Background of the Problem

Bram Stoker (1847-1912), an Irishman raised in a land with a rich history of Celtic tribal folklore, graduated from Trinity College, Dublin as a student of science and pure mathematics. An avid and well-informed reader with extended interests in the arts and literature, while at Trinity, Stoker additionally studied the works of Shakespeare, Keats, Shelley and Walt Whitman.

Stoker does not appear to focus on medicine while at the university, but after graduation, may have gained some knowledge of the medical technology cited throughout *Dracula* attending seminars focused on medical technology, and during discussions with his two physician brothers Sir Thornley Stoker (1845-1912) and Major George Stoker (1854-1920).

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<sup>2</sup> Stiles, Anne. "Cerebral Automatism, the Brain, and the Soul in Bram Stoker's *Dracula*". *Journal of the History of the neurosciences: Basic and Clinical Perspectives*, 15:2, 131-152.

<sup>3</sup> Subotsky, Fiona. "*Dracula* (1897), Bram Stoker – Psychiatrists in 19th-century fiction." *The British Journal of Psychiatry*, 2009, 195-263. Short.

<sup>4</sup> Arata, Stephen D. "The Occidental Tourist: *Dracula* and the Anxiety of Reverse Colonization." *Victorian Studies*, 33.4 (Summer 1990): 621-45.

Elizabeth Winter, a Bram Stoker biographer, speculates that Stoker may have acquired in-depth knowledge of mental illness from Sir Thornley Stoker. Winter supports this notion by referring to Thornley's familiarity with Kraepelin's work on dementia praecox, and Stoker's inclusion of Abraham Van Helsing's reference to his wife as "...my poor wife dead to me, but alive by Church's law, through no wits, all gone" (259). She also points to Dr. Seward's description of R.M. Renfield's abnormal behavior mirroring patients diagnosed with dementia praecox.<sup>5</sup>

However Stoker gained his awareness of medical terminology, he published *Dracula* after a renaissance in the nineteenth century that experienced dramatic changes in social and legal reforms, and advances in medicine, science, and technology,<sup>6</sup> which improved medical diagnostic materials and healthy living for all of the general population. For example, electrical lighting,<sup>7</sup> sanitation, Herman Von Helmholtz's Myograph,<sup>8</sup> and Carl Ludwig's Kymograph.<sup>9</sup>

One of the most important paradigm shifts to occur during this period was in the physician's attitude towards patients. Medical Schools began to emphasize focusing on the mind, body and environmental connections in patient ailments. It was at this time that modern psychotherapy brought forward dramatic changes in diagnosing and curing diseases of the mind.<sup>10</sup>

Neurologists, psychiatrists and psychologists like Sir Frances Galton,<sup>11</sup> Richard Dugdale<sup>12</sup> and Cesare Lombroso<sup>13</sup> focused on the "moral diseases" insanity, suicide and crime; while Franz Anton Mesmer,<sup>14</sup> James Braid,<sup>15</sup> Robert Brundenell Carter,<sup>16</sup> Emil

<sup>5</sup> Winter, Elizabeth, M.D. *All in the Family: A Retrospective in Bram Stoker's Dracula. Diagnosis of R.M. Renfield*. Johns Hopkins Baltimore, MD lecture on anxiety disorder. 2008.

<sup>6</sup> Snef, Carol A. *Dracula Between Tradition and Modernism*, (London, Prentice Hall International, 1998).

<sup>7</sup> Colligan, Colette and Margaret Linley, eds. *Media, Technology, and Literature in the Nineteenth Century. Image, Sound, Touch*. MPG Books Group, UK. 2011.

<sup>8</sup> Mitchel, Joel. "Theory of Measurement: Helmholtz, holder, and Russell." *Studies in History and Philosophy of Science*. Vol. 24, No. 2 (1993): 185-206.

<sup>9</sup> de Chadarevian, Soraya. "Graphical Method and Discipline: Self-recording Instruments in Nineteenth-Century Physiology." *Stud. Hist. Phil. Sci.*, 24(2), 267-291, 1993.

<sup>10</sup> Ilza Veith, *Hysteria, The History of a Disease*, (Chicago & London, The University of Chicago Press, 1960), 184.

<sup>11</sup> Galton, Francis, Sir, S.R. S. *Hereditary Genius: An Inquiry into Its Laws and Consequences*. London. MacMillan and Company, 1892. (First Published in 1869).

<sup>12</sup> Dugdale, Richard. *The Jukes: A Study of Crime, Pauperism, Disease and Heredity, also, Further Studies of Criminals*. G.P. Putnam's Sons. The Knickerbocker Press. 1891.

<sup>13</sup> Lombroso-Ferrero, Gina. *Criminal Man: According to the Classification of Cesare Lombroso*. The Science Series. G.P. Putnam's Sons, New York and London. The Knickerbocker Press. 1911. An e-book.

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<sup>15</sup> Braid, James. *Neurypnology. The Rationale of Nervous Sleep Considered in Relation with Animal Magnetism*. London. J. Churchill, 1853. Pp. 31-50.

<sup>16</sup> Carter, Robert B. *On the pathology and Treatment of Hysteria*. London. John Churchill, 1852.

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Kraepelin,<sup>17</sup> Silas Weir Mitchell,<sup>18</sup> Joseph Breuer and Sigmund Freud,<sup>19</sup> sought to cure patients more humanely by improving conditions for males and females in prisons and lunatic asylums. Even with the infusion of these modern advances in medicine, physicians continued to prescribe laudanum compounds and other mind-altering drugs for patients suffering from hypochondria, nervousness and melancholia, and the use of phlebotomy to rid the body of diseased bad blood, along with transfusions to infuse the body with purified good blood.<sup>20</sup>

To support the above hypotheses, the following paper will dissect *Dracula*<sup>21</sup> using predominately nineteenth century medical data, to provide an alternative plot that posits emotional traumas, like anxiety and fear, and physical traumas like brain fever, resulted in the major characters suffering splits from reality and imagine the events they recorded in their diaries.

### Analysis of *Dracula*

As previously stated, Stoker penned *Dracula* after an extensive period in which leading physicians focused their energies on finding causes for, and curing diseases of the mind. Along with talk therapy, physicians still prescribed laudanum compounds and other mind-altering drugs for both female and male patients suffering from hypochondria, hysteria, nervousness and melancholia.<sup>22</sup> Some physicians, like Silas Weir Mitchell recommended that female patients who experienced problems with menstruation take the *rest cure*.<sup>23</sup> A cure that focused on changing the diet, along with moving to a secluded place for rest and relaxation. In extreme cases, physicians used phlebotomy to rid the body of diseased bad blood, along with transfusions to infuse the body with purified good blood.<sup>24</sup>

The compositional structure of the novel—written in the form of a series of personal diaries. These diary recordings provide information about the social interactions among the characters, as well as emotional experiences resulting in traumas like anxiety, hysteria, melancholia, paranoia, sexual repression and somnambulism, that plague the major characters throughout the novel. Accuracy of diary entries depend upon the mental acuity of the recorder.

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<sup>17</sup> Jodar, Andres Romero. "Bram Stoker's *Dracula*. A Study on the Human Mind and Paranoid Behavior." *ATLANTIS. Journal of the Spanish Association of Anglo-American Studies*. 31.2 (December 2009): 23-39.

<sup>18</sup> Fontana, Ernest. "Lombroso's Criminal Man and Stoker's *Dracula*." *Victorian Newsletter* 42 (1972): 20-22.

<sup>19</sup> Freud, Sigmund and Joseph Breuer. *Studies in Hysteria*. Trans. Nicola Luckhurst. New York. Penguin Group, 2004. (Original Work Published 1893)

<sup>20</sup> Hajdu, Steven I. "A Note from History: Blood Transfusion from Antiquity to the Discovery of the Rh Factor." *Annals of Clinical & Laboratory Science*. Vol 33. No. 4. 2003. Pp. 471-473.

<sup>21</sup> Stoker, Bram. *Dracula*. Broadview Literature, Ontario Canada. Ed. Glennis Byron, 1998

<sup>22</sup> Carter, Robert B. *On the pathology and Treatment of Hysteria*. London. John Churchill, 1852. Downloaded from the web free library 1/13/2013.

<sup>23</sup> Mitchell, S. Weir, M.D., LL.D. *Doctor and Patient*. J. B. Lippincott Company. London. 1901

<sup>24</sup> Hajdu, Steven I. "A Note from History: Blood Transfusion from Antiquity to the Discovery of the Rh Factor." *Annals of Clinical & Laboratory Science*. Vol 33. No. 4. 2003. Pp. 471-473.

Stoker opens *Dracula*<sup>25</sup> with a note to his dear friend, Hommy-Beg questioning whether the diary entries are fact or fiction, giving the reader license to challenge the veracity of the diary entries. The story then segues into the introduction of the first major character, Jonathan Harker.

Harker is a law clerk traveling to Transylvania to meet a client, Dracula, because his superior, Mr. Hawkins, suffers from hyperuricemia (gout), and physically unable to travel. To prepare for the journey, Harker visits a local library and researches information on Transylvania, which is located in the Carpathian Mountains, and discovers the local population is primitive, predominantly Catholic and steeped in superstition. He also discovers that the transportation system declines in technology when traveling east away from England. Although informative, the information does not prepare him for differences in the culture and cuisine.

Harker's travel is uneventful until he arrives at Klausenburgh. After checking into the hotel, and dining on a meal consisting of spicy chicken and red peppers, he experiences problems during sleep.

*"I did not sleep well, though my bed was comfortable enough, for I had all sorts of queer dreams. There was a dog howling all night under my window which may have had something to do with it; or it may have been the paprika, for I had to drink up all the water in my carafe, and was still thirsty"*(32-33).

If viewed from a medical perspective, Harker's sleep problems possibly relate to diagnoses of "*imperfectly assimilated nutriments and alcohol*,"<sup>26</sup> and Sigmund Freud's belief that problems with sleep can relate to both internal mental states and external physical conditions, like noises and other distractions.<sup>27</sup>

Harker continues on his journey without further incidents until his departure for the Borrego Pass on the eve of St. George's Day—a particularly ominous holiday. As he prepares to leave the hotel for the stagecoach, the wife of the Innkeeper hysterically demands that he wear a rosary and crucifix to combat the dark and evil forces that lie ahead.

Although the above incident is unsettling, Harker's maintains his mental acuity until a close encounter with wolves on the Borrego Pass, causes him to experience anxiety and fear. Harker deals with these emotions by falling into a deep sleep, a coping mechanism he turns to when confronted with terrifying events.

He awakens at the front door of Dracula's castle, and enters after an invitation from the Count. Harker's first impressions of Dracula are favorable—"a *tall old man, clean shaven save for a long white moustache, and clad in black from head to foot*"—, but change

<sup>25</sup> Stoker, Bram. *Dracula*. Broadview Literature, Ontario Canada. Ed. Glennis Byron, 1998

<sup>26</sup> Braid, James. *Neurypnology. The Rationale of Nervous Sleep Considered in Relation with Animal Magnetism*. London. J. Churchill, 1853. Pp. 31-50.

<sup>27</sup> Freud, Sigmund. *The Interpretation of Dreams: The Complete and Definitive Text*. James Strachey (Trans.). New York. Basic Books (Perseus Books Group). 2010. (Original Work published 1913).

after eating another meal of roast chicken and spicy red peppers, and drinking Tokay—the local white wine.

It is when Harker is in the drawing room sitting in close proximity to Dracula that he notices the differences in his physiognomy. Dracula's eyebrows grow massive, mouth becomes large, and reveals sharp white canine teeth, and his hands reveal thick hairs growing out of the palms. Harker also experiences nausea when coming into close contact with Dracula's rank breath (48).

Harker's perception of Dracula having animal-like qualities may relate to perceptions of class distinctions popular in the nineteenth century. For example, John Ray's (1627-1705), "*Great Chain of Being*" emphasized a hierarchical structure of nature—God—Humans—all other lower species. Within humans, the blue-blooded aristocracy was at the top, then the middle class, and finally the lower classes and foreigners.<sup>28</sup> As a foreigner, Dracula would have had a lower in station than Harker.

Two other popular concepts are Franz Joseph Gall's (1758-1828), Phrenology, which posited that all individuals reflect internal, mental faculties through their outward physiognomy, and Cesare Lombroso's scientific measurements on the differences of the physiognomies of criminals, indigents and lunatics from the aristocracy and middle class, that verified atavistic patterns of behavior are exhibited in their physiognomies.<sup>29</sup>

The negative impact of these cultural differences continue when Dracula persists in holding important discussions between sunset and sunrise. These times disrupt Harker's sleep patterns, and often result in his experiencing, somnambulistic, waking dream states.

An example of the above is Harker's reaction to Dracula unexpectedly taping him on the shoulder while shaving. Harker is startled because he does not see Dracula in the mirror, cuts himself, and believes that the blood invokes an attack from the Count, and only stopped after he touches Harker's cross (56).<sup>30</sup>

The above passage read from a medical perspective and not the fantastic, might reveal a different interpretation. For example, lacking sleep and in a *quasi-dream state*, while shaving in front of a basin full of hot water emitting steam, fogging the mirror, Dracula comes into the room, he taps Harker on the shoulder as a greeting, Harker reacts by cutting himself. Concerned by Harker's bleeding chin, Dracula reaches out to assist him. Harker misinterpreting the offer violently reacts. Dracula quickly jumps back because he is concerned about offending his guest.

Harker's imagination continues to spiral out of control and cloud his judgment towards Dracula the longer he remains within the castle. This distrust leads him to

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<sup>28</sup> Krikmann, Arvo. "The Great Chain of Being as the Background of Personificatory and Depersonificatory Metaphors in Proverbs and Elsewhere." 1<sup>st</sup> Interdisciplinary Colloquium on Proverbs, November 5<sup>th</sup>-12<sup>th</sup> 2007. Portugal.

<sup>29</sup> Lombroso-Ferrero, Gina. *Criminal Man: According to the Classification of Cesare Lombroso*. The Science Series. G.P. Putnam's Sons, New York and London. The Knickerbocker Press. 1911. An Amazon e-book.

<sup>30</sup> Stoker, Bram. *Dracula*. Broadview Literature, Ontario Canada. Ed. Glennis Byron, 1998

experience a second emotional trauma that culminates in a brain fever that affects his mental acuity, resulting in a split from reality.

After entering the forbidden room, agitated and anxious, Jonathan decides to sit down at a writing table in the room and record in his diary—kept hidden on his person at all times. After writing, he feels drowsy and lies down on the bed, only to enter another somnambulistic state. During this dream state, Harker envisions three beautiful women entering his room and believes a seduction will soon occur.

*“I felt in my heart a wicked, burning desire that they would kiss me with those red lips...I lay quiet, looking out from under my eyelashes in an agony of delightful anticipation...I closed my eyes in languorous ecstasy and waited—waited with beating heart”* (68-70).

The anticipated seduction does not take place because Dracula enters the room and admonishes the three females for trying to seduce Harker. Dracula soothes their animal passions by giving them a bag containing a desired present. After witnessing this event, Harker swoons into unconsciousness and the next morning finds himself in his own bed.

In a somnambulistic state, it is possible Harker imagined some events while in the forbidden room. Sigmund Freud posits that under certain conditions, waking dreams can take on a sexual nature.<sup>31</sup> Count Dracula’s interference in the seduction may have caused the sexually frustrated Harker to swoon into unconsciousness because of unfulfilled erotic desires.

After the failed seduction in the forbidden room, Harker appears to experience a hysteric paroxysm and split from reality, and the section ends with Harker writing of a planned escape—that may or may not be successful. In a later diary entry by Mina Murray, the reader discovers Harker is in the care of nuns because he suffered a brain fever.

The action of the novel shifts from Transylvania to England, and introduces Lucy Westenra, the next major character to experience a hysteric paroxysm and split from reality. Lucy represents a female struggling with the Victorian rules of propriety. Lucy describes her internal struggles in a letter to her best friend, Mina Murray, because of her dilemma about marriage proposal by three men; Arthur Holmwood, Dr. John Seward and Quincy P. Morris. In that letter she poses the question, *“Why can’t they let a girl marry three men, or as many as want her, and save all this trouble?”* Consciously, Lucy recognizes these feelings are inappropriate, but at a subconscious level, she appears to embrace more primitive and atavistic parts of her nature (88-92).

Another major character introduced in this section through Dr. John Seward’s diary entry is the lunatic R.M. Renfield. Seward describes him as *“a 59 year old man with a sanguine temperament and great physical strength, who is morbidly excitable, has periods of gloom that end with some fixed idea, and quite possibly dangerous”* (93). Although not

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<sup>31</sup> Freud, Sigmund. *The Interpretation of Dreams: The Complete and Definitive Text*. James Strachey (Trans.). New York: Basic Books (Perseus Books Group). 2010. (Original Work published 1913).

diagnosed by Seward, Renfield appears to exhibit symptoms of *epilepsy* and *dementia praecox*, and atavistic and abnormal criminal behavior.

Stoker is shrewd in juxtaposing the anxiety and emotional traumas that Harker and Lucy experience because of forced confinement behind locked doors and windows. Like Harker, Lucy also goes through somnambulistic states when exposed to Dracula.

One occurs when she escapes her room in the middle of the night and found by Mina, who records the event in her diary. After Lucy awakes the following morning, she does not remember the encounter (124-126), but after Lucy and Mina revisit the bench where the encounter with Dracula took place, in another diary entry, Mina later records, “*We were silent for a while, and suddenly Lucy murmured as if to herself: ‘His red eyes again! They are just the same’*” (128).

To describe the above scene, Stoker may have used as resource material a James Braid lecture on nervous sleep that states, “*Natural somnambulists may not remember what occurred when they wake, but the next time they fall into a ‘waking sleep state’ they can recall events from a previous natural somnambulistic state.*”<sup>32</sup>

After Lucy begins to decline physically and emotionally, Dr. Seward asks his friend, and mentor, Abraham Van Helsing to assist in diagnoses Lucy’s illness. Van Helsing is an elderly physician who relies upon modern-medical techniques like blood transfusions and drugs, as well as religious exorcism for casting out demons, to cure patients. He also has a wife confined to a lunatic asylum, and therefore is aware of the emotional stressors that can cause diseases of the mind to influence bodily functions.

When Van Helsing is unable to cure Lucy’s illness because of anemia due to blood loss, Van Helsing performs a series of transfusions using blood from Arthur, Seward, Morris, and even himself, but she continues to physically decline.

Van Helsing and Seward are competent physicians, but neither men have knowledge of blood type matching because it was not available until 1900. So a possible cause of Lucy’s anemia may relate to her dispelling blood because of an incompatibility in blood types—examples of such cases existed since seventeenth century.<sup>33</sup>

Another reason for Lucy’s blood loss may relate to bites from vampire bats during *somnambulistic states* while outdoors at night. A field study in 1975 by Dennis C. Turner documented *Desmodus rotundus* vampire bats draining blood from large domestic cattle while they were sleeping at night, which resulted in some cattle deaths. Vampire bats are capable of walking, running and even hopping, in addition to flying, and have large eyes that provide good visual acuity. They also transport rabies in their saliva, that contains

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<sup>32</sup> Braid, James. *Neurypnology. The Rationale of Nervous Sleep Considered in Relation with Animal Magnetism*. London. J. Churchill, 1853. Pp. 31-50.

<sup>33</sup> Learoyd, Phil. *A Short History of Blood Transfusion*. Compiled and written for the Lead DDR Leeds Blood Center’s NBS—Scientific & Technical Training. Jan. 2006. Pp. 1-18

anti-coagulant, fibrinolytic activities—a plasminogen activator and substance capable of inhibiting aggregation of human platelets.<sup>34</sup>

Lucy's mental state further declines the night her mother dies, when fear and paranoia appear to affect her perception of reality, causing her to fall into a possible catatonic state, mirroring death (178-181).

Lucy's decline and apparent death affect Godalming, Seward, Morris and Van Helsing, and the first member of this group to suffer a hysteric paroxysm and a split from reality, is Van Helsing.

The first incident occurs when Lucy, near death, reaches up and says, "*Arthur! Oh, my love, I am so glad you have come! Kiss me!*," as Arthur bends down to kiss her goodbye, Van Helsing rushes over and "*grabs him by the neck with a fury of strength*" and says, "*Not for your life!*" Lucy then then says to Van Helsing, "*My true friend, and his! Oh, guard him, and give me peace,*" and Van Helsing responds, "*I swear it*" (197-198).

After uttering the above words, Van Helsing allows Arthur to kiss Lucy on the forehead as she slips into a possible catatonic state. At that time, Van Helsing proclaims, "*It is all over...She is dead*" (198). After this proclamation, Van Helsing goes through a series of bizarre rituals, i.e., putting a crucifix in Lucy's mouth and spreads garlic physically on Lucy and around the bed the night of her death (198).

Van Helsing continues to show signs of mental and emotional decline when Seward asks about an autopsy, and Van Helsing requests a set of post-mortem knives, explaining that an autopsy will not be needed because he is going to use the utensils to cut off Lucy's head and take out her heart (201-204).

Lord Godalming appears to suffer a petite hysteria after Lucy's funeral, when he emotionally says to Seward, "*Oh, Jack! Jack! What shall I do? The whole of life seems gone from me all at once and there is nothing in the wide world for me to live for*" (205).

After Lucy's funeral, Van Helsing suffers another *hysteric paroxysm* in the carriage with Seward when he begins to laugh, then cry and finally talk in riddles,

*"—yet even at such a moment King Laugh he come too me and shout and bellow in my ear, 'Here I am! I am! Till the blood come dance back and bring some of the sunshine that he carry with him to my cheek'"* (212-214).

The final catalyst that causes the decline of Van Helsing's mental acuity comes after he reads an article in the Westminster Gazette that convinces him Lucy is a vampire (226-231). Van Helsing convinces the group the only way to save her soul is to the crypt and stab Lucy in the heart with a stake and cut off her head. When Lord Godalming, Seward, Morris and Van Helsing encounter 'a life-like' Lucy outside the crypt in a highly charged emotional state, fear and paranoia of the unknown appear to cause them to suffer

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<sup>34</sup> Turner, Dennis C. *The Vampire Bat: A Field Study in Behavior and Ecology*. The John Hopkins University Press. Baltimore, 1975

a collaborative hysterical paroxysm, which results in their entering the crypt and mutilating Lucy's body (248-255).

A medical explanation for Lucy's life-like physical appearance may relate to her awakening up in the crypt from the catatonic state she entered before burial. Awakening in the casket in the white burial gown may have cause a further split with reality, and reinforced Van Helsing's prediction that she had turned into a vampire, giving Lucy license to act out suppressed atavistic and primitive behaviors.

Support for Lucy's behavior before and after burial comes from two nineteenth century sources, Sigmund Freud's *Psychodynamic Theory of Personality* and the famous case of Anna O.

The *Psychodynamic Theory of Personality*, (56-64)<sup>35</sup> postulates three distinct forces shape behavior: *instinctual needs (ID)*, *rational thinking (Ego)*, and *moral standards (Superego)*. Freud believes these forces are in constant conflict with one another, and normalcy is the ability to maintain a balance. He also adds another behavioral conflict, and that is maintaining a balance between love and sexual pleasure (Eros), while grappling with life and death situations (Thanatos). This theory was widely circulated by the 1890's.

Anna O. was a patient of Dr. Joseph Breuer (1842-1925), an Austrian physician, and mentor of Sigmund Freud, whose work laid the foundation for psychoanalysis. The case of Anna O. is famous because of its inclusion in Breuer and Freud's *Studies in Hysteria*.<sup>36</sup>

Breuer describes Anna as an attractive, healthy and intelligent twenty-one year old with remarkably acute powers of reasoning, a clear-sighted intuitive sense, and a kind and sympathetic nature. He also states that she is an emotionally immature woman with an underdeveloped sense of female sexuality, who spends too much time reading books and daydreaming—much like Stoker's character Lucy Westenra.

Anna O.'s illness coincided with her father's illness—he had developed a peripleuritic abscess that would not heal. Anna's symptoms ranged from a peculiar kind of psychosis, paraphasia, strabismus convergens, partial paralysis in parts of her body and periods of somnambulism. These conditions continued for several months until her father died (April 1881), at which time she became sporadically violent, refused to eat, fell in and out of somnambulistic states, began to hallucinate and suffered periodic *hysteria paroxysms*. Many of these symptoms mirror Lucy's behavior during her mother's illness and after her death.

While in treatment, Anna exhibited two states of consciousness. A normal primary state and a secondary state composed of hallucinations, large gaps in memory and a lack of inhibition—she called the second state “*my bad self*”(49). The *bad self*, came out

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<sup>35</sup> Comer, Ronald J. *Abnormal Psychology*. Seventh Edition. New York. Princeton University, 2010

<sup>36</sup> Freud, Sigmund and Joseph Breuer. *Studies in Hysteria*. Trans. Nicola Luckhurst. New York. Penguin Group, 2004. (Original Work Published 1893)

sporadically, sometimes at night during somnambulistic waking states and sometimes during hypnotic states during psychoanalysis.

Unfortunately, Van Helsing is not able to cure Lucy of atavistic and primitive behaviors, like Breuer with Anna O., but the similarities of behavior associated with parental illnesses, provide support that Stoker may have used *Studies in Hysteria* as a resource for developing Lucy Westenra's behavior.

After Lucy's funeral, Stoker focuses on the relationships Mina Murray Harker develops with Jonathan, Van Helsing, Lord Godalming, Seward, Morris, R. M. Renfield and Dracula, that result in all of the major characters suffering hysteric paroxysms, resulting in splits from reality.

An important question at this point is what force brings the group together. Is it the vampire Dracula, or what he represents, the infusion of "*diseased, bad blood*" from a foreigner into the female population of Great Britain?

By the middle of the nineteenth-century, the heredity studies of Galton<sup>37</sup> and Dugdale,<sup>38</sup> and Lombroso and Ferri's<sup>39</sup> that posited common criminals, epileptics, indigents and the criminally insane could pass their behavioral traits through "*diseased, bad blood*" onto their children.

Enrico Ferri and Cesare Lombroso used Max Nordau's studies on "degenerative individuals" as the foundation for the positive school of criminology. In *Degeneration*,<sup>40</sup> Nordau posited that the degenerative individual possesses two qualities: degeneracy and hysteria. He believed that these two conditions often go hand and hand. Nordau cites Dr. B. A. Morel as being the first physician to clearly grasp and formulate an understanding of degeneracy (1857), (15). As Morel states:

*"When under any kind of noxious influences an organism becomes debilitated, its successors will not resemble the healthy, normal type of species....but will form a new sub-species, which, like all others, possesses the capacity of transmitting to its offspring, in a continuously increasing degree, its peculiarities, these being malformations and infirmities"* (16).

<sup>37</sup> Galton, Francis, Sir, S.R. S. *Probability, the Foundation of Eugenics: The Herbert Spencer Lecture*. 1907. Oxford at the Clarendon Press. London. 1907. (Digitized for Microsoft Corporation 2007, from the University of Toronto.)

<sup>38</sup> Dugdale, Richard. *The Jukes: A Study of Crime, Pauperism, Disease and Heredity, also, Further Studies of Criminals*. G.P. Putnam's Sons. The Knickerbocker Press. 1891.

<sup>39</sup> Lombroso-Ferrero, Gina. *Criminal Man: According to the Classification of Cesare Lombroso*. The Science Series. G.P. Putnam's Sons, New York and London. The Knickerbocker Press. 1911. An Amazon e-book.

<sup>40</sup> Nordau, Max. *Degeneration*. William Heinemann, 1895. London. (Original German edition, 1892). Book I. *Fin de siècle*. Chapter I. The Dusk of the Nations.

Stoker may have used the above resources, along with Erasmus Darwin's term, "zöophagous" or "Life-eating,"<sup>41</sup> in describing the animal-like behavior of R.M. Renfield when under the hypnotic influence of Dracula, which Seward describes as "*Unconscious cerebration*." The term, published in William B. Carpenter's 1874 neurological research paper is described as,

*"reasoning processes, or exercise of the Imagination that are reflex actions of the Cerebrum, [which] may unconsciously be affected by outside stimuli to the nervous system [causing] emotional states that disrupt normal patterns of behavior"* (515).<sup>42</sup>

While rational, Renfield is able to hold coherent conversations, but under a *hypnotic state*, he digresses into lunatic and irrational behaviors, an example of which is when he escapes the asylum and goes to the grounds of Carfax and is heard saying, "*I am here to do Your bidding, Master.*" (137).

Renfield's *blood ritual behavior*, that Seward calls zoophagous, began with devouring flies, progressed to spiders, and then sparrows (102-104). Renfield's *blood ritual behavior* escalates to humans, when he attacks Seward with a dinner knife in his study. Renfield cuts Seward's arm and causes him to bleed, before Seward throws him to the floor, where Renfield continues the blood ritual by licking up drops of blood from the floor, until asylum attendants carry him out of the study while he is shouting, "*The blood is the life! The blood is the life!*" (177-178).

Stoker may have used Jean-Martin Charcot's case studies of patients in the "*division of simple epileptics*" at Salpêtrière Hospital, as resource material to describe the bizarre behavior of Renfield. In those widely published studies, Charcot documents hysterical patients mimicking the behavior of epileptics who are in close proximity to their cells. Hysterical patients, who heard and observed epileptics having seizures, later mimicked their tonic and the clonic convulsions, hallucinations, and the bizarre postures into which epileptics fell during convulsions. Charcot labeled these mimicked attacks of epileptics by hysteria patients "hystero-epilepsy"<sup>43</sup> (230-236).

If Renfield has epilepsy, then he may be mimicking observed behaviors occurring outside his cell window, for example, if he viewed a vampire bat draining blood from an animal, spiders catching and eating flies or other types of behavior.

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<sup>41</sup> Darwin, Charles. *On the Origin of Species by Means of Natural Selection*. Ed. Joseph Carroll. New York. Broadview Texts, 2003. (Original Work Published 1859) (Introduction).

<sup>42</sup> Carpenter, William B. M.D., LL.D., F.R.S., F.L.S., F.G.S. *PRINCIPLES or MENTAL PHYSIOLOGY, WITH THEIR APPLICATIONS TO THE TRAINING AND DISCIPLINE OF THE MIND, AND THE STUDY OF ITS MORBID CONDITIONS*. New York. D. Appleton & Company. 1874. Pp. 516-567.

<sup>43</sup> Charcot, J.M. *Clinical Lectures on Certain Diseases of the Nervous System*. Trans. E.P. Hurd, M.D. Detroit. George S. Davis. 1888. (Nabu Public Domain Reprints. Lane Medical Library 11518. San Francisco).

As *petite* or *grand mal*, seizure could have triggered a hysteric paroxysm and caused Renfield to exhibit atavistic behavior without conscious awareness.<sup>44</sup>

Renfield may also suffer from *dementia praecox*.

Emil Kraepelin posits that individuals with *dementia praecox* often exhibit fluctuations in behavior, by first appearing normal, then may hallucinate, whimper, display periods of wild laughing and frightful outbursts of abuse, and then revert to periods of quiet calm lucidity, during which they hold intelligent conversations (3).<sup>45</sup>

An example of Renfield exhibiting symptoms of *dementia praecox* is during a conversation with Seward, Van Helsing, Lord Godalming and Quincy. Renfield at first converses as if sane, then abruptly changes into a lunatic (282-286).

After Lord Godalming, Dr. Seward, Van Helsing, Mr. Morris, and the Harker's assemble at the lunatic asylum, the interpersonal relationships between Mina and the men change. Mina's inclusion into the group appears to result in each of the men suffering a personality disorder—a *deviation from social expectations brought on by distress*.<sup>46</sup>

The first individual to act out of character is Dr. Seward. He later records his emotions in a diary entry. The event occurs when Mina enters his study and he observes that, "*She looked sweetly pretty, but very sad, and her eyes were flushed with crying. This somehow moved me much.*" Not only does Mina's feminine vulnerability appeal to him, but also her "*courage and resolution*" (260). Seward appears to transfer emotions he held toward Lucy to Mina. A cause for the transference may relate to the feminine nature and strong moral character that Mina displays as a proper Victorian woman—behaviors Lucy discarded.

In a later diary entry, Mina writes of encounters with Lord Godalming and Mr. Morris in which both men appear to act out of character. The first occurs after a conversation about Lucy between the three characters. After Quincy exits the room, and Mina and Lord Godalming are alone, he displays symptoms of a *petite hysteria*,

*"He grew quite hysterical, and raising his open hands, beat his palms together in a perfect agony of grief. He stood up and then sat down again, and the tears rained down his cheeks. I felt an infinite pity for him, and opened my arms unthinkingly. With a sob he laid his head on my shoulder, and cried like a wearied child, whilst he shook with emotion"* (268-269).

This open and intimate display of emotions is not common between men and women to whom they are not married. This behavior also indicates Lord Godalming may have transferred feelings held for Lucy to Mina, resulting in his experiencing a personality disorder.

<sup>44</sup> Lagasse, Paul (Ed.). *Epilepsy*. The Columbia Encyclopedia. Sixth Edition. Columbia University Press. 2000

<sup>45</sup> Winter, Elizabeth, M.D. *All in the Family: A Retrospective in Bram Stoker's Dracula. Diagnosis of R.M. Renfield*. Johns Hopkins Baltimore, MD lecture on anxiety disorder. 2008.

<sup>46</sup> Comer, Ronald J. *Abnormal Psychology*. Seventh Edition. New York. Princeton University, 2010

The next occurrence happens after Mina leaves Lord Godalming and encounters Mr. Morris in the hall. Mina's eyes are red from crying after the encounter with Lord Godalming, and speaks out about Mina's kind treatment of his friend, which underscores "*the value of a woman's comfort during a man's time of need*" (269). Mina responds by asking him to be her friend. Apparently, emotionally overwhelmed, Mr. Morris takes Mina's hand, raises it to his lips and kisses it. She returns the gesture by kissing him on the cheek (270). This unexpected, intimate behavior between a man and a woman who are not married is a third example of transference and the men separately experiencing a personality disorder.

Pierre Bourdieu (1930-2002), a French sociologist, anthropologist, and philosopher studied nineteenth century *cultural, social, and economic capital* in Victorian England. Bourdieu posited that individuals acquire capital through birth or acceptance into upper-class *social and business networks*<sup>47</sup> (248-252). In nineteenth-century male-dominated English society, women, considered property, were not associated with *agency* and *power*. It is unique for men to elevate Mina to a position of equal status.

After the above change in social status, Mina takes a more interactive role, and after having read Dr. Seward's diary is curious about Renfield, and asks permission to visit him. Although it is extraordinary for a physician to give permission for a married woman to visit a violent, lunatic alone in his cell, Seward agrees. Exposing Mina to a dangerous lunatic could result in a tragic outcome, but Renfield does not harm her, and instead converses about several topics and shows real friendship towards her (271-273).

Van Helsing also agrees with Mina's elevated equal status, and underscores his support after his arrival back in Whitby, and while Seward updates Van Helsing in the carriage ride to the asylum, and the topic of Mina comes up, Van Helsing says, "*Ah, that wonderful Madam Mina! She has a man's brain—a brain that a man should have were he much gifted—and woman's heart*" (274).

There are two causally connected events related to Renfield's veracity, which cause the group's collectively suffering *hysteria paroxysms* that result in splits from *reality*.

The first is when Dr. Seward discovers Renfield lying in a pool of blood on the floor of his cell, and Renfield blames Dracula for his injuries. The second comes the following day when Renfield is again found injured, this time fatally, and blames the cause for these new injuries his refusal to assist the Count in fulfilling his *lascivious bloodlust desires* towards Mina (315-321).

Without verifying the validity of Renfield's statements, the group hysterically rushes out of the cell and upstairs to the Harker's bedroom door and then burst into the dark room because they imagine the worst possible scenario. With only the moon as their only light, the group imagines viewing Mina in a bloody white gown reaching up to Dracula's—*with his long sharp white teeth, red eyes, and aquiline nose, and bloody full red lips*—and sucking blood from his chest while Jonathan sleeps. In horror, Van Helsing

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<sup>47</sup> Richardson, John G. ed. 1986. *Handbook of theory and research for the sociology of education*. New York: Greenwood Press. Pp. 241-258. Chapter 9, Pierre Bourdieu "The Forms of Capital."

holds up a sacred wafer, causing Dracula's miraculous disappearance in a faint vapour. The noise from the men entering the room awakens Mina—who may be in a somnambulistic dream state because she has taken a sleeping draught prescribed by Dr. Seward—and also Jonathan, who in a startled reaction cries out “In God's name what does this mean?” (321-323).

Mina, emotionally distraught at the thought of Dracula's seduction, and feeling “*Unclean, unclean!*” supports Van Helsing's recounting of the events from the previous night (323).

If viewed from a medical perspective, then there are several logical explanations for the blood on Mina's face and gown, and a mark appearing on her forehead after Van Helsing touch with a sacred wafer (336).

It is plausible that Mina might have been experiencing problems with menstruation and erratic blood flow—a female condition normally not discussed, even with a husband. In a somnambulistic state, discovering the outflow of menstrual blood in the middle of the night, Mina may have inadvertently touched the bloody, wet gown and then raised a hand to her face. In Mina's quasi- *somnambulistic state*, the men rushing into the room would promote anxiety and fear, causing her to faint.

Mina had read diary entries of Dracula's behavior towards Jonathan, and influence over Renfield that resulted in his *zöophagous* activities and atavistic behaviors. Intellectually, she was influenced by those diary entries, but emotionally, Mina did not want to confut Van Helsing's accounts of the events. She therefore chose a feminine excuse, and agreed with his interpretation of the events.

Silas Weir Mitchell postulated that women suffer from *neurasthenia* (a psychological disorder thought to be caused from fatigue and weakness, loss of memory, and generalized aches and pains), and *anemia* often have a faulty menstruation cycles. Mitchell posited the above problems relating to both mental and physical problems related to somatic causes.<sup>48</sup>

Robert Brudenell Carter's research on *hysteric paroxysms* determined that *fear and terror* are strong causes for *hysteria*, along with exposure to violent sexual passion. He hypothesized that hysteria in women result in a consistently faulty menstruation that upsets the balance of bodily functions. Carter theorized that women who suffer from various states of *constitutional debility*, like *anaemia*, *chlorosis*, or *cachexia resulting in neglect of sanitary regulation*, have a proclivity for hysteria (28-37).<sup>49</sup>

An 1834 study, described in, “*On the History of Dissociative Identity Disorders in Germany: The Doctor Justinus Kerner and the Girl from Orlach, or Possession as an*

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<sup>48</sup> Poirier, Suzanne. “The Weir Mitchell rest cure: doctor and patients.” *Women's Studies*, 1983. Vol. 10, pp. 15-40.

<sup>49</sup> Carter, Robert B. *On the pathology and Treatment of Hysteria*. London. John Churchill, 1852.  
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'Exchange of Self',"<sup>50</sup> describes a woman developing a mark on her forehead after a priest touch her. The Girl from Orlach displayed various physical reactions after several exorcisms—some of which were marks on various parts of her body, which she attributed to the devil.

If Mina believed that she was “*unclean, unclean,*” and in her mind, Dracula represented the devil, then she might have physically reacted to the wafer by displaying a mark on her forehead.

After the above encounter between Dracula and the group, the story ends with a lengthy description of how the group vanquishes Dracula and the three female vampires, and then ends with a NOTE that calls into question the veracity of the interpretation of the events by the participants.

As previously stated, the compositional structure of the novel is a series of diary entries of individuals who suffer a combination of brain fevers, anxiety, fear, hysteric paroxysms and splits from reality. These individuals present Dracula, the female vampires and Renfield through distorted points of view.

What if Dracula had the opportunity to present personal diary entries based upon medical facts and not fantastic events, and the novel had a different outcome?

For example, if Dracula suffered from *dementia praecox*, and after consulting a local physician, and was told that his illness would consist of a slow dramatic mental decline, with bouts of mania, melancholia and degenerative psychoses—much like Renfield’s decline. Realizing that blood relatives might also suffer the same fate, and after his death no one would provide for their care, concocted a plan that would provide a quick death for his bloodline—not by Dracula’s hand but from outsiders.

From their first interactions, the Count might have determined that Harker was capable and intelligent, as well as an impressionable young man who could be easily manipulated. Dracula played upon the *fin de siècle* fears of the Englishman towards foreigners by appearing as an interloper seeking to steal the hearts of both Lucy and Mina. He could have formulated a plan during nightly conversations with Harker, and after Harker suffered a brain fever, Dracula could have deposited Harker at the nunnery and then proceeded to England—where he waited for Harker to recover.

Unfortunately, Count Dracula did not foresee the problems that would be created from having to match wits with Dr. Seward, Lord Godalming, Mr. Morris and Dr. van Helsing. One of which caused the death of Lucy Westenra. An unfortunate event that resulted from collateral damage in his quest to assure a dignified death for his bloodline.

At the end of the novel, in a NOTE, Stoker provides a recap of the lives of the group—with the exception of Quincey P. Morris, who perished in the last encounter with Dracula,—that includes a return to Transylvania after seven years. In the note, Stoker

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<sup>50</sup> Peter, Burkhard. “On the history of dissociative identity disorders in Germany: The Doctor Justinus Kerner and the girl from Orlach, or possession as an ‘Exchange of the self’.” *Intl. Journal of Clinical and Experimental Hypnosis*. 59(1): 82-102, 2011.

underscores the fact that “*there is hardly one authentic document; nothing but a mass of type-writing, except the later notebooks of Mina and Seward and myself, and Van Helsing’s memorandum*” (419). This revelation by the author again points to the veracity of the diary entries, and calls into question if they are real or imagined.

The above paper provided a medical interpretation of the storyline for *Dracula*<sup>51</sup> that posits emotional traumas caused the major characters to suffer hysteric paroxysms and splits from reality, resulting in their imagining events recorded in their diaries. As stated, *Dracula* can be read from several different levels and vantage points depending on the skill of the reader. On the one hand, the surreal and supernatural events permeating the novel provide entertainment for reading the macabre, while on the other hand, read at a different level, the novel is an intriguing and multifaceted psychological thriller with a compositional design capable of a variety of interpretations.

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<sup>51</sup> Stoker, Bram. *Dracula*. Broadview Literature, Ontario Canada. Ed. Glennis Byron, 1998

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