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Spectral Sterility in Bucknill and Tuke's *A Manual of Psychological Medicine* and Bulwer Lytton's *A Strange Story*

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Abstract: This essay identifies and examines a narrative structure—here called the sterility plot—that is shown to recur in British mid-19th century psychiatric texts and imaginative literature engaging mental science. Treating physicians Bucknill and Tuke's *A Manual of Psychological Medicine* and novelist Bulwer Lytton's *A Strange Story* as influential case studies, it explores in particular the Gothic-styled spectralisation used by both Victorian medical and literary authors to characterize females whose mental disorders are depicted as bound with a short- or long-term inability to reproduce. The narratives thereby gender, pathologise, and suspensefully dramatise the plot trajectory of mentally ill patients' clinical and fictional case histories, which, taken together, is argued to reveal mid-century medico-cultural anxieties about the health of Britain's imperial future being threatened by potentially sterile Englishwomen.

Keywords: literature and medicine; gender studies; disability studies; Victorian studies

1. Introduction: The Sterility Plot

Bringing affective science to bear on narratology, Patrick Colm Hogan has defined “the fertility plot” as a narrative category in which the protagonist aims to achieve sexual congress in order to produce offspring (Hogan 2011, p. 211). For Victorian fiction, this plot line can be seen to coincide with the familiar marriage plot, yet its Gothicised obverse also appears in both medical and imaginative literature of the 19th century. What can be called *the sterility plot* refers to a narrative, or subnarrative, incorporating elements of suspense and the supernatural that draws attention to disruptions of the period's normative biological and romance trajectory toward childbirth (within wedlock) by portraying women of childbearing age who experience mental illness in spectralised terms. These female subjects, whether patients in psychiatrists' clinical case histories or characters in novels by literary writers alert to contemporary alienist discourse, ostensibly present cases of dementia, mania, hysteria, and other pathological mental conditions. Narrative focus often falls, however, on the suspension of the woman's ability to reproduce as much as her suspended ability to reason—a plot twist that suggests Victorian authors across disciplines treated disordered or depleted fertility as an equivalent, if not more significant, threat. As this essay will explore for two popular British mid-century texts, *A Manual of Psychological Medicine* by John Charles Bucknill and Daniel Hack Tuke and *A Strange Story* by Edward Bulwer Lytton, the ominously ghostly status afforded such “deranged” females thus conveys a pervasive Victorian sociomedical apprehension of sterility as a form of cultural as well as physiological destabilization and potential erasure.

The spectral sterility of the female figures in question further gains a foreboding, Gothic force of narrative suspense by being implied rather than named outright. This reliance on rhetorical signs and allusion does not surprise for Victorian fiction, especially for the melodramatic, heavily symbolic works Bulwer tended to produce, including *A Strange Story*, serialised in *All the Year Round*

in 1861–1862 and published in book form in 1862. Medical writers, on the other hand, simply had no standard nomenclature for reproductive health and ill health until the late 19th century. Within the professionalizing discourse of mental science, therefore, when psychiatrists like Bucknill and Tuke reported on the menstrual cycles of patients in relation to mental instability, they had to do so without clear clinical terminology to identify the correlation frequently insinuated between insanity and a suppressed or impaired reproductive capacity. While Scottish obstetrician J. Matthews Duncan set out classifications of “fecundity,” “fertility,” “relative sterility,” and “absolute sterility” in 1866, some of his distinctions created confusion in the medical field before becoming generally accepted (Cole 2000, p. 191). Moreover, Bucknill and Tuke compiled their seminal *Manual* in 1858, a decade before any fixed notion of sterility came into regular clinical use. As a result, the English physicians’ repeated references to menstrual and reproductive irregularities as symptoms or possible causes of female mental pathology carry their own haunting charge, with the implicit diagnosis of temporary or permanent sterility recurring throughout the text in troubling, unnamed glimpses.

The biological inability or diminished ability to have offspring—what today is often called “infertility,” though the struggle to standardize terms in reproductive medicine persists (Habbema et al. 2004; Homburg 2005)—was therefore warily signalled more than declared in mid-19th century Britain. In this elusive, socially constructed conceptual shape, what would soon be labelled sterility plays a key role in numerous medical and fictional narratives, a role that has been gestured to, if underexamined as an explicit focus, in Victorian studies. Postcolonial and feminist critics, for example, have identified racist colonial prejudices regarding the hypersexualised, animalistic “Other” (Ghose 1998); such prejudices seem to derive in large part from the foreign body’s perceived robust fertility, which contrasts the supposedly more refined, yet possibly attenuating, imperial line. Reduced fertility in the English can likewise be inferred as a central concern within the emerging discourse of degeneration: mid-century conditions of “modern urban life” were thought to have triggered a rise in insanity and other disorders (Pykett 2005, p. 182), and post-Darwinian degeneration theory notably reflected intensifying national concerns “for the future of England” (Nyman 2000, p. 100). Most directly, literary critic Sally Shuttleworth has addressed female sterility in her study of Victorian social, medical, and labour market rhetoric in Charlotte Brontë’s fiction, unpacking how the era’s emphasis on circulating economies informed mid-century psychological views of an unblocked menstrual flow as critical to women’s health (Shuttleworth 1996, pp. 90, 97). The ideal of middle-class female passivity hence becomes medically and culturally problematic: the correlation of idleness with “barrenness” implies that through reproducing, “the quality and continuity” of Britain’s social body could be taken over, and so tainted, by the allegedly hyperfertile poor, working class, and “savage” foreign-born women (p. 90). The system breakdown suffered by Caroline Helstone in *Shirley* that Shuttleworth connects to Victorian sociomedical discourse (p. 186), then, dramatises the course of one middle-class English female’s psychological and physiological decline into “the pale phantom which reflected herself in its outline” (Brontë [1849] 1979, p. 193). As this imagery invites, the young woman’s debilitating psychosomatic state can be read, alongside arguments for nervousness and anorexia (Silver 2002, pp. 87ff.), as a case of relative (temporary) sterility manifested in “phantom”-like spectral guise.

Medical sociologists and social historians have also addressed 19th-century views of sterility, but their accounts do not discuss how these views inform a pathologised plot inversion of the expected narrative arc for female reproduction. In the post-Enlightenment movement from a “moralistic interpretation of childlessness” to one combining “biological models” with character judgment, women who could not conceive or produce offspring remained the object of scrutiny (Mamo 2007, p. 26). Researchers have interpreted this gendered, increasingly medicalised condition of sterility in Foucauldian terms: aided by the newly devised speculum, male Victorian science gazed into “barren” female bodies in an attempt to diagnose and, by late-century, surgically correct their “abnormal” genitalia and reproductive processes (Mamo 2007, pp. 25–26). Such cultural criticism hints at the sinisterly dramatised structural and stylistic conventions for childless patients’

case reports found in 19th-century medicine, yet the focus stays on broader sociomedical views of female sterility as an unhealthy condition needing treatment. More closely, in an interdisciplinary examination of stories of the “curious,” Meegan Kennedy has argued for an enduring, if strained, Gothic influence on Victorian medicine. While her work treats general practitioners’ writing, it stresses how the clinical case history, despite mid-century physician efforts to establish objectivity in line with realism, “shares the romantic discourse of the Gothic, especially its interest in the supernatural and the unexplainable and its narrative aim of arousing suspense, horror, and astonishment in the reader” (Kennedy 2004, p. 327). Nineteenth-century psychiatric case histories of female sterility are common, as I aim to show, rather than unusual or curious. However, they too reflect Gothic conventions even as contemporaneous sensation fiction makes more lurid use of the medicalised trope. The spectral sterility plot in mid-century alienist treatises and fiction in essence reformulates elements of the literary Gothic to complicate, and to a degree subvert, the tired fertility/marriage plot before ultimately rejuvenating it. This discursive phenomenon in Victorian mental science and imaginative literature—a suspense narrative with a supernatural threat revolving around a vulnerable woman’s womb—thus underscores the medico-cultural preoccupation with English female fertility and its spectralised sterile double.

2. Bucknill and Tuke’s Medical Case Histories

Causes of sterility proposed by 19th-century medical theorists ranged from deleterious moral, destabilizing environmental, and natural biological influences. These same categories were cited by Victorian psychiatrists as contributing causes to mental illness, and indeed numerous case histories of women who experienced psychological disturbances record disturbances in their menstrual cycles. Although this trend in mental science discourse could be viewed as evidence of a physiological correlation in line with developing psychiatry’s increased focus on body–mind connections, notions of hormonal imbalance did not yet exist, with the word “hormone” itself only coined in 1905 (Tata 2005). Endocrine-related theories of mental disease similarly did not emerge until the early 20th century: a relevant example in this context is William Siegfried Dawson’s 1924 claim that impaired ovarian functioning resulted in psychological instability or disorder (Evans and Jones 2012), although Henry Maudsley made a similar claim for female hysterical insanity in the late 19th century (Porter 1993). Nonetheless, during most of the Victorian era the attention alienists paid to patients’ menses seems to reflect contemporary medico-cultural concerns as much as anticipate later developments in psychopathology. A rising concern in the mid-century period of heightened industrial urbanization, imperial expansion, and detailed population censuses was to safeguard the hegemonic longevity of British civilization by striving to ensure the reproductive health of Englishwomen.

Approaching the turn-of-the-century demographic transition to lowered birth rates, the fertility of female bodies became “a matter of national obsession” (Falconer 2003, p. 149). As noted above, the issue surfaced early in psychiatric discourse, where, in Britain, well-regarded alienists like Bucknill and Tuke often highlighted menstrual irregularities in their accounts of women patients. Whether recirculating cases from wider 19th-century domestic and continental psychiatry or presenting cases from their respective practices at the Devon County Asylum and the York Retreat, the English physicians in *A Manual of Psychological Medicine* construct clinical case histories that follow a compressed chronological sequence from sickness to recovery. For females, this narrative organization and content emphasis implicitly set up a woman’s suspended menstruation not just as critical *to* her suspended mental faculties but as critical *as* her suspended faculties, which the examples I will turn to shortly illustrate. Furthermore, the Gothic narrative elements enlisted by the medical authors indicate that apprehensions beyond the scientific propel their relation of female case histories. The apparently sterile, mentally ill woman’s pathologised reproductive (and psychological) condition generates in the male observers a scrutiny so watchful it can be interpreted as dread that her lost capacity to reproduce (and exert self-control) might not be restored. Such dread reflects the burgeoning 19th-century “national obsession” with preserving the British/English civilised hereditary line, a trend exacerbated by the mid-century fears concerning modernity’s degenerating impact. This anxious, socially-informed,

and gendered vigilance of the mad-doctor manifests itself in the sterility plot that obliquely yet recurrently appears to haunt Bucknill and Tuke's work.

The importance of their 1858 publication, and multiple later editions, supports my use of the *Manual* as a pivotal case study of spectral sterility within Victorian mental science. Andrew Scull has called it "the first comprehensive British textbook on insanity" (Scull 2006), Akihito Suzuki has qualified it as "the most comprehensive and authoritative standard manual for psychiatric practice in its day" (Suzuki 2006, p. 62), and Sander L. Gilman has dubbed it "the most influential textbook of the mid-19th century" (Gilman 1996, p. 176). In the preface to the first edition, Bucknill and Tuke themselves establish their goal to provide "a systematic treatise on Insanity, adapted to the use of students and practitioners in Medicine" and conveying "modern" clinical views (Bucknill and Tuke 1858, pp. ix–x). The project owes its success to how the *Manual* effectively consolidated existing theory for British psychiatry while perpetuating the "History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity" outlined therein, as the subtitle advertises. At the same time, the *Manual* perpetuated the alienists' rhetorical form and style for the "illustrating case" genre that particularly features in the "Appendix of Cases," also prominently advertised on the title page. The frontispiece images—photographs of asylum inmates showcased to represent distinct physiognomies of insanity—and their caption directs the reader to the appendix, where these seven and over 20 other cases are described. This multimodal framing, novel in the mid-century, affords the appendix a paradoxically central paratextual role, as does the section's thorough itemization in the table of contents (pp. xv–xvi) and its own substantial length and detail. Consequently, the ways in which cases are reported throughout the entirety of *A Manual of Psychological Medicine* accrue significance for Victorian psychiatry and 19th-century medicine in general.

The first frontispiece case by Bucknill, the appendix author (p. x), reveals the textbook's coded concentration on female reproductive capabilities and, frequently, their disquieting absence or diminishment. A 30-year-old woman, after having an illegitimate child, declines into acute mania characterised by delusions that convey anxiety about aging and a concomitant loss of fertility. Though "the functions of the uterus were normal," the patient "believes that she is tormented by witches, and [. . .] an old woman is shut up in her belly, which she beats violently with the purpose of killing the intruder" (p. 507). Opening narrative comments on the woman's former "eminent beauty," evident in "distorted" traces, sharpens the sense of her uncanny, frightful transformation from heroine-style appeal into a "ferocious," "ungovernable" creature with "saliva hanging on the lips like foam" (p. 507). The vividly grotesque description recalls *Jane Eyre's* madwoman Bertha Rochester—another aging, ferocious past beauty—who haunts Thornfield Hall like "the foul German spectre—the Vampyre" (Brontë [1847] 2006, p. 327). Besides echoing iconic Gothic literary images, by underscoring his patient's belief that her mind and "belly," an evident synecdoche for uterus, have been invaded by "witches" and "an old woman," Bucknill in effect employs Gothic plot conventions: the text casts sterility and insanity as conjoined villain, which positions the alienist to assume the hero's saving role via treatment. Although this account does not elaborate on the rescue-cure employed, its overt medical aim to reinstate the woman's sanity aligns, in my reading, with a covert medico-cultural goal to reestablish her supposedly correlated reproductive stability before she loses, through her current impairment and, in time, the biological process of aging, all opportunity to marry and bear legitimate offspring. Even the apprehension of a shift into absolute (permanent) sterility piques the male physician's concern in an era when menopause itself was theorised to place females at risk of climacteric insanity.

The frontispiece case of a 40-year-old woman diagnosed with primary dementia further demonstrates the sterility plot that pervades the *Manual*. This patient, married to a shoemaker, had borne several children and was nursing an infant up to admission into the asylum. Nevertheless, her fertility is undermined by the clinical case history's initial pause to lay stress on its recording of her advanced reproductive years and, later in the brief but dense narrative, on her persisting mental state—"a void of sensation, emotion, and thought"—that descriptions of her "blank physiognomy"

and overall stasis reinforce. In spite of her progeny, the woman's character acquires a non-maternal cast by her reported assertion "she was never married" and the fact she "appears to have forgotten her married name" (p. 510). The combined evidence heightens her pathological condition in two directions: it demonstrates the extent of her diseased intellectual powers, as she has either fallen into delusions or her memory has been impaired, and it suggests a deranged rejection of the conjugal and maternal identity Victorian society endorsed for women, if in most idealised form for middle- and upper-class women. In this context, Bucknill's subsequent note that the patient's "catamenia are suppressed" seems to foreshadow early onset menopause and attending uterine, not to mention psychological, disturbances instead of observing a natural effect of recent breastfeeding or implying a delayed case of puerperal or lactational insanity. The Victorian psychiatrist thus again structures a female case narrative around the threat of sterility as much as idiocy or lunacy, albeit in less romantically spectral fashion here. Rather, mirroring the woman's negated facial expression and familial role, the narrative points to the absence of a more Gothic rendering through negative statements: "there are no traces of passion telling of former storms of mania," "She never laughs or weeps" (p. 510). Bucknill's "excursions into English literature" in his medical prose (Beveridge 1998, p. 54) may partly explain his stylistic gesturing to Gothic-romantic characteristics of the madwoman even when they are missing, yet the lines also suggest an authorial, and perhaps reader, expectation of the spectral sterility trope.

Other illustrating case stories in the appendix present more suspenseful, spectralised instances of the sterility plot. The first post-frontispiece account draws on the Gothic to depict a "lady of fortune" suffering from "violent and destructive mania"; "dressed in an old wrapper," the afflicted patient with "handsome, haggard features" lashes out at her attendants like an angry spirit and later paces her rooms at night like a "restless" ghost (pp. 511–12). The portrayal calls to mind the Gothic trope of a housebound, mad aristocrat that Dickens would soon update in hyperbolic form with Miss Havisham, whose insistent single female title, spectral appearance, and decaying surroundings pathologise her jilted spinster status and, by extension, her effective state of absolute sterility. Hence, while Bucknill primarily uses this case to advocate for moral treatment over mechanical restraint, a subnarrative can be inferred to promote the presumably unmarried woman's return to society, where she would become eligible once more to fulfil Victorian culture's prescribed reproductive female function, especially for Englishwomen of the higher classes. That the ambiguously aged "lady" is both mature enough to be mistress of "her house" (p. 512) and strong enough to pose physical danger to her nurses makes an aging but potentially fertile condition plausible. The pairing "handsome, haggard" in particular indicates Bucknill's positioning of the patient in a borderline state with relation to her reproductive capacity: still socially considered attractive, the woman nevertheless is tilted toward an older age that conjures up, however subtly, the spectre of an infertile "hag". In opposition to Nina Auerbach's reading of Victorian spinsters as subversively powerful (Auerbach 1982, pp. 109ff.), this mid-century clinical text hence treats unmarried, non-reproductive females as pathological in a way reflective of the dominant misogynist cultural perspective.

Indeed, the narrative pressure for female case histories to progress to "cured" psychological and reproductive health emerges more when the report specifies a patient within childbearing years. The next case, for instance, presents a 34-year-old "Wife of husbandman" whose violent and delusional sthenic mania develops after "a serious quarrel with her husband about the sale of some apples" (p. 512)—a mundane trigger, if one that tempts Biblical interpretations. The couple can be assumed to be childless since Bucknill typically records any offspring, as in examples above. The patient's reported complaints of "ill-usage" by her husband, together with her outbreaks of "passionate violence" that recur "at the time of the catamenial period" (pp. 512–13), intimate that her mental malady either stems from or has caused their sterile marriage. Treatment leads the woman to achieve a "cheerful and industrious" temperament, regain her sanity, and be discharged in healthy condition within a six-month turnaround (p. 513). The nod toward improved industry points the wife back to 19th-century feminine norms, as the asylum and text swiftly release her to resume her domestic conjugal role so that her husband's family, and not just his farm, can bear fruit. As with the shoemaker's wife, this patient's

labouring class may influence the less spectral rendition of her sterility plot. As the prior “lady of fortune” case upholds, the *Manual* tends to portray wealthy upper-class women, or at least once beautiful female inmates (past beauty itself a literary marker of lost class status), in more portentous Gothic style. The trend underscores the mid-century medico-cultural preoccupation with restoring fertility above all in what Victorian society deemed its superior hereditary lines.

A following case of “A gentlewoman aged fifty” admitted for suicidal melancholia and succeeding mania continues this pattern. Early on, Bucknill’s report attributes the patient’s insanity to “the climacteric period,” which pathologises but simultaneously dramatises her vanishing ability to produce offspring, despite the fact she had already given birth to and raised “a large family” (p. 514). The textual shift from the woman’s “gloomy forebodings” and attempts at “self-destruction” to her bodily condition invites medical readers to discern symptomatic or causal correlations. While the latter section offers material for a physiognomical study too (her “dense black hair,” etc.), for my focus the familiar, telling observation “functions of the uterus suppressed” stands out (p. 514). Details of administered “medicinal remedies” overlay this narrative, yet the rapid relation of the patient’s swings from depression to angry fits to delusions concerning her absent children to nocturnal pacing in her bedroom (p. 515) maintain the momentum of a suspense story that, throughout, associates menopause with morbid entrapment. The latter convention, a staple of Gothic fiction in its various 19th-century permutations, notably imprisons the Englishwoman (mentally, socially) by removing her from a thriving, mothering role. Rehabilitation eventually returns her, as much as possible for a woman past her most fertile reproductive years, to the Victorian ideal of maternal female productivity: she resumes her position as the “mistress of a large household” in a deferred conclusion that the alienist author calls, with the illustrating case genre’s equivalent to a sigh of relief, “most completely satisfactory” (p. 516).

Along with gentlewomen, the *Manual* communicates sharpened concern about young women in their childbearing prime who appear to lapse into sterility as well as insanity. One compressed account of a “passionate, excitable” 18-year-old patient ties her intense mania to her suddenly “irregular” menstrual cycle more than to a congenital predisposition to insanity (p. 517). In a transition from 18th- to what were considered advanced 19th-century treatments and technology, the unsuccessful application of “leeches to the groin” is followed by a method reminiscent of the Gothic horror classic *Frankenstein*: passing “the electro-galvanic current [. . .] across the pelvis” in order to instigate “the monthly period” (p. 517). As the sterility plot dictates, this revitalization of the female subject’s endangered reproductive processes leads to the salvation of her reasoning and self-governing faculties, or, in Bucknill’s clinical parlance, “The catamenia remained suppressed until the application of galvanism, seven months after admission; this brought on the catamenia; and complete mental restoration followed within a few weeks” (p. 517). An equally rapid cure is later reported for a 19-year-old “single woman” whose psychological disorder hinges on the disappearance and reappearance of her “catamenial flow,” as summed up by her case history title, “*Acute Dementia from Suppresio Mensum*” (pp. 521–22). Despite the detached tone in these two cases, as we have seen and will see again with a final example below, even when narration style in the *Manual* avoids deviating from the scientific register strived for in mid-century medical discourse, structural and content conventions of the Gothic shape the spectral sterility plotline that continually arises in the English psychiatrists’ text.

In a chapter distinguishing types of mental disease, written by Tuke (p. x), a recirculated case history shows how 19th-century alienism’s encoded anxiety about sterility in young women informs the *Manual* beyond the appendix. To illustrate acute dementia, the doctor adapts a case from Esquirol in his seminal *Des maladies mentales* (Esquirol 1838). Tuke’s version significantly, suggestively edits down Hunt’s 1845 English translation into a terse narrative that calls attention to severe pathologies resulting from suspended menstruation. The cephalalgia, insomnia, and delirium suffered by the 20-year-old female before her admission to the Salpêtrière act as mere precursors for extreme states of mania and dementia. Although Tuke maintains a concise medical style, omitting background specifics Esquirol

includes (Esquirol 1845), he noticeably slows down to dwell on the patient's high catatonic state. The depiction of a young woman "sunk" in mute, motionless, and unresponsive decline, seemingly "insensible to everything that was passing around her" (p. 127), brings to mind a fading phantom in line with Caroline Helstone; such poignant portrayals of self-alienation, in which a female subject supplies her own uncanny double, would soon find divided dramatization with Anne Catherick and Laura Fairlie in *The Woman in White*. The *Manual's* clinical case narrative does not stimulate pathos or sensation in phrasing as much as by placing stress on the crisis of dementia, which assigns the patient an attenuated, spectralised, verging on nonhuman status that heightens the sense of impending tragedy. This works to portray Esquirol in heroically brave, instead of brutal, light when Tuke notes the alienist applied "the actual cautery" to the woman's neck. The account then shifts quickly from the initial negative effects of his intervention to the convalescence that follows—once "the menses reappeared" (p. 127). This crucial sign of recovery retrospectively denotes the 20-year-old's suspended menses as a symptom during the course of her disease, a recorded timespan that, in morbid irony, adds up to around nine months (p. 127). As the fourth edition of the *Manual* clarifies in introducing the case, Esquirol theorised that "suppression of an evacuation" was a leading cause of acute dementia (Bucknill and Tuke 1879, p. 186), and Tuke's selective editing and reordering of Hunt's translation foregrounds suppressed menstruation, which amounts to relative sterility, as *the* leading cause.

Among the constellation of moral, environmental, physiological, and psychological factors believed to signal and/or provoke mental deterioration in young to middle-aged women, the cessation of catamenia thus incites the most persistent concern within 19th-century psychiatry. The severely disruptive, distressed, and lifeless conditions that numerous female patients are shown to descend into in British mid-century texts like *A Manual of Psychological Medicine* communicate an overriding medico-cultural perception of a woman's sanity, not least her status as a human being, as contingent on her ability to reproduce. Sans menses, the Victorian madwoman is characterised as closer to a furious spirit, gloomy ghost, or insensate shade than to a person experiencing mental disease. As Bucknill and Tuke's textual borrowing from Esquirol indicates, the frequently Gothicised and almost universally gendered pathologisation of infertility—what I am calling the spectral sterility plot—occurs across transnational 19th-century nosological discourse. Yet this section has outlined how the English psychiatrists' influential textbook, with its predominant focus on female patients from England's asylum and mental institution system, consolidates and propagates mid-century alienist views of interdependent mental and reproductive health for a British medical audience in particular. Tuke's participation in the rhetorical practice, common to their professionalizing discipline, of recirculating and remarking on cases presented elsewhere (Shuttleworth 1996) along with Bucknill's original, carefully crafted reports on asylum inmates encourage readers in turn to forward cases such as those analysed above. As a result, the recurring, culturally charged apprehension of the looming spectre of female sterility—whether temporary or permanent, due to illness or aging, imagined or real—would be further disseminated into Victorian medicine and society throughout the empire.

3. Bulwer's Fictional Case Report

Like Charlotte Brontë, his friend Charles Dickens, Mary Shelley, and his acquaintance Wilkie Collins, Lord Edward Bulwer Lytton was a prominent 19th-century English author whose fiction reflects engagement with developing theories of mind, including, as I will explore below, the interrelation of mental and reproductive disease. Perhaps most centrally, Bulwer's extensive research into natural philosophy, metaphysics, spiritualism, and psychological phenomena informs his 1861–1862 novel *A Strange Story* (Brown 2004b). Not only does the sceptical Dr. Allen Fenwick narrate the incredible events, but citations from the history of mental theory and contemporary treatises, such as texts by John Abercrombie, John Elliotson, Henry Holland, and other 19th-century British physicians, form part of long expository passages as well as footnotes. As Andrew Brown has charted, this interdisciplinary, intertextual approach has led *A Strange Story* to be classified as medical or mesmeric fantasy, supernatural thriller, and "occult-scientific novel" (Brown 2004a, p. 23). Crossing

genres and discourses as it does, the narrative highlights the sterility plot integrated into both Victorian psychiatry and imaginative literature, and integral to the protracted suspense of *Strange Story*. Unlike some of his progressive literary peers, Bulwer largely supports rather than challenges the prevailing mid-century sociomedical wariness of childless Englishwomen who pose a threat to continuing the imperial lineage. His tale veers between romance and emerging sensation conventions to suspend its overly spiritualised heroine in states of reverie, trance, fugue, fever, coma, and, enmeshed with these morbid conditions, a virginity that “unnaturally” persists after her wedding day. Taken together, Lilian Fenwick née Ashleigh’s inability to fulfil her moral, social, marital, and politically-driven biological duties signify a disordered mind and body moving toward irrevocable failure. *A Strange Story*, however, defers the medical verdict on her lunacy and hence the resolution of the English couple’s fertility plot, which to an extent reassigns pathology in the drama onto their sterile marriage instead of the wife’s mental and reproductive sterility alone.

The strongly allegorised plot aligns protagonist Fenwick with rational intellect, Lillian with unchecked spirit, and foreign traveller Margrave, the possible reincarnation of Louis Grayle, with a preternatural physical vitality preying on both. For the lovers to achieve a union of mind and soul, first through their postponed marriage and then the postponed consummation of that marriage, the amoral body that has invaded their idealised corner of England must be vanquished. To accomplish this, science must embrace religion, pitched here in vaguely Christian terms, in order to protect the future of enlightened, Anglo Saxon civilization from a base materialism controlled by the Eastern-associated occult. By allegorical extension, that markedly English future would be safeguarded through the newlyweds’ offspring, whose anticipated arrival is placed in constant jeopardy. Unsurprisingly, *A Strange Story* went on to influence *Dracula* (Seed 2005). In this symbolic Gothic sensation narrative, Bulwer, whose “novels often had an enormous resonance in the anxieties and aspirations of his contemporaries” (Mitchell 2003, p. xvii), therefore taps into mid-19th century debates over the epistemological authority of materialist science and non-rational mysticism. The issue became pressing in British society in the wake of the 1858 lunacy panic over wrongful committal, as specialised psychiatric diagnosis compelled ethical scrutiny. One of the most notorious “well-publicized cases of false incarceration in lunatic asylums” was Bulwer’s efforts in 1858 to have his estranged wife confined after her public harassment (Bachman and Cox 2006, p. 665). The resulting scandal led physicians Forbes Winslow and John Conolly to reassess Lady Lytton and approve her release from Robert Gardiner Hill’s private institution (Arnold 2008). This personal history may explain in part why Bulwer first published *A Strange Story* anonymously, while adding more than a little irony to its themes and plot. The history additionally reveals how conversant Bulwer was with Victorian psychiatry, including its fixation on female reproductive disorder, as his letter to the superintendent of Bethlehem Hospital regarding his wife spotlights: “I also believe [she may have] uterine disease [...] in itself so often a concurrent malady with cerebral afflictions or morbid delusions of imagination” (quoted in Wise 2013, p. 234).

Sweet, innocent, passive Lilian appears the polar opposite of the bitterly vocal woman Rosina Lytton was reputed to be, yet Bulwer inscribes his fictional character with a similar “concurrent malady” that jeopardizes her reproductive and psychological health. The fictional English gentlewoman’s long awaited transformation into wife and mother gets distorted by narrative events exploiting her “delicate” nature (Bulwer Lytton 1862, p. 27) into a faint ideal that floats, ghost-like, perpetually out of reach. In this way, the primed domestic angel degenerates into her phantom shadow, as the “beautiful girl of eighteen” (p. 27) becomes a bride whose nervous collapse—Fenwick discovers her “prostrate, insensible: so still, so colourless!” he fears she has died (p. 294)—is succeeded by a pattern of crisis and decline. Although the text points to Margrave’s malicious mesmeric influence and manipulation of society slander as sources of her psychological and physical deterioration, the repeated scenes of Fenwick failing to establish an intimate connection with Lilian in her shock-induced “darkened brain” (p. 294) redirect attention to the sterile context of their unrealised marital union. That several of these scenes are set in Lilian’s chaste chamber, her impaired reason makes her not recognize Allen as spouse

but call him “brother” (p. 297), and the doctor–narrator expresses clinical and marital anguish over his fruitless attempts to restore Lilian to health all drive home the overriding message: the threat of Victorian female insanity is interwoven with the arguably greater threat of Victorian female sterility.

In *A Strange Story* as in *A Manual of Psychological Medicine*, this message in 19th-century British medical, literary, and racially-loaded national discourse is whetted when a patient’s insanity and infertility seem at risk of becoming absolute. The sterility plot derives its suspense from the question of whether the reproductive capacity of a woman of childbearing age will disappear forever or if treatment can prompt the menses to return, and with it the female’s attendant mental and biosocial functions. Moreover, the spectral sterility that I have been tracing in Victorian psychiatry and literature accrues its alarming force not because the imagery of ghosts and phantoms terrifies—the instances in this essay reflect medical and domestic realism with Gothic irruptions that range in subtlety, not gruesomeness. Instead, these spectralised portrayals of madwomen carry disturbing charge because psychological and reproductive decline draws the narrative arc of their histories toward permanent alienation from sociomedically prescribed norms for females in the Victorian era. In Bulwer’s novel, fear and hope for the uncertain trajectory of Lilian’s case are expressed at once by the retired English pathologist Julius Faber. “I distinguish the case [. . .] from that insanity which is reason lost; here it seems rather to be reason held in suspense,” he writes to Fenwick (p. 300). Tellingly, the voice of medical experience goes on to emphasize the prognosis that, once her nervous system is “righted” and mind “disciplined” through the “duties [of] conjugal life,” Lilian will never relapse and her malady will “never be transmitted to the children on whom your wife’s restoration to health may permit you to count hereafter” (p. 301). The last reassurance makes explicit the value mid-century British medicine and society, embodied here by a sage male figure who represents a moral version of mental philosophy, placed on female sanity and its purportedly correlated fertility.

While Bulwer tends to present Lilian in the melodramatic register of Gothic romance, she shares features with a number of Bucknill and Tuke’s subjects that intensify the sense of her psychological and reproductive vulnerability, not to mention status as a patient under Victorian clinical surveillance. Her reported gentle beauty, upper-middle class position, genteel birth, hereditary sensibility, youthfully fertile age yet childless state, and amnesiac or delusional lapses into negating her married identity echo specific alienist case histories, although, as I have suggested in the previous section, the psychiatric case narratives can in turn be seen to echo these conventional literary signs of a Gothic-romantic heroine in peril. The intersection of literary and medical discourses deepens in *Strange Story* when the doctor–narrator draws on his professional register to recount Lilian’s swoons and stupors. In a notable passage, Fenwick attempts to narrate his wife’s most acute crisis in detached, objective terms:

Her state of health, long gradually declining, had hitherto admitted checkered intervals of improvement, and exhibited no symptoms of actual danger. But now she was seized with a kind of chronic fever, attended with absolute privation of sleep, an aversion to even the lightest nourishment, and an acute nervous susceptibility to all the outward impressions of which she had long seemed so unconscious; morbidly alive to the faintest sound, shrinking from the light as from a torture. Her previous impatience at my entrance into her room became aggravated into vehement emotions, convulsive paroxysms of distress; so that Faber banished me from her chamber, and, with a heart bleeding at every fibre, I submitted to the cruel sentence. (pp. 354–55)

Only with the final line does Fenwick’s investment as husband as opposed to an attending physician resurface, demonstrating the negotiation between clinical and personal perspectives that he performs throughout the text. The rhetorical return at the close of this passage to plaintive Gothic expression (“shrinking from the light,” “with a heart bleeding”) and the contrasting last gasp of psychiatric jargon (“vehement emotions, convulsive paroxysms”) further relates to what Allan Conrad Christensen has identified as Bulwer’s device of “writing and unwriting” (Christensen 2004, pp. 200, 210). By blurring disciplinary genres and styles in *A Strange Story*—whose apt title recalls Gothic-inflected case histories of the curious or “interesting” in 19th-century medicine (Kennedy 2004, p. 327)—Bulwer subverts

the hegemony of Victorian empirical science by having the very boundaries of psychiatric discourse give way. Ultimately, character and plot develop to similar end: as the formerly hyper-rational doctor Fenwick comes to accept and cherish transcendental ways of knowing, his marriage to the once too otherworldly Lilian reaches a harmonious, sound balance of spirit with mind.

The English couple's allegorical union takes place following a series of supernatural struggles with their nemesis Margrave in the Australian outback, where the sorcerer tracks the couple down after they move so the emigrated Faber can treat Lilian. The hero and villain's showdown and the heroine's worst crisis, cited above, therefore occur in parallel in a white settler colony. This setting intensifies the sterility plot tension as mid-19th century British society expected Englishwomen in Australia, as in Africa and Asia, to exert a civilizing, empire-building, and Anglo Saxon-preserving power, most fundamentally by birthing children (Falconer 2003). Bulwer was no doubt alert and sympathetic to these gendered, racialised cultural politics in his role as a Conservative MP from 1851 to 1866 and Secretary of State for the Colonies from June 1858 to June 1859. Composed during this same period, *A Strange Story* clearly invokes such imperialist ideology, and its Gothic manipulation, in the stress Fenwick puts on the elegant comfort of the house, constructed "by one who clung to English tastes amidst Australian wilds" (p. 302), that he takes his afflicted wife to in hopes she will heal and, it can be inferred, fill their new home with new life. Later, in contrast to "savage natives" who disrupt his nocturnal walk (p. 337), Fenwick characterizes the emigrant couple's garden as civilised and fertile: "my house stood before me, amidst English flowers and English fruit-trees, under the effulgent Australian moon." The sudden appearance of Lilian in this colonial Eden—"a figure in white rose up"—poises her between angel and ghost, startling Fenwick and pulling the narrative focus back to his wife's derangement. The innocent figure she presents, with "pale face and sweet eyes" (p. 338), is tantamount to passive feminine Englishness but also to spectral sterility when starkly compared to the lush night. Her white dress additionally serves to evoke mad Ophelia, an iconic Victorian-era visual and literary representation of virginal female insanity inscribed upon actual asylum patients (Showalter 1985, pp. 84ff.). While this garden scene ends with an ominous sighting of "the haunting Luminous Shadow, the spectral effigies" that portend Margrave's arrival, it is Lilian, who immediately sinks into her gravest crisis, whose fading condition induces anxiety as all vitality—including any chance at conceiving and bearing children—"ebbed from her life away" (p. 339).

After Fenwick defeats the foreign-allied Margrave and evades an array of preternatural forces originating in the ancient Orient, the English physician finds a child on the dawn threshold of their Australian home. In the kind of blatant symbolism Bulwer favoured, in the spot where the malignant Shadow instigated Lilian's psychosomatic crisis on that earlier night stands young, mild, industrious, and devout Amy with news of his wife's survival. The English child descends from and attaches herself to a line of Victorian physicians, epitomised by Faber, which urged Fenwick to temper his excess rational materialism with spiritual faith. Finally heeding the advice, Allen prays as his wife teeters on the brink of absolute insanity and receives instant reward in "the child's welcoming smile!" (p. 417). Though Bulwer enlists a sentimental trope popular in Victorian fiction, this closing scene in its reiteration of "the child" and explicit, repeated alignment of the child with "Hope" engenders a sense of Amy, de-sexed and universalised into an abstract ideal, as a herald of the issue Lilian's restored health enables the couple to have. The brief framing narrative projects into this future, to the moment Fenwick completes his account, albeit without recording sounds or sights of children in their blissful household. However, that future contentment is connected to the post-crisis dawn of recovery as Fenwick collapses narrative time by placing weight on receiving a marital embrace of "wife-like and holy love" then, when "the child took me by the hand and led me up the stairs into Lilian's room," and years later, when he is moved to grateful tears by relating their long awaited union (p. 418). The ending of *A Strange Story* plainly espouses Christian humility and faith as counters to 19th-century scientific materialism. Yet the conclusion's narrative satisfaction relates to the clear textual signs that the beleaguered English couple has escaped the sterility plot at last, begun to enjoy "holy love"—a

phrase connoting conjugal sex even as it spiritualizes their married bond—and so may soon be, if they have not been already, graced with offspring.

My reading of Lilian has addressed her complicated, suspended identity as Mrs. Fenwick more than her earlier status as Miss Ashleigh. The critical claim that Bulwer created flat heroines who symbolize an ethereal plane and little else (Mitchell 2003) is thus, in this section, revised by the biological, social, and political planes I have aimed to demonstrate are overlaid on the soulful, oft spectralised, bride of *A Strange Story*. Nonetheless, these added dimensions to Lilian's character overall uphold the limiting confines of gender: the novel depicts its heroine in recurring, pathologised, static mental–physical states that rely on the intervention of male psychiatric characters to repair and restimulate her suspended capacity to reason, and reproduce. In a twist on the sensationalised medical Gothic, these blocked flows of sense and menstruation that were viewed as interdependent in 19th-century medicine (as Bulwer well knew) act together as a form of ghostly intangible “poison,” prompting the sterility plot conflict and spurring the physician–hero to find an antidote. Rather than the vital elixir Margrave seeks through alchemical chemistry, the saving fluid that leads to mental and physical regeneration seems located in the female body—if its reproductive cycle is actively functioning. As such, the passivity inscribed upon Lilian in the narrative becomes problematic in conforming to repressive contemporary cultural prescriptions for women. Yet the activity that signals female health likewise reduces even heroines to restricted gendered roles in the domestic sphere. Social anxieties about the period's stability, Romano (2002) has shown, inform early Victorian medical research. In a similar way, mid-19th century alienist theories of female pathology, along with fiction that engages those theories, like Bulwer's story, convey apprehensions about the continuing stability of Britain's imperial body. And, as I have been arguing, both at home and in the colonies, the figure of an Englishwoman who cannot conceive serves as the primary locus of such medico-cultural fears.

Where the socially resonant, gendered discourse of Victorian psychiatry meets more subversive resistance in *A Strange Story* is in the narrative's emphasis on the need for Dr. Allen Fenwick, not just his wife, to right a psychic imbalance that can be read as a portrayal of male sterility. The narrator, whose self-declared “stern materialism” and “intellectual pride” (Bulwer Lytton 1862, pp. 12, 14) alienates others from the start, insists on the authority of modern materialist science and rejects romanticism of any sort, despite the fateful attraction he feels to mystical Lilian. His beloved and his mentor act as concerned characters who strive to help Fenwick recognize and prize transcendent intuition as the complement of logical reason. During an early convalescence, for example, Lilian responds to Fenwick's attempts to check her irrational “fancies” by looking at him “with a kind of plaintive sorrow” (p. 64). Later, as her mind teeters on ruin, Faber more decisively criticizes Fenwick for indulging in “hallucination, or self-deception” by negating the divine and the human soul in his physiological writing; the elder counsels the younger doctor to replace his book with the Bible and pray (pp. 239, 242). The spectre of sterility that haunts the couple's marriage and delays its spiritual, plus sexual and social, fulfilment therefore also appears to arise from what could be called Fenwick's disordered equilibrium. Nevertheless, Lilian suffers more overt, sustained, and extreme risks of deterioration in her psychological and physical systems, which assigns the wife more etiological responsibility than the husband for their sterile marriage. The narrative turns to treating Fenwick, disproportionate as they are to the treatment Lilian receives, challenge the irreligious scientific position he represents and its dismissal of “feminine” spirit, even as the moralistic Victorian medical authority that prevails through Faber's voice remains decidedly male.

In the dialogue quoted above, the reference to “hallucination” is repeated for rhetorical purpose as Faber employs anaphora to deliver a forceful warning to Fenwick. Notwithstanding, the use of a 19th-century nosological term comes hard upon their previous discussion of the Shadow that has visited Fenwick more than once. The senior pathologist diagnoses these experiences as “spectral illusion” or “hallucinations” (pp. 232–33), that is, ocular tricks of the brain rather than proof of occult powers. Fenwick tests out the identical clinical judgment earlier after a “phantom” sighting, as he tries to convince himself, against the full evidence, that his terrifying vision exposes “some

morbid affection of the brain" (p. 193) and not a supernatural reality that overturns his rational worldview. The novel as a whole merits its wide-ranging genre labels of the fantastic, Gothic, mystery, sensation, romance, horror, and paranormal or spiritual fable; like its origin, the 1859 ghost story "The Haunted and the Haunters," *A Strange Story* dramatises Bulwer's rejection of "a narrow, mechanistic view of the universe" in spite of endorsing the "explanatory power" of a more liberal materialism (Knight 2006, p. 249). Therefore, the insinuation Fenwick might be an unreliable narrator presenting hallucinatory delusions as reality does not gain traction. Even when he is accused of a murder committed "in the impulse of a disordered reason," his sanity and innocence are swiftly acknowledged, if thanks to ruthless Margrave's machinations (pp. 205–6). Again, the narrative asserts only to withdraw the suggestion of an English physician-hero's mind as vulnerable as its heroine's, and the spectral sterility plot that Bulwer nearly subverts falls back into the conventional gendered structure circulated within mid-19th century British psychiatric discourse and fiction.

4. Conclusions: The Happy, Fertile Ending

In Hogan's conception of the fertility plot, the emotion driving a protagonist to pursue sexual union in order to have offspring "is often a desire for power (through the social position of the child)" (Hogan 2011, p. 211). Both hero and heroine of *A Strange Story* already possess high status in Victorian society in their respective positions of physician and heiress, so the narrative focus on their desire to unite compels a broader reading. Instead of aspiring to individual social power, the couple can be seen to seek "holy love" in matrimony to shore up the hegemonic power of Victorian Britain's civilization in the face of interlopers like "savage" Margrave, who is constantly linked to Eastern civilizations as he infiltrates their upper-class English town (pp. 100–1) and pursues them into the Australian wilds. The keenly sought union of Fenwick and Lilian further promises to propagate Britain's power overseas through the child gestured to in the story's final colonial setting, with Australia metonymically standing for the imperial colonies. While not the allegory Bulwer explicates in his novel's preface, his declared aim to wed rational intellect with visionary spirit can thus be connected to these implicit sociocultural goals. Fenwick's roles as narrator, representative of modern science, and a determined, upper-middle class English bridegroom combine to enhance the authority of Victorian medicine in ensuring the healthy continuance of the "pure" imperial line, a subtext that surfaces as well in mid-century psychiatric texts like *A Manual of Psychological Medicine*. In Bulwer's novel, the forefather of medical morality, Faber, best sums up the need for the Fenwicks to safeguard the nation's future by producing offspring: in lines underscoring the importance of "heritage" and realizing their incomplete "destinies" he commands, "Through the bonds of the heart, through the trials of time, ye have both to consummate your marriage" (p. 388).

Within 19th-century psychiatric and literary discourse, the narrative pressure of the sterility plot hence ultimately works to preserve British biosocial hegemony after threatening its dissolution. In order to carry enlightened reason forward, the feminised soul (in Bulwer's romance) like the female mind (in Bucknill and Tuke's textbook) cannot drift unrestrained, leaving the reproductive body behind. When confronted by what Victorian nosology theorised as crucial, interdependent processes, the English physicians in these historical and fictional case stories aspire, therefore, to reconstruct their patients' mental and menstrual functioning. Within this medical Gothic narrative organization, the sterility signalled by the disordered reason and catamenia of a woman of childbearing age acts as the villain that traps her in social, psychological isolation until mad-doctors rescue her sanity and, more importantly, her fertility. In other words, the happy ending to the sterility plot comes about when the fertility plot resumes. The female characters, imagined and historical, whose case accounts provoke acute concern in their Victorian authors are shown to move toward recovered mental health when motherhood becomes viable again. The spectre of sterility—encoded rather than named, insubstantial since not empirically proven, and unnerving in its uncanny distortion of British mid-century feminine cultural ideals—is banished. In a psychiatric spin on the literary marriage plot, the familiar closing

observation in 19th-century clinical case reports starts to sound like a medical happily ever after: *And the menses reappeared.*

Though Victorian pathologists' wariness in the mid-century dominantly related to the potential sterility of young Englishwomen, rare instances of childless Englishmen raise the shadow of the same diagnosis. In *A Strange Story*, as mentioned in the preceding section, Allen Fenwick has his mental acuity called into question and must undergo a version of spiritual therapy to save his unconsummated, hence currently sterile, marriage. The *Manual* too contains the implication of male sterility: one appendix case history reports a manic 20-year-old man's claims "that he has the best breed of black horses in the world [and] he is the strongest man in the world," though Bucknill identifies the patient's "emaciated and anaemic" body as a source of disease (p. 513). In contrast to the inmate's delusions of possessing exceptional breeding strength, the skeletal, pallid young man acquires a spectrally neutered hue. Despite these examples and post-Enlightenment medicine's increased understanding of how both sexes contribute to fertility (Mamo 2007), the Gothic trope of spectral sterility in Victorian psychiatry and literature returns to be located, over and over, in the disturbed female mind and body. Even the case just cited connects the young man's mania to a hereditary taint from his mother. And, paralleling how *Strange Story* renders Lilian most responsible for the Fenwicks' barren state, another history in the *Manual* redirects "blame" away from the husband: a good man, having "suffered chagrin from want of children by his marriage," revealingly experiences manic outbursts of anger against his wife (p. 514). Such prevailing medical anxiety over *female* sterility leads Bucknill and Tuke to speculate for one middle-aged female monomaniac that "marriage and the cares of a family would have saved her from an asylum" (p. 522). As in Faber's claim Lilian will recover by fulfilling the "duties [of] conjugal life," marriage serves here as a euphemism for coitus, conception, and childbirth, which Victorian psychiatry prescribed for single women suffering mental illness "in the bloom of life": to avoid degenerating into effective sterility, "the surest remedy is a happy marriage" (Graham 1853, p. 508).

The unhappy ending that looms if the sterility plot does not resolve back into the marriage plot takes the form of a spectralised extreme in these texts. For the monomaniac referred to above, the *Manual* textually creates a conceptual chain interlocking spinsterhood, disease, and death through her post-mortem. *A Strange Story* constructs a similar medico-cultural view of the morbidity of unmarried women, whose conflation of virginity and aging is cast as a nonreproductive state that amounts to sterility and inspires the grimmest spectral images. Without dissecting the female body in clinical notes as Bucknill and Tuke do, Bulwer nonetheless presents a cold, detached account of a "spinster" (p. 11) on her deathbed that details the transformation of Lilian's foil, Miss Brabazon, into a literal corpse. Unnamed in the scene, the character is further degendered and depersonalised by Fenwick's references to her as "a feeble voice" whose "skeleton wrist" announces death; the "old maid" and "dying wretch" confesses to having, under Margrave's influence, sent the poison pen letter that triggered Lilian's dire mental crisis and obviated the consummation of their wedding night (pp. 306–8). This dramatic unveiling exposes female sterility in yet another way as an ominously destabilizing force in the traditional marriage plot and an unhealthy condition that consigns a woman who does not reproduce to paradoxically fearsome and insubstantial phantom status. In the novel's increasingly palpable imperial contexts, to guarantee their offspring the Fenwicks must overcome an insidious, persistent threat from outside, embodied by foreignly exoticised Margrave, whose main menace lies in his potential to seduce Lilian in body as in mind; the English couple's horror at even the hint of such an immoral, extramarital, culturally impure result recalls how "imperial ideologies vehemently resisted sexual relations that did not contribute to future generations of empire builders" (Agnew 2017, p. 139). At the same time, the couple must overcome an insidious, persistent threat from inside—notably affected by outsider Margrave's mesmeric sway—embodied by the figure of the English spinster. Miss Brabazon's narrative transformation into a spectral, nonhuman cadaver foreshadows Lilian's decline into a sterile spectrehood equivalent to death if her psychologically and reproductively disordered condition is not reversed.

The insistent recurrence of such “ghostly idiom” and imagery (Foley 2017, p. 7) reveals mid-19th century texts like Bulwer’s *A Strange Story* and Bucknill and Tuke’s *A Manual of Psychological Medicine* to be culturally haunted in the Derridean sense Julian Wolfreys has explored for Victorian literature. The “internal ghostly manifestations” that disrupt Victorian fiction (Wolfreys [2001] 2002, p. 84), as this essay has aimed to trace, pervade Victorian psychiatric narratives as well when apprehensions of sterility, in particular English female sterility, arise. Put within a social historical framework, debates over historiographies in studies of colonial-period psychiatry still mostly revolve around a common recognition of “Western medicine’s alliance to colonial authority” (Keller 2001, p. 296), and this alliance, for mid-century British mental science, can be seen to extend to the ways in which leading theorists of gendered pathology tacitly promote the nation and empire’s population goals. That English physician–authors Bucknill and Tuke in their enduringly popular textbook and English lord–politician–writer Bulwer Lytton in his widely read novel draw upon an analogous narrative structure that is morbidly, systematically, and so hauntingly both medicalised and Gothicised underscores the broader underlying purpose of the spectral sterility plot. Suggestive of interdisciplinary influence while exposing biocultural anxieties that traverse disciplines and genres, visitations of the trope of spectral sterility in mid-19th century psychiatry and fiction make eerily visible the era’s sociomedical preoccupation with ensuring female fertility, and thus a secure future for Britain’s imperial body.

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