

CARMILLA'S CONTAGIOUS DISEASE:
REGULATING NINETEENTH-CENTURY SEXUALITY

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Bachelor of Arts in English

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Norman, OK

2012

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
MASTER OF ARTS
December 2014

CARMILLA'S CONTAGIOUS DISEASE:
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Date of Degree: December 2014

Title of Study: CARMILLA'S CONTAGIOUS DISEASE: REGULATING
NINETEENTH-CENTURY SEXUALITY

Major Field: English

Abstract: Joseph Sheridan Le Fanu's "Carmilla" (1871) has acquired increasing critical review, first for ramifications of the sexualized relationship between its two female protagonists and more recently for its contribution to Irish Gothic Studies. This paper offers an analysis of the intersections of multiple avenues of existing criticism on Le Fanu and on "Carmilla," while also providing deeper attention to the male characters' motivations and new connections between female bodies and nineteenth-century medical practices. Examining the history of nymphomania, as presented by Carol Groneman, demonstrates the parallels between nineteenth-century female vampirism and nineteenth-century women diagnosed with a sexual disorder. Descriptions of vampirism draw from the discourses of disease, infection, and contagion so often that narratives involving female vampires repeatedly present confrontations between the normal, healthy female body and the abnormal, dangerous female vampire body. The distinction between the two kinds of bodies also mirrors the nineteenth-century tropes of the fallen woman and the angel in the house. Because medicine and morality are always already conflated, these particular confrontations between different types of diagnosable female bodies endow medicine with the power to regulate multiple aspects of female lives. After tracing these diagnostic processes that male medical authority exploited in order to regulate female bodies, "Carmilla's" narrative reveals how nineteenth-century medicine's pretense of objectivity belies cultural and sexual anxieties that "Carmilla" leaves unearthed but unresolved.

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CHAPTER I

CARMILLA'S CONTAGIOUS DISEASE: REGULATING NINETEENTH-CENTURY SEXUALITY

Almost twenty years ago, Nina Auerbach claimed that all vampires respond to and interact with the social anxieties of their cultural moment. Over twenty-five years ago, Carol Senf delved deeply and specifically into nineteenth-century vampires' manifestations and metaphors. Together, these critics create a foundation of critical study on the vampire, and today critics continue to extend their arguments about the ways that vampires transgress social boundaries. This combination of transgression and response proves especially telling in the context of the nineteenth century's regulation of female bodies and female sexuality. Descriptions of vampirism draw from the discourses of disease, infection, and contagion so often that narratives involving female vampires repeatedly present confrontations between the normal, healthy female body and the abnormal, dangerous female *vampire* body. Because medicine and morality are always already conflated, these particular confrontations between different types of diagnosable female bodies endow medicine with the power to regulate multiple aspects of female lives. Looking specifically at Joseph Sheridan Le Fanu's "Carmilla" (1871), I want to examine how nineteenth-century medicine's pretense of objectivity belies cultural and

sexual anxieties that Carmilla leaves unresolved but unearthed.

Through the first person narration of Laura, “Carmilla” problematizes the Victorian perception that women must conform to an idealized femininity. Laura originally shares her story with a “town lady” eight years after the central incidents of the narrative occur, but her narrative is situated as one of many case studies from the short story collection *In a Glass Darkly* (1871) in which the fictional Dr. Hesselius’s works are presented by the doctor’s adulatory secretary. Through these multiple frames, the gaze of male medical authority mediates Laura’s recollection and presentation of her experiences with Carmilla, the female vampire. From the male authorities’ perspective, the female vampire embodies the fallen woman trope—the nonconforming, dangerous, and irredeemable female. By contrasting this embodiment of monstrous femininity with the idealized “angel in the house,” those authorities fight to maintain the illusion that the only natural and healthy lifestyle for a woman is one in which the woman adheres to the attributes of the “angel.” However, through vampirism, Le Fanu presents an alternative lifestyle in which women exercise agency over their own bodies and sexuality. The dangerous monster in this case is not the female vampire but rather the men who fight to maintain a false, idealized reality.

Before looking at direct connections between the female vampire and the sexual anxieties that simultaneously diagnose and demonize her actions, I want to discuss the extent to which those anxieties permeated the medical field. Sondra M. Archimedes provides a careful examination of the foundational shifts driving nineteenth-century medical practices. Drawing heavily from Michel Foucault’s observation that the nineteenth century focused on distinguishing between “natural” and “unnatural” acts,

Archimedes argues that medicine as a whole shifted from “healing the invalid to finding the disease” (7). As natural became synonymous with *normal*, disease became the identifying mark of dangerous deviance. And it also created a comforting sense of containment for doctors. If problems could be condensed to identifiable, treatable locations within the body, doctors could channel all of their efforts into “locating and defining pathology rather than treating the whole patient” (20). This isolation of disease became problematic in terms of what Archimedes calls “the paradox of normal.” The word “normal” implies results of statistical calculations and averages, but such numbers do not account for doctor’s subjective perceptions, nor does the word indicate that an individual is free of all disease. The cultural anxiety over distinguishing between these normal bodies and the other, consequently, abnormal bodies gave rise to a series of regulatory practices that empowered doctors to fix problems—whether physical, mental, or social—and also to determine which problems demanded the most focus. As a result, respect for the patient as a unique person became less important than the patient’s various parts to be scrutinized.

Doctors had the power to diagnose, treat, and discard women as they deemed appropriate, so long as it was in the name of “health.” Because health connoted something all too vague—“a state of well-being experienced by an individual, a condition that was more subjective than objective”—doctors were able to exploit women’s reproductive responsibilities to create diseases and treatments for an ever-growing list of disorderly female symptoms (Archimedes 21). Nymphomania, hysteria, moral insanity, and various other female ailments became common entries in the manuals of nineteenth-century doctors. With the umbrella covering transgressive female behavior opening wider

and wider, it became increasingly difficult for women to avoid exhibiting symptoms for one or another disorderly disease. Actions like “rude speech, masturbation, and prostitution” transitioned from being “defined simply as immoral or illegal” to being more frequently “defined in medical terms” (Archimedes 2). The social pressure to maintain the pure image of an “angel in the house” in order to avoid identification as a fallen woman carried over into the diagnostic realm of medicine¹.

This broadening of physical symptoms that determined social standing creates the space for nineteenth-century narratives to engage with the conflation of medicine and morality. To reintroduce the vampire to this conversation, Elizabeth Signorotti claims that “women vampires were generally perceived as loathsome and diseased,” and that “the female body itself was demonized” (610). The medical rhetoric of contagious diseases merges with the moral rhetoric accompanying the cautionary tale of the fallen woman. Carol Senf also connects the rhetoric of disease to vampirism, defining a vampire as “a reanimated corpse that perpetuates its unnatural existence by feeding on blood, an act of parasitism that drains the victim’s life force and can transform the victim into a vampire” (Senf 14). Already we can see medical buzzwords like “diseased” and “unnatural” and “parasitism.” Female vampires are considered a destructive force, and therefore the opposite of what nineteenth-century women were supposed to be: sites of reproduction and safeguards of morality. Vampire sexuality is central to much of the scholarship on literary vampires. However, as Senf notes, nineteenth-century female vampires highlight this sexuality most extensively. While male vampires utilize sexuality as one of many tools in their repertoire for maintaining power, female vampires are the characters whose sexuality takes a primary, definitive role. Senf further emphasizes the

parallel between fallen woman and vampire when she contrasts the characteristics of a female vampire with the expectations of femininity, emphasizing the female vampire's affinity with "bloodsucking, rebellion, and overt eroticism" (200). These characteristics are especially alarming to nineteenth-century audiences obsessed with new scientific findings about contagious diseases and indoctrinated to accept the cultural assumption that women should be nurturing, compliant, and sexually passive².

Several critics draw more specific parallels, whether directly or implicitly, between the biomedical discourse and the language used to describe female bodies in multiple vampire narratives. Anorexia, onanism, tuberculosis, moral insanity, hysteria, and even Irishness itself (as a double metaphor for vampirism and disease), have been analyzed for their association with vampires³. In addition to those diseases, Carol Groneman presents a historical account of nymphomania that easily extends to female vampirism. Nymphomania, as Groneman sees it, "resonates with a sense of the insatiable sexuality of women, devouring, depraved, diseased. It conjures up an aggressively sexual female who both terrifies and titillates men" (219). The female vampire could be described without changing any words, and vampirism, just like nymphomania, "was seen as a symptom, a cause, and a disease in its own right" (221). As Groneman points out, identifying "excessive" female desire proved a very subjective task, yet it was viewed as an objectively diagnosable condition. The cases that Groneman documents are of women who have "lascivious dreams," who have "fits" or "paroxysms," and who stop having sex with their husbands. Other women diagnosed with nymphomania had symptoms as innocuous as "flirting, being divorced, or feeling more passionate than their husbands" (222). Overall, doctors characterized nymphomania as uncontrollable female

sexuality. Nymphomaniacs were “out of the control of their husbands, mothers, and doctors; and out of control of the ‘natural laws’ that supposedly determined women’s passive response to male desires” (223). In such conditions, women had no escape from diagnosis once doctors or husbands deemed them abnormal or unnatural.

Some of the resulting treatments for nymphomania provide the most unsettling parallels to vampirism. In keeping with the unrelenting attention to female reproductive systems, gynecology became a specialized field for dealing with the growing list of female disorders. As such, gynecologists began to perform surgeries to remove the ovaries, uterus, and/or clitoris. The extent to which consent was given for the surgeries is varied and often indeterminable, but some of the most startling cases involve women begging for these surgeries, believing that they will be able to adhere to the social strictures if only they are not governed by their reproductive organs. Many female characters in nineteenth-century vampire literature suffer similarly invasive and destructive practices in the name of regulation and health. In Stoker’s *Dracula* and in “Carmilla,” male characters adamantly mutilate the bodies of female vampires because those vampires pose a threat to the men’s view of society. Often, the women in danger of being “infected” by vampires also express their desire to be killed should they ever actually become infected, much like the case studies Groneman identified involving women who begged for gynecological treatment⁴. The acceptable and appropriate response in any case is always presented as conformity to the standards in place.

W. J. McCormack’s biography of Le Fanu and James Walton and Victor Sage’s two book-length studies on Le Fanu’s works evidence Le Fanu’s experience with medical discourse as a contributing factor to the way in which he complicates notions of

femininity in “Carmilla.” In a letter to his sister-in-law, Le Fanu idealizes his wife, Susanna, describing her as happy and beautiful and praising her for entertaining his parents by chatting and singing (McCormack 114). Elsewhere, he writes about Susanna’s extraordinary capacity to be a good mother to their children. And yet, Susanna is plagued by “a recurring ailment of psychosomatic origins,” and eventually dies of a “hysterical attack” on April 28, 1858 (McCormack 122, 128). Le Fanu describes Susanna “sobbing, groaning in grief, and prayer but imagining herself unworthy to pray,” (131). The pressure of idealized femininity should not be ignored as a precipitator for such symptoms when a woman desperately struggling to be the moral center of her family doubts her own ability to do so. In many of his letters, Le Fanu seems to be reassuring himself of Susanna’s conformity to social standards when he expresses reasons for loving her, and her death intensifies this need for reassurance.

Susanna’s pattern of illness and display of symptoms associated with hysteria show potential reasons Le Fanu may have been dissatisfied with the medical discourse and diagnostic processes of his time. In a diary entry from May 18, 1858, Le Fanu explicitly expresses his concerns about the doctors who treated his wife: “I must trouble myself no more about Doctors, or their measures, or what might have been” (McCormack 130). McCormack attributes Le Fanu’s concerns about his wife’s treatment to competing forms of medical knowledge, as Le Fanu and his wife held different beliefs about treatment, but, whatever the source of Le Fanu’s concerns with the medical system, those concerns manifest in “Carmilla⁵.” Others who have written about Le Fanu’s family life point out the discrepancy between what seemed to be a picture perfect family and the abnormalities that could have damaged this image. Susanna was prone to dreams or

visions she believed to be real, and Le Fanu struggled with providing for his family, renting the family home from Susanna's father⁶. When doctors came in and observed Susanna's behavior, the medicine of the period dictated that she be diagnosed and regulated in any way that would render her "normal" and "healthy" again. From Susanna's diagnosis and the above discussion of disease metaphors, we see how doctors could essentially construct a "choose-your-own-medical-adventure" story when selecting a disease and set of symptoms to regulate female bodies.

At this point, the intersections between Le Fanu's narrative and the preceding concepts become clearer. Empowered by medical authority, Le Fanu positions the men in "Carmilla" to determine what knowledge informs the narrative's reality. Just as Le Fanu dismisses his wife's experiences as a dream, the men in "Carmilla" also continually seek to override female perspectives and understandings of their own experiences. They maintain that power by regulating female bodies and controlling female access to knowledge. However, Carmilla's disregard for the traditional ideologies upon which that power and knowledge is built invalidates the binaries dictating nineteenth-century female existence. If women begin to question male authority's mandate of "that's just the way it is," then they have the potential to make their own assumptions about what is real, natural, and healthy. As Laura oscillates in her subscription to the reality presented by male authority and the reality of her experience, the reader is left to draw her own conclusions about this layered, framed narrative's subversive potential. By looking at the dissemination of knowledge, the questionable nature of male authority, and the impossibility of the existing ideology, we can see the ways in which Le Fanu complicates the conflation of morality and medicine enough to disrupt patriarchy's polarized reality.

Dissemination of Knowledge

Le Fanu's concern with the dissemination of knowledge spans multiple works⁷. Each time, he begins with the assumption that men have the monopoly on knowledge, and then he demonstrates the consequences of a patriarchal knowledge system. Men in his narratives repeatedly deny women access to knowledge and discount their experiences. However, women's desire for knowledge—or curiosity, as Walton refers to it—serves as a means of aggressive self-empowerment that “subverts patriarchal authority” (Walton 23). We see this kind of self-prescribed potential in “Carmilla.” Laura and Carmilla both have knowledge based on their own experiences. The men merely prefer to ignore that knowledge, subscribing instead to the illusion that knowledge is theirs alone to give and attempting to rewrite female knowledge so that it supports their position as knowledge disseminators. Regulating the female body under the pretense of maintaining health puts them in the type of authoritative position from which they can exercise both social and physical control over women.

“Carmilla” presents this tension about the dissemination of knowledge very early in the narrative. Almost immediately, Laura endures the medical observation and regulation of her body when her father and doctor deny her experience as valid grounds for determining reality. Laura describes her earliest memory in which Carmilla enters Laura's childhood bedroom, soothes her to sleep, and then feeds from Laura. As a child no older than six, Laura is understandably scared and confused about her night-time experience. However, rather than discuss the experience and look at the context in which it occurred, Laura's father tells her it was just a dream and calls for a doctor, who “For a good while, every second day, came and gave me medicine, which of course I hated” (8).

Regulation of the body is the primary objective; the female patient's only role is to receive the regulation enforced by male authorities. What she thinks she knows about her first encounter with Carmilla is quickly written off as implausible in the real world. As Barbara Caine explains, women were not allowed to instruct men or to provide them with information. They could "persuade" and "influence" men in order to promote religious or moral values, but that is as far as their nature allows (45). Men control the knowledge that determines the final say on what happened.

This perception of the world governs Laura's life until Carmilla shows up at her home, fakes a carriage crash and, thus, needs a place to stay. Carmilla and her mother adopt the role of knowledge disseminators, informing Laura's father that Carmilla is a normal young lady who requires rest after the accident. Laura's father fails to recognize Carmilla's contagious, vampiric condition. After Carmilla's mother provides a vague reason to leave without her daughter, she makes it a point to stress that, despite the fact that Carmilla is "in delicate health, and nervous," she is "not subject to any kind of seizure—she volunteered that—not to any illusion; being, in fact, perfectly sane" (22). Laura finds this disclosure "odd" and "unnecessary," but her father concludes "'At all events it was said'" (22). He recognizes the implications of health and the need to clarify that Carmilla has no contagious diseases. Yet, because men have no part in either the diagnosis or the treatment of Carmilla's body at this point, he is easily misled. He has no reason to suspect deception from a mother and daughter whose class status seems comparable to his own. As a result, the characters' initial acceptance of the information provided by the two women demonstrates the women's appropriation of the knowledge system governing the narrative.

Carmilla's undetected deviance soon contaminates the women around her, but Laura's household regards her as they would any "normal" young woman, immediately sexualizing Carmilla and emphasizing the characteristics that support Carmilla's adherence to an angel in the house role. Characters of both sexes comment on Carmilla's physical appearance before anything else, using the words "pretty" and "beautiful" more than ten times over the course of a few pages. This emphasis on attractive appearance makes Carmilla all the more dangerous, as her diseased state is not physically visible until much later in the narrative. Thus, as Auerbach points out, readers are urged to view Carmilla as normal and to spend the narrative detecting signs of nonconformity before suspicions are confirmed and the men officially and simultaneously diagnose and condemn her as a vampire. Yet, until the men begin to dictate the meaning of experiences again, the consequences of failing to identify a dangerous, deviant woman seem notably less destructive than the doctrine of the fallen woman might indicate. When Laura assumes the role of knowledge disseminator in this part of the narrative, her insistence on ignorance affirms the influence of the patriarchal knowledge system that has controlled her life. But the narrative also presents a different perspective that questions that knowledge system's validity. It seems that when men aren't involved in determining knowledge about the female body, there is room for women to interpret meaning themselves.

Carmilla introduces Laura to this space for self-determination. In the midst of Laura's regulated but increasingly questionable reality, Carmilla demonstrates the potential for power through an alternate reality where women's sexual knowledge serves as a source of agency over their bodies. When the two women discuss Laura's medical

condition amongst themselves, Carmilla seeks to dissuade Laura that anything is wrong with her “dreams,” and she utilizes the dominant belief in scientific and “natural” medicine as reassurance. Despite Carmilla’s earlier declaration that doctors have been no good for her and despite her dismissal of the doctor’s order to have a maid stay up with her at night, Carmilla tells Laura, “ I used to think that evil spirits made dreams, but our doctor told me it is no such thing. Only a fever passing by, or some other malady” (50). Carmilla then attributes Laura’s dreams to malaria, which can be easily treated by using the charm they purchased. Carmilla explains that such diseases “begin by trying the nerves, and so infect the brain, but. . . the antidote repels them. That I am sure the charm has done for us. It is nothing magical, it is simply natural” (50). In this way, Carmilla demonstrates an understanding of how to manipulate the existing discourse to her advantage. She uses the same knowledge and evidence as the doctors and other male authority figures, but she does so in a way that validates her experiences and role as meaning-maker. Her conclusion contradicts the notion that women only receive knowledge about their bodies because, even though she begins with a doctor’s information, she perpetuates a female to female knowledge system.

Laura’s engagement in this kind of female to female system is complicated by Carmilla’s vampiric motives. Carmilla does lie to convince Laura that her dreams are natural. But Laura would be unlikely to accept a direct contradiction to the knowledge system with which she’s familiar. Carmilla’s deception eases Laura into the space of meaning-maker, and as a result, Laura generates her own sexual knowledge. Overt acknowledgment of sexuality would be enough to deem a woman deviant, but it is not only the women’s display of desire that defies ideological expectations. The type of

desire Carmilla displays—a recurring preference for other females—serves to cut men out of the picture entirely. Laura and Carmilla no longer need men to tell them what is normal or to serve as their guide to sexual pleasure. They can access that knowledge through their own experiences. This female to female dissemination of knowledge exacerbates male anxieties about knowledge control. And it also serves as a central reason why Laura’s narrative presents such ambiguous accounts of her relationship to the knowledge of Carmilla’s vampirism and of her own sexuality. The mutual attraction between Carmilla and Laura evidences multiple places in the narrative. From the very first meeting, Carmilla declares “your looks won me” and explains how their shared memory of a frightening dream (which was actually Carmilla visiting Laura for the first time as a child) compels her to believe that she “already [has] a right to [Laura’s] intimacy” (24). Laura responds to this declaration by stating, “I did feel, as she said, ‘drawn towards her,’ but there was also something of repulsion. In this ambiguous feeling, however, the sense of attraction immensely prevailed. She interested and won me; she was so beautiful” (25). Laura recognizes that her attraction is unacceptable, so she attempts to portray herself more as a victim overcome by the deceptive appearance of her companion than as a willing participant in deviant behavior. She has two competing knowledge systems at work: one in which she is a passive recipient and one in which she is a creator of meaning. Transitioning entirely to the latter cannot be a seamless process.

The transgressive nature of Laura and Carmilla’s relationship escalates quickly, with scenes of mutually desirous glances and “breathing so fast that her dress rose and fell with the tumultuous respiration. It was like the ardour of a lover. . . her hot lips travelled along my cheeks in kisses; and she would whisper, almost in sobs, ‘You are

mine, you shall be mine, you and I are one for ever” (30). Laura repeatedly stresses that these scenes were rare, and that she does not like this side of Carmilla. Nevertheless, she states “I experienced a strange and tumultuous excitement that was pleasurable, ever and anon, mingled with a vague sense of fear and disgust” (29). The infrequent occurrence of these passionate scenes is questionable given the number of times Laura describes them. And, regardless of their frequency, their effect on Laura indicates a battle between enjoying Carmilla’s advances and knowing that she should not be doing so. Laura lacks the necessary proficiency to situate the knowledge obtained from her physical experiences. That kind of control is all new to her, and when her experiences contradict the standards with which she is familiar, she reverts to what she was taught.

Laura’s knowledge dissemination dilemma is short-lived when the symptoms of her deviance become visible on her body. As her symptoms increase, she declares “I would not admit that I was ill, I would not consent to tell my papa, or to have the doctor sent for” (51). Her experiences with Carmilla and with a different kind of meaning-making have empowered her to exercise agency over her body. She does not want to relinquish the knowledge of her relationship; nor does she want to divulge the knowledge of symptoms that she knows will be interpreted in light of a very different belief system. It is also at this point that Laura describes her symptoms with the most transgressively sexual characteristics. Using sleep to indicate the unconscious and, therefore, involuntary nature of the experience, Laura describes how her dreams

left an awful impression, and a sense of exhaustion... sometimes there came a sensation as if a hand was drawn softly along my cheek and neck. Sometimes it was as if warm lips kissed me, and longer and more lovingly as they reached my throat, but there the caress fixed itself. My heart beat faster, my breathing rose and fell rapidly and full drawn; a sobbing that

rose into a sense of strangulation, supervened, and turned into a dreadful convulsion, in which my senses left me and I became unconscious (52)

This escalating, sensual encounter could be read as an orgasm written for an audience who subscribes to an ideology that disapproves of the non-procreative pleasure experienced. Laura explains how these “dreams” went on for three weeks, during which time she deflects her father’s repeated questions about her health “with an obstinacy which now seems to me unaccountable” (52). She assesses her situation, in hindsight, with the understanding that her actions would be read as transgressive were she to demonstrate anything other than ignorance. She retreats into a complete denial of knowledge.

When Laura’s father calls in a doctor, without her knowledge, who examines her only to tell her nothing of his diagnosis, she is quickly reminded of the diagnostic power of male medical knowledge. This first step in reestablishing Laura’s isolation from her own body ends with the doctor and her father requesting that she pull down the collar of her nightgown so that they may examine the bite marks she described, justifying the exposure with the clinical statement “It is necessary to detect a symptom of the complaint under which you have been suffering” (60). Upon seeing the bite marks, both men appear horrified but only tell Laura that there is no danger so long as she is not left by herself. The men are confident in Laura’s obedience, stating “dear Laura, I know you will observe the doctor’s direction” (61). They revoke the previous agency Laura experienced, and she again finds herself under the scrutiny and regulatory practices of male authority. Her body becomes their site of reinstatement.

While Laura enjoys her agency and resists the standards perpetuated by the status quo, Carmillas’s subsequent destruction understandably induces Laura’s reluctance

toward any kind of permanent change. When the men physically destroy Carmilla's body, they create an opportunity to rewrite Laura's understanding of her experiences, telling her how dangerous vampirism is and how dangerous her condition could have been. But the memories Laura has of her experiences with Carmilla contradict the evil she's led to believe Carmilla exemplifies. Even so, death and destruction are solid motivators. Laura's case study, like the case study Groneman found, is mediated by male authority and layered with fear and confusion; it showcases the consequences associated with female knowledge.

Questionable Male Authority

Le Fanu also problematizes the overlap between the moral and the medical by questioning the individual males who generate the narrative's regulatory knowledge. The men in "Carmilla" habitually undermine their own authority. Nancy Welter argues that Le Fanu reestablishes male authority at the end of the narrative by destroying Carmilla's body, the ultimate act of regulation that negates the possibility of any future deviance. No matter how much Carmilla destabilizes the status quo, the destruction of her body limits her potential. However, the destruction is a messy ordeal. Examining the male authority figures' actions leading up to it reveals increasingly questionable credentials.

We have already seen how Carmilla's pretense of normality dupes Laura's father. In addition to that, he also seems incapable of considering any explanation for Laura's symptoms that does not support the knowledge to which he adheres. In this case, he adheres to Carmilla's status as an innocent young girl just like his daughter. His pride in this knowledgeable superiority prevents him from acknowledging Laura's experiences, even when medical authority suggests otherwise. In the early stages of Laura's changing

demeanor, Laura narrates her observations of a conversation between Dr. Spielsberg and her father. Although she does not hear the full conversation, she indicates that the doctor suggests vampirism as a possible source of her condition to which her father scoffs “Well, I do wonder at a wise man like you. What do you say to hippogriffs and dragons?” (37). Not long after that, Carmilla disappears from her locked room during the night, throwing Laura and her governesses into a frenzy of inquisitive confusion. Laura’s father, however, easily writes off the experience as an episode of sleep-walking, providing a slew of unconvincing excuses to support his assessment. Even in the face of evidence linking Carmilla to vampirism, he clings blindly to his own interpretations.

Although Dr. Spielsberg is initially cowed by Laura’s father’s flippant rejections, he does end up being correct in his diagnosis of vampirism, eventually convincing Laura’s father to accept the symptomatic evidence of bite marks. Yet, his status as an authority figure is not much more stable than Laura’s father’s. For most of the narrative, the doctor himself lacks agency, only showing up when called upon to perform physical assessments and being dismissed just as quickly. His presence is more a formality required to justify Laura’s father’s conclusions than an actual source of treatment. He even admits his lack of knowledge to Laura’s father after being scoffed in the scene above, stating “Nevertheless life and death are mysterious states, and we know little of the resources of either.” (37). Despite this uncertainty, Dr. Spielsberg administers medicine, diagnoses diseases, and prescribes regulatory activities with the unwavering confidence that his orders will be followed without resistance. He may know how to identify symptoms of vampirism, but he does not appear to understand vampirism itself.

The doctor's re-entrance into the narrative ushers in a procession of male authority figures leading up to Carmilla's destruction, and the men's motives for destroying her body destabilize the cogency of their belief system. Laura's diagnosis as a potential vampire and fallen woman coincides, first, with the arrival of General Spielsdorf's letter and subsequent visit. Laura and her father find out that the General's niece, Bertha—whom he claims to love as a daughter but often refers to as a “ward”—died after exhibiting symptoms that mirror Laura's. The violence driving the General's desire for vengeance upon the “monster” responsible for the death of his professedly innocent niece is troubling, even initially to Laura's father. The General repeatedly mentions his wish to “decapitate the monster” and a stream of brutal actions peppers his intentions (81). However, after the General identifies Carmilla as the carrier of the disease that infected and killed his niece, we hear no more protests from men. The evidence seems sufficient both to condemn Carmilla and to justify the General's intense rage.

However, the next man to enter the narrative provides information that undercuts the push for Carmilla's destruction. Baron Vordenburg, a man Laura describes as having “grotesque features”, arrives with the location of Carmilla's tomb and helps plan the process of destroying her as she sleeps (95). Baron Vordenburg's descent from a Moravian Nobleman yields one of the most interesting and easily overlooked characters in the story, and it also presents an alarming revelation about General Spielsdorf's hatred for Carmilla. Baron Vordenburg has the nobleman's life writings, which reveal a history with Mircalla (Carmilla's original name before adopting one of her many aliases). The nobleman was Mircalla's lover, and his writings tell of her “early death” that sent him

into inconsolable grief. Carmilla's own account of her experience explains how she "was all but assassinated in my bed, wounded *here*," she touched her breast, "and never was the same since'" (45). Understanding that Miracula would inevitably be diagnosed and destroyed as a vampire, the nobleman recognized the violence and "horror" in the punishment and staged the destruction of her tomb while moving her dead, now vampiric body to a secret location (95). He considers Carmilla a victim of vampirism, and he sympathizes with her. However, many years later he reveals the hidden location of her body in his writings when a different kind of "horror" overtakes him as he thinks back on his deception (96). He allowed a disease to spread. The guilt and eventual reversion to maintaining the norm demonstrates his failure to fully condemn the standards in place, even though he recognizes the inherent injustice of those standards. Baron Vordenburg and General Spielsdorf follow the nobleman's writings, and the initially avoided destruction ensues.

The nobleman's notes about his sympathetic reaction to Carmilla also explain how vampirism spreads in the narrative. The nobleman's writings explain that vampirism starts from a suicide and spreads when the suicide-victim-turned-vampire "visits living people in their sleep." Those people die and "almost invariably in the grave, develop into vampires" (95). This process of vampire contagion "almost invariably" guarantees that Bertha would have become a vampire. Carmilla visited her in her sleep, just as she does with Laura, and eventually Bertha dies. This information corroborates the General's fury and violent need for vengeance. If he had to destroy his beloved Bertha because his ideology declared her irredeemable, then Carmilla not only harbored a disease to be eradicated but also posed a threat to Bertha's reputation. He is not just reacting out of a

visceral need to avenge his niece's death; he is reacting out of a need to maintain a deeply-seated worldview that necessitates unrealistic innocence in women at all costs. With such an agenda, the General's justification for killing Carmilla becomes less straight-forward. Bertha may have been dead, but she might not have been gone from his life unless he chose *not* to sympathize with her situation as the Moravian nobleman did with Mircalla's. His actions may be spurred by his loss and by his guilt at letting such a thing happen on his watch.

As Siobhan Kilfeather notes, the most daunting realization about the destruction scene is how little the men learn from it. If male authority is re-established, its foundation is not nearly as solid as it needs to be to defend its convoluted logic. As Laura does not witness Carmilla's death herself, she presents the reader with the "report of the Imperial Commission, with signatures of all who were present at these proceedings" (92). The report sounds similar to documents signed before administering capital punishment. And, indeed, Carmilla's deviance is read by the men as so dangerous and threatening that her unnatural behavior is not only demonized and medicalized but ultimately criminalized under penalty of death. The description Laura provides of the death scene is so telling that I want to include much of it, broken down into what I perceive as diagnostic processes:

Her eyes were open; no cadaverous smell exhaled from the coffin. The two medical men, one officially present, the other on the part of the promoter of the enquiry, attested to the marvelous fact that there was a faint but appreciable respiration, and a corresponding action of the heart. The limbs were perfectly flexible, the flesh elastic; and the leaden coffin floated with blood, in which to a depth of seven inches, the body lay immersed. Here then, were all admitted signs and proofs of vampirism. (92)

This medicalized observation demonstrates an intense level of scrutiny that exhibits the era's focus on isolated and diseased body parts with little consideration of the patient as a whole individual. They observe the expected human qualities of breathing, a beating heart. They move her appendages and stretch her skin and find that those also meet expectations of any human. But once they see the blood, they diagnose and condemn her. All they need is one symptom to label deviant, and they find it.

The actions taken once Carmilla is diagnosed are even more disturbing and worth including verbatim:

The body, therefore, in accordance with the ancient practice, was raised, and a sharp stake driven through the heart of the vampire, who uttered a piercing shriek at the moment, in all respects such as might escape from a living person in the last agony. Then the head was struck off, and a torrent of blood flowed from the severed neck. The body and head were placed on a pile of wood and reduced to ashes, which were thrown upon the river and borne away, and that territory has never since been plagued by the visits of a vampire. (92)

Any pronoun usage or other humanizing descriptions are absent, effectively denying Carmilla's humanity in any form. As Groneman argues of nineteenth-century physicians, "they saw these women as temptresses, not victims" (233). They compare Carmilla's cry to a human, seem momentarily surprised, but immediately afterward cut off her shriek by cutting off her head. The violence of this response to disease is perhaps an exaggerated parallel to the invasive and violent practices enacted upon deviant women outside of fiction. Nevertheless, the questions it raises about the justification and diagnostic procedures remain useful and troubling. What appears to be a black and white issue—no treatment for the fallen woman or for the female vampire—turns out to be an issue justified by knowledge perpetuated by biased male authorities who have much to

lose from allowing gray areas to permeate their belief system.

Impossible Ideology

The last aspect of Le Fanu's narrative to demonstrate the problems with blurring the line between medicine and morality is the inability for lived experience to mirror male expectations. All of the above efforts at controlling knowledge and maintaining an ideology of feminine innocence pose impossible standards for women to meet. In "Carmilla," the Moravian nobleman unlocks the potential to recognize injustice but fails to resolve it. He eventually reverts to the same tendencies as the other male authority figures. There is no restoration for Laura, and there is only destruction for Carmilla. Death is the only escape and also the only way to preserve the illusion that society's expectations are achievable. Bertha's death allows her to achieve this idealized status with General Spielsdorf's violent methods of insurance. Embodying what Katherine Byrne identifies as the paradox of illness, Bertha represents the threat of social deviance and being "too good to live," while simultaneously glamorizing the illness itself (8). Bertha is remembered as a *victim* of the disease because General Spielsdorf wants to remember her as innocent. But, given the likelihood that Bertha was herself a vampire and thus an irredeemable fallen woman, that innocent remembrance becomes a carefully constructed pretense that Laura seeks and fails to imitate. Le Fanu does leave us with Laura's experience to make conjectures about what Bertha may have experienced, but death and male intervention remain the only means of fitting the ideal.

Women's inability to meet the expectations set before them contributes to Laura's departure from the narrative. After Laura describes the "brutalized change" that came over Carmilla's features upon seeing the General, we also hear very little from her

perspective on the occurrences. She demonstrates a tentative awareness of what the information from the General means for her. Once he officially diagnoses Carmilla as a vampire, Laura explains to the reader “you may guess how strangely I felt as I heard my own symptoms so exactly described. . . you may suppose, also, how I felt as I heard him detail habits and mysterious peculiarities which were, in fact, those of our beautiful guest, Carmilla!” (80). As a reader, I would guess that Laura was terrified. She heard the vehemence with which the General spoke of eradicating Carmilla. She recognizes that the only thing preserving Bertha’s innocence was death in ignorance of her situation. She realizes her options aren’t very appealing.

From the very beginning of the novel, Laura urges the reader “Judge whether I say truth!” and, as the reader follows Laura’s experiences, Laura indicates the censored nature of her narrative (3). She does not wish to suffer the same fate of a fallen woman as Carmilla does; she also does not wish to be the passive angel in the house, which is the only other role society offers her. The ideal is impossible but to opt for either alternative is a form of forced masochism. Perhaps she finds a way to embody an alternative role, seemingly conforming yet never actually participating in the prescriptive activities of the ideal woman. Laura dies unmarried and childless. Carmilla’s death was caught up in multiple layers of male need for vengeance and a sense of control. The disease has been eradicated, the threat eliminated, and Laura’s sexuality placed back under the regulatory gaze of male authority. Yet, the fact that Laura becomes neither an angel of the house nor a fallen woman seems to demonstrate a realistic complexity in the face of restricting gender roles. Those roles are too narrow to encompass the complexity of lived experience. Maybe, as Senf argues, that is “LeFanu’s way of saying that a situation that

has evolved over centuries... cannot be eradicated in an instant, perhaps not at all” (55). Or maybe, as Prescott and Giorgio suggest “because monsters are always the constitutive outside of normativity . . . they can never be safely tucked away. Revenants always return because the ‘human’ is always a category under reconstruction, and the outside must be constantly re-articulated so the inside can imagine itself as stable, viable, natural” (507). Laura remains an undetected carrier of deviant sexuality.

Conclusion

At the very least, female vampires like Carmilla provoke the extremes to which nineteenth-century males would go in order to maintain control over female sexuality. Because the ideal woman is a male construct, threats to that ideal lead to violent attempts at legitimization. But Le Fanu, like the Moravian nobleman, recognizes the problem even if he does not present a solution. “Carmilla” reflects Kilfeather’s claim that “new forms of subjectivity are necessary to deal with the new forms of knowledge and power that are conquering past systems and beliefs” (83). By highlighting the issues in an ideology regulated by medicine and male authority without providing solution in the form of closure, Le Fanu maintains his characteristic ambiguity. But the female vampire maintains her power and potential to challenge widely held assumptions. Auerbach describes the fallen woman, like the female vampire, as someone who “seems to enlightened minds a pitiable monster, created by the neurosis of a culture that because it feared female sexuality and aggression enshrined a respectably sadistic cautionary tale punishing them both” (157). In this instance, Auerbach frames society as the one with the illness. Perhaps, that is the message Le Fanu communicates. Female vampires and fallen

women had nowhere to turn for restoration in a society that needed them to serve as scapegoats for perceived societal problems. Pitiable monsters, indeed.

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APPENDICES

1. See Martin Willis's "Le Fanu's 'Carmilla,' Ireland, and Diseased Vision" for further discussion of how medical beliefs are influenced by the general public's understanding (p. 111). See also Catherine Cox's *Negotiating Insanity in the Southeast of Ireland, 1820-1900* for further discussion of how social understandings of physical disorders affected diagnostic and treatment practices.
2. See Martin Willis's "Le Fanu's 'Carmilla,' Ireland, and Diseased Vision" for a discussion of "contagionist" and "anticontagionist" germ theorists and for details of each group's specific scientific beliefs.
3. See Emma Dominguez-Rue, James Walton, Katherine Byrne, Heidi Rimke & Alan Hunt, Hamar Teller, Martin Willis, and Jarlath Killeen for further research on specific diseases and vampirism.
4. Of all the case studies Groneman analyzed, only one was written from the female patient's perspective, and even that was written under the doctor's direction. Groneman cites Charles Mills' "A Case of Nymphomania with Hystero-Epilepsy and Peculiar Mental Perversions—the Results of Clitoridectomy and Oophorectomy—The Patient's History as Told by Herself" (1885) for this example.
5. These concerns also manifest in Le Fanu's *The Rose and Key*, a novel set in an asylum, full of corrupt medical authorities, false diagnoses, and disturbing treatments. Thus, it is not an anomaly in "Carmilla" for Le Fanu's life to inform his art. Several of his works

use the names of family members and McCormack argues that *Uncle Silas* draws parallels between the Great House in that narrative and Le Fanu's wife's childhood house that he rented from her family after they married and started a family.

6. See McCormack for further reading on the Le Fanu family legacy and Susanna Le Fanu's ghost sightings.
7. In "Schalken the Painter," male disregard for female knowledge leads to the disappearance of a young girl named Rose at the hands of her demonic fiancé. Rose recognizes her fiancé's demonic nature, and if the men had considered her knowledge as valid, she wouldn't have been in the situation that led to her painful disappearance. In *Uncle Silas*, the evil uncle quotes a passage about Eve's damning curiosity in the Garden of Eden after his niece looks through his papers in an attempt to *know* what he's doing. Male characters seldom consider female knowledge to be meaningful or positive.

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