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UNCANNY STORIES FOR CANNY READERS: THE EXPLAINED SUPERNATURAL, THE VILLAINOUS DOCTOR AND READER EXPECTATIONS IN MARY ELIZABETH BRADDON'S SHORT GOTHIC FICTION

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ABSTRACT

This article discusses how the short stories “Dr. Carrick” (1878) and “Good Lady Ducayne” (1896), by Mary Elizabeth Braddon, intervene in cultural debates about the role and reputation of the Victorian doctor. By playing with reader expectations in relation to the Gothic genre and the figure of the quack doctor, Braddon warns her readers not to unthinkingly trust their physicians. Through an analysis of how Braddon approaches this topic, the article also explores how she perceives and caters for her readership. In both stories, Braddon employs a recurrent narrative strategy – the raising and then dismissing of possibilities – in order to demonise the doctor. This contributes to an agenda of encouraging perceptive reading and a resistance to taking things at face value, and shows that Braddon is writing for readers who are experienced in terms of the popular fiction that they consume. To fully appreciate these stories and their message about medical men, readers must have the capacity to pick up on, and imaginatively follow, the potential plotlines that Braddon creates, even as she shuts them down again.

Introduction

This article analyses how two of Mary Elizabeth Braddon’s short Gothic stories, both featuring disreputable doctors, engage with topical issues relating to medical men and medical science through the manipulation of reader expectations. In “Dr. Carrick”, published in the 1878 summer special of *All the Year Round*, the eponymous doctor uses mesmerism to make his wealthy patient, Mr Tregonnell, sign a will leaving his fortune to him. Carrick plans to murder Tregonnell with chloroform, but his orphan ward, Hester Rushton, becomes suspicious and manages to intervene. In “Good Lady Ducayne”, which appeared in *The Strand Magazine*

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in 1896, the heroine, Bella Rolleston, is employed as a companion and taken to Italy by the ancient Lady Ducayne. Bella, initially strong and healthy, becomes inexplicably weaker and more lethargic, and notices marks on her arm, which Ducayne's doctor, Parravicini, claims are mosquito bites. Fortunately, Bella befriends another doctor, Herbert Stafford, who recognises the marks and realises that Parravicini is drugging Bella with chloroform and transfusing blood from her to Ducayne to prolong the latter's life.¹ Both stories can be read as Braddon warning her readers not to unthinkingly trust medical men.

My reading of these stories contributes to critical discussion about Braddon's intervention into cultural debates surrounding the role and reputation of the Victorian doctor,² but I am equally interested in *how* Braddon says what she has to say about this topic, and what this reveals about how she perceives and caters for her readership. Jennifer Phegley argues that in her novels, Braddon manages to at once assert that "sensation fiction taught readers to be independent, active, and therefore healthy readers", and to put that claim into action by "subtly teach[ing] critical thinking skills to women".³ In the stories of duplicitous doctors discussed here, the narrative strategies Braddon employs contribute to this agenda of encouraging perceptive reading and a resistance to taking things at face value, skills which could usefully be applied both to fiction and real life, and which might be valuable to socially sheltered female readers who were encouraged to trust professional men in positions of authority.⁴ They also suggest, however, that Braddon is writing for readers who are experienced in terms of the popular fiction that they consume, especially the Gothic in these cases. To fully appreciate these stories and their message about medical men, readers must have the capacity to pick up on, and imaginatively follow, the potential plotlines that Braddon playfully, often subtly, creates, even as she shuts them down again.

In both stories, Braddon employs a recurrent narrative strategy – the raising and then dismissing of possibilities of genre and characterisation – in order to demonise the doctor. In terms of genre, Braddon employs well-established traits of the Gothic and its subgenres, the ghost story and the explained supernatural. She (especially in "Dr. Carrick") hints at potentially supernatural explanations for strange occurrences, preparing her reader's mind for the revelation of the doctors' duplicity. She then negates these possibilities, and in doing so transfers the sense of fear that has been generated onto the figure of the doctor (and his equally immoral employer in "Good Lady Ducayne"). Sylvia A. Pamboukian argues that in "Good Lady Ducayne" Braddon "demands" an astute reader who is "aware of the subversive depths beneath the sensational surface", precisely "because this short story [...] sugars its critique of modern medicine in the romance of the marriage plot" by having Bella and Stafford get engaged at the end.⁵

“Dr. Carrick” also notably ends with a marriage (between Hester and Tre-gonnell). The following analysis shows that “astute” readers are not simply required to see past the sugar coating of the conventional marriage plot, but to recognise the conventions of the Gothic.

In terms of characterisation, Braddon introduces, then undermines, the association of the villainous doctors (especially Parravicini in “Good Lady Duayne”) with quackery, an area of concern prevalent in popular culture at the time these stories were published. The term “quack” carried a range of negative connotations relating to fraud and imposture in association with medical treatments, practice and qualifications. Yet, despite their shady dealings and questionable medical practices, neither Carrick nor Parravicini can ultimately be dismissed as a quack. This leads to the worrying realisation that a qualified, competent, and respectable physician can abuse his social standing and medical knowledge for personal gain. In fact, in “Good Lady Duayne”, Braddon goes so far as to cast doubt upon the efficacy of the medical treatments prescribed not just by Parravicini, but by the hero-doctor, Stafford, and this is a possibility that (unlike supernatural causes and quackery) is not dismissed by the end of the story. In these ways Braddon plays with reader expectations, creating uncanny stories which are geared towards creating, and rewarding, canny readers.

Braddon’s Villainous Doctors: Cultural and Literary Contexts

The fear and uncertainty that Braddon attaches to her fictional medical men is part of a wider Victorian response to the increased professionalisation of medical occupations. During the nineteenth century, physicians solidified their reputations as professionals with expert knowledge, and the doctor-patient relationship changed so that “less reliance was placed on the patient’s description of his own symptoms and more importance placed on the medical men’s evaluation of the physical signs of disease”.⁶ This led to a shift in the power balance, tipping it in the physicians’ favour. The transition was not an easy or unqualified one:

while in their public pronouncements “regular” medical practitioners by the 1850s were presenting themselves as a “professional” body unified by common ideas, knowledge and practices, such deployments of professionalism and expertise are repeatedly questioned and challenged in a wide range of popular fictions throughout the century.⁷

Braddon’s texts exemplify how anxiety about, and resistance against the medical establishment’s attempts to enhance and secure its social status was registered and perpetuated in popular culture.

From early on in Braddon’s writing career, suspicion concerning the authority and honesty of doctors is apparent. In *Lady Audley’s Secret* (1862), the

doctor who assesses Lady Audley's mental health tacitly agrees to incarcerate her so as to help his wealthy clients "save the *esclandre*" that would result from the exposure of her crimes.⁸ In *Aurora Floyd* (1863), the two "West-End doctors" that Archibald Floyd calls to treat his daughter make "a two-guinea visit every day" even though, "for all they could tell to the contrary, Aurora Floyd wanted nothing but to be let alone".⁹ The murderous "surgeon-dentist", Philip Sheldon, from *Birds of Prey* (1867) and its sequel *Charlotte's Inheritance* (1868), is a more extreme, sustained negative depiction of a medical man, and a precursor to Carrick and Parravicini. However, readers are aware from the second chapter of *Birds of Prey* that Sheldon is waiting for a "dupe" to buy his failing business, and that he is planning a murder that he successfully enacts.¹⁰ Contrastingly, it is part of Braddon's playfulness in the short stories that, while there is plenty to make the reader suspicious (as discussed below), she waits until comparatively far in to confirm the wickedness of her medical practitioners.

Nicki Buscemi observes that a sensational aspect of *Birds of Prey* is that murder is "committed by a rational doctor": "Sheldon's actions are shocking to the reader because of the coldly clinical and scientific manner in which he carries out his crimes".¹¹ It is also important that Sheldon is not an obsessive scientist compelled by the desire for knowledge or power; he is a dentist who murders for money, considering the act to be "good business".¹² Many villainous doctors in nineteenth-century popular fiction fall into the "mad scientist" category, following Mary Shelley's *Frankenstein* (1818). Anna Gasperini has shown, for example, how the depictions of the anatomists (in league with Resurrection Men and Burkers) that feature in Penny Bloods in the first half of the century emphasise their medical curiosity and a fascination with dead bodies that borders on insanity and necrophilia.¹³ Similarly, *fin-de-siècle* experimenters such as Drs Jekyll and Moreau¹⁴ are driven to extremes by their superior intellects and desire for scientific knowledge. Braddon's doctors stand in contrast to these, as they are the kinds of physician that might be employed by her wealthier readers to treat their mundane ailments. Samantha J. M. Aliu argues that Dr Carrick's "application of his intellect to science and study [...] results in loss of humanity",¹⁵ but although Carrick "adopted a difficult profession from sheer love of science", Braddon clarifies that it is financial need and bitterness that drive him to murder, after years of unprofitable struggle leave him "unknown and unvalued".¹⁶ This reflects the hardships faced by the general practitioner who, as reported in the Victorian popular press, had "to contend with furious competition not only inside [the profession's] ranks but also from outside".¹⁷ Parravicini, meanwhile, makes "experiments in chemistry and natural science – perhaps in alchemy", and seems "proud" of Ducayne's longevity, but he has been "paid [...] thousands to keep [her] alive", and when confronted,

he makes no attempt to defend or continue his treatments on the basis of furthering scientific knowledge.¹⁸

Anthony Mandal and Kier Waddington's discussion of the general practitioner in nineteenth-century Gothic fictions includes reference to some avaricious medical men (including Parravicini in passing), but they do not aim to distinguish between the motives of the doctors they discuss, many of whom are either not explicitly villainous or are driven by the urge to experiment.¹⁹ In fact, Braddon is one of the first Victorian authors to portray GPs and private physicians motivated primarily by the promise of financial gain as Gothic villains.²⁰ Braddon should therefore be recognised as an important contributor to the trend in nineteenth-century Gothic fiction in which "the figure of the medic is increasingly interrogated and problematized until he himself becomes a locus of pathological disturbance".²¹

Gothic Possibilities

With their monetary desires, Carrick and Parravicini are in some senses more akin to late-eighteenth-century mercenary patriarchal Gothic villains, such as Montoni in Ann Radcliffe's *The Mysteries of Udolpho* (1794), than to nineteenth-century "mad scientists". Braddon has other literary affiliations with Radcliffe; because neither story features any actual paranormal occurrence, both "Dr. Carrick" and "Good Lady Ducayne" can be categorised as examples of the Gothic subgenre of the explained supernatural, of which Radcliffe was a pioneer. In Radcliffe's novels strange occurrences, such as the "low hollow sound"²² which terrifies the heroines of *A Sicilian Romance* (1790), are framed to make us wonder, often for many chapters, whether the characters have experienced a ghostly visitation. Supernatural possibilities are introduced much more briefly (and, in "Good Lady Ducayne", more obliquely) in Braddon's short stories, but the hints that each one could, with a slight plot adjustment, become a supernatural fiction, is an important part of how Braddon demonises her doctors. Tzvetan Todorov's concept of the fantastic, "that hesitation experienced by a person [...] confronting an apparently supernatural event", is helpful here, as is his notion of the "neighbouring genre" of the uncanny that corresponds to the "supernatural explained".²³ "Dr. Carrick" and "Good Lady Ducayne" are uncanny tales with natural explanations for the mysterious occurrences they contain, but, by raising and dismissing the possibility of a supernatural element Braddon creates fear and anxiety in the reader that is then directed towards the figure of the doctor.

"Dr. Carrick" also draws on the trappings of the well-established subgenre of the Victorian ghost story, especially the haunted house narrative. Carrick and Hester move into a "big, rambling old house" with "abiding shadows on the darksome old staircase, and in the long narrow corridors, that suggested

ghostly visitors". The house has "long enjoyed the reputation of being haunted", meaning that "the rent" is "almost ridiculously small".²⁴ Regular readers of ghost stories would know that a reputedly haunted house-to-let is one thing, but low rent is a clear warning sign. For example, Rhoda Broughton's "The Truth, the Whole Truth, and Nothing but the Truth" (1868), features a house with a rent so mysteriously low that the inquirer suspects there must be "some terrible unaccountable smell, or some odious inexplicable noise haunting the reception rooms".²⁵ In fact, the house is haunted by something far worse (what, is never fully revealed), which drives a housemaid "raving mad" and leads to the death of the sceptical young man who tries to solve the mystery.²⁶ So, on reading the opening pages of "Dr. Carrick", experienced readers would be open to the possibility that it is going to be a ghost story featuring an actual ghost.

The chances of a ghost being real in such a story are high, but not certain. In *All the Year Round* in the 1870s it was common for the apparition to turn out to be real. For instance, in "What Happened in My Studio" (1875) a sceptical painter is led by the spirit of a dead artist to discover a missing painting, while "The Hushes of Holwych" (1875) features a couple driven from their new home by strange noises and visitations. Braddon's own ghost stories are varied. "At Chrighton Abbey" (1873) features a ghostly vision and the fulfilment of a family curse, whereas stories such as "The Cold Embrace" (1860) and "The Scene-Painter's Wife" (1869) leave space for the ghostly visions to be read as delusions. Braddon's other *All the Year Round* story, "The Shadow in the Corner" (1879), also has an open ending as the heroine's apparent suicide could be the result of supernatural influences, or due to her growing depression throughout the story.²⁷

"Dr. Carrick" differs from such stories because suggestions of ghostly activity remain conspicuously underdeveloped. At one point, Hester, who had previously "laughed at [the] rumours" about the house being haunted, becomes stressed and anxious due to the strange behaviour of both Carrick and Tregonnell. As a result, she now "start[s] at a shadow, and fancie[s] she hear[s] a human voice mixed with the night winds". Yet in the same paragraph Hester recognises a mysterious sound as "distinctly human" and in the next few lines she has realised that "there is someone in that cupboard".²⁸ That someone turns out to be Tregonnell's manservant, David, who is using the hidden passages between the rooms to spy on his master and Carrick. Allusions to supernatural agency at work are brief and quickly dismissed; there is never any sustained suspicion that the house is haunted. Yet for readers used to the common markers of the ghost story, and to looking for clues as to the reality or otherwise of the phantom, these passing moments are enough to alert them to different narrative possibilities, to set them guessing. Indeed, with the prospect of an actual ghost so quickly abandoned, the reader begins to search, alongside

Hester, for the actual source of the anxiety they feel, and it soon becomes apparent that the only thing left to fear in the house is Dr Carrick himself.

Referring to haunting is not the only way in which Braddon raises the possibility of the supernatural in "Dr. Carrick", only to take it away again. Carrick's use of mesmerism would be evocative for readers because in the cultural imagination the practice was linked to psychic abilities and spirit communication, not to mention fraud, crime, manipulation and immorality.²⁹ Braddon also includes intertextual references to *A Strange Story* (1845) and "The House and the Brain" (1859), by her recently deceased literary mentor Edward Bulwer Lytton, in both of which mesmerism is associated with spectacular supernatural powers.³⁰ Yet in "Dr. Carrick", Braddon limits the depiction of mesmerism to the inducement of a trance that is initially used by Carrick to help Tregonnell sleep, and later to get his patient to sign a will while unconscious.³¹ By the 1870s, trances were widely recognised as the result of a mechanical or psychological process. For example, the year before "Dr. Carrick" was published, the renowned physiologist and sceptic William Benjamin Carpenter assured readers of *Fraser's Magazine* that James Braid (who developed and promoted hypnotism as the rational man's version of mesmerism in the 1840s) had shown that "mesmeric sleep" could be induced "by a very simple method" that was not at all supernatural.³² As Aliu's reading of "Dr. Carrick" shows, the story reflects "the ambivalent representation and public perception of the practice of mesmerism" at a time when "associations between hypnotism and the supernatural still lingered". Braddon represents different perspectives on mesmeric practice, including the doctor's alignment of "mesmerism with science and materialism", and David's connection of "mesmerism to the occult"³³ when he calls it "conjuring" and "hocussing".³⁴

However, Aliu somewhat exaggerates the extent to which Braddon "conflates the mystic and the scientific throughout her story".³⁵ I would argue that Braddon exploits cultural anxieties relating to mesmerism even as she dismisses the supernatural connotations and encourages her reader to do the same. Aliu claims that "[m]ost damning to any credibility mesmerism may possess is Hester's reference to 'that unholy art'".³⁶ Importantly, however, this is not direct speech from Hester, but a moment of free indirect discourse in which the narrator references Hester's knowledge of mesmerism as depicted in Lytton's stories. While her reading of Lytton helps her to solve the mystery of Carrick's influence over Tregonnell, Hester proves herself a canny reader of fiction and circumstances. Rather than concern herself with the supernatural abilities that Lytton describes, Hester realises (due to various clues she can now make sense of) that Carrick must have "used his power to get a will executed" and that, as Tregonnell is not mortally ill, the doctor may be planning a "secret murder".³⁷ So when faced with David's alarm at Carrick's inducement of a trance in Tregonnell, Hester calmly assures him that "there is no harm in

it”³⁸ and waits until she sees Carrick empty a bottle of chloroform onto Tregonnell’s pillow before intervening. Moreover, despite his use of language alluding to magic (“hocussing”), what really bothers David is the fact that he does “not like to think that any man should have the power of sending [his] master *to sleep*”.³⁹ Braddon’s depiction of mesmerism implies that it is not supernatural and is only a threat because the doctor abuses his ability to induce a trance to acquire his patient’s fortune.

Braddon includes yet another undeveloped potentially supernatural plot-line in “Dr. Carrick” that would be easily recognisable to Victorian readers: the threat of hereditary insanity. In nineteenth-century Gothic fiction hereditary disease, especially mental disease, is often metaphorically and literally associated with the supernatural family curse. Examples include Edgar Allan Poe’s “The Fall of the House of Usher” (1839), and Wilkie Collins’s “Mad Monkton” (1855).⁴⁰ In “Dr. Carrick”, Tregonnell fears that he may be predisposed to insanity because his grandfather died mad, and the tone of his confession to Carrick makes the reader think that he might be right:

My nights are restless, and troubled with feverish dreams. And sometimes – sometimes – I start up with a sudden thrill of horror going through me like an arrow [...] Sometimes I fancy that I feel it coming. [...] I have looked in the glass, started at my haggard face, hardly recognising myself, and have cried out involuntarily: “That is the face of a madman!”⁴¹

Yet after this build up, Tregonnell remains perfectly sane. Carrick agrees that Tregonnell may be susceptible to hereditary insanity, but assures him that some “refreshing sleep”⁴² will sort all this out for him – and he is correct. The danger of insanity, which seems so unsurpassable in some Gothic fiction (particularly once the curse is given a supernatural dimension) is easily prevented here, and is only a threat (as with mesmerism) because of the doctor’s ability to abuse his authority; when Carrick’s murderous intentions are revealed, he threatens to falsely charge Tregonnell with insanity.⁴³ In “Dr. Carrick”, Braddon invites us to consider many possibilities, but ultimately there are no ghosts, no psychic powers and no hereditary curse, and we are left only with the possibility that the apparently respectable Dr Carrick is not just disrespectful, but dangerous.

“Good Lady Ducayne” includes an “uncanny [...] pair” of Gothic villains: Lady Ducayne whose “sharply pointed chin”, “great, shining eyes” and “claw-like fingers” make her look “like an aristocratic witch”, and the mysterious Dr Parravicini who is “more like a waxen mask than any human countenance Bella ha[s] ever seen”.⁴⁴ The Italian setting is a nod to Radcliffe’s Mediterranean locales, although Ducayne resides in a modern-day luxury hotel rather than a castle or convent. Also, Bella’s increasing weakness and strange dreams, plus the fact that two of Ducayne’s previous companions have died of a wasting disease, would have rung alarm bells for readers of Sheridan

Le Fanu's "Carmilla" (1871) in which the heroine Laura is similarly afflicted.⁴⁵ Nevertheless, "Good Lady Ducayne" is a less overtly Gothic story than "Dr. Carrick", and on a first reading it is quite possible not to realise that this is a vampire story, in which the vampire is a composite of Parravicini, who sucks the blood from Bella by transfusion, and Ducayne, who receives it.⁴⁶ Braddon only uses the word "vampire" once, when Parravicini duplicitously, and ironically, tries to convince Bella that the wound on her arm must be a mosquito bite: "he has caught you on the top of a vein", he tells her, "what a Vampire".⁴⁷ Some critics have resisted reading this as a vampire story because it "engages with the experience of day-to-day medical treatment and is strongly invested in medical verisimilitude"; Pamboukian suggests that by reading "Good Lady Ducayne" "in the context of medical technologies of its time", it is necessary to assume that Ducayne "is not a vampire at all, just an old lady".⁴⁸ However, the figure of the vampire as a stealer and ingester of blood is central to the meaning and effect of the story, and Gordon Browne's illustrations which accompanied it in *The Strand* enhance the vampiric elements. As well as showing Parravicini examining Bella's "mosquito bites" alongside the caption "What a Vampire" (Figure 1), the first page includes a picture of Ducayne with a giant bat behind her and the title "Good Lady Ducayne" spread across its wings (Figure 2). Suggestions of the bat motif recur in other illustrations, such as when Bella is pictured enervated after a blood transfusion, and the shadows behind her form a black wing-like shape (Figure 3). Saverio Tomaiuolo argues that Braddon "attempts to de-Gothicise her story through Herbert Stafford's 'realistic' cultural and narrative perspective", and that she makes reference to the "use of chloroform and the practice of transfusion" to "give 'realistic' credit to her Gothic story".⁴⁹ Nevertheless, the possibility of an alternative, supernatural, plotline is made available to readers before it is dismissed and, crucially, the fear generated by the spectre of the vampire remains (and is perhaps intensified) by its association with the unscrupulous doctor and medical procedures that readers would potentially have to undergo at some point in their lives.

Doctors and/as Quacks

One name for an unscrupulous doctor is a quack, and the use of this term is another way in which Braddon plays with reader expectations. The conversation between the gossips at Ducayne's Italian hotel about Ducayne and Parravicini neatly demonstrates, for Braddon's readers, the ease with which people make judgements based on superficial evidence:

"My dear Miss Manders, do you think foreign quackery ever kept anybody alive?"

"Well, there she is – and she never goes anywhere without him".

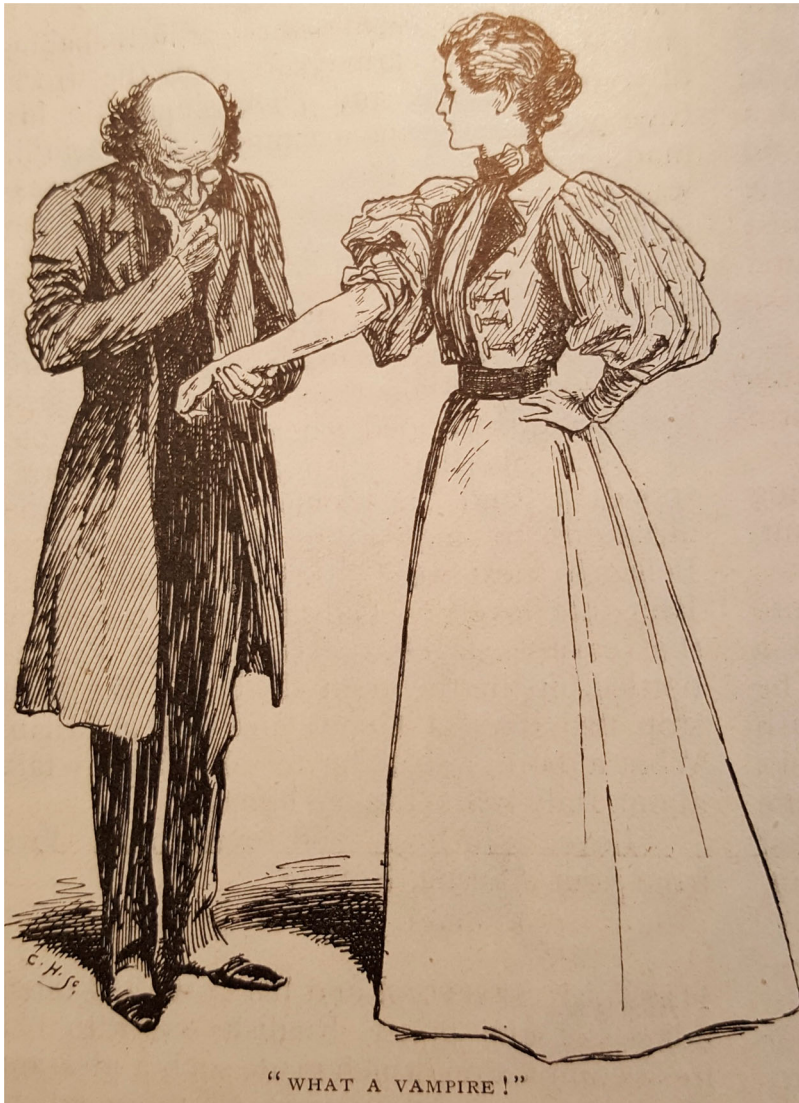


Figure 1. “Good Lady Ducaigne”, *The Strand Magazine* 11 (1896): 194. From Helena Ifill’s personal collection.

For Carton, the first speaker, the fact that Parravicini is not English and could rival “the foul fiend himself [...] in ugliness”, means Parravicini must be a quack, and therefore he cannot benefit Ducaigne’s health. For Manders, the fact that Ducaigne is alive and inseparable from her doctor means that he must be “keep[ing] her alive”.⁵⁰ Braddon encourages her readers not to make such quick assumptions. In the same way that Braddon raises the possibility of the supernatural just to dismiss it, she introduces the notion



Figure 2. “Good Lady Ducayne”, *The Strand Magazine* 11 (1896): 185. From Helena Ifill’s personal collection.

of quackery, only to reassert that her immoral practitioners, Carrick and Paravicini, may be liars, but cannot be simply dismissed as quacks.

Part of this complexity is because the distinction between a “real” doctor and a quack was often unclear in the Victorian period. As Pamboukian points out, many of the charges levelled against quacks (such as secrecy) could also be applied to “mainstream” doctors.⁵¹ Nevertheless, many of Braddon’s readers would have had clear expectations of what was meant when they came across the word “quack”. *Blackwood’s Edinburgh Magazine* explains that a quack:

has a Pill, or a Lotion, or a Manipulation, which cures most, if not all diseases. He proclaims with emphasis some absurd proposition, some theory, which is meant to justify his practice. Thus, for example, he affirms that “all diseases are owing to impurity of the blood”, and his panacea purifies the blood [...] These bold theoretic assertions are supported by an ostentatious list of cures. Jones was suffering from lumbago; he took the pills, and is now in health [...] Such cases are multiplied and paraded. They may be authentic, or they may be fictions; but let us assume them to be genuine, and a moment’s consideration will show that they are no evidence of any causal connection between the action of the drug and the recovery of health.⁵²

Several nineteenth-century popular periodicals warned against doctors who offered such questionable medicines, as well as those who worked under false or unofficial qualifications. The *Saturday Review* ran a campaign against the “impostors and extortioners whose existence and depredations on the public are [...] a disgrace to society”.⁵³ An article in *Time* defines a quack by “three prime qualities [...] his dangerous ignorance, his brazen impudence, and his



Figure 3. “Good Lady Ducayne”, *The Strand Magazine* 11 (1896): 192. From Helena Ifill’s personal collection.

knowledge of the credulity of the weak people who [resort] to him for advice”.⁵⁴ So quacks are unscrupulous and exploitative, which applies to Drs Carrick and Parravicini. But quacks are also “imposters”, ignorant, dealers in false cures and claims, and this is something that cannot be so easily said of Braddon’s doctors.

In “Dr. Carrick” the first reference to quackery is the narrator’s assertion that Carrick was unsuccessful in his London career because he *refused* to be “a clever quack” who “made bread pills”.⁵⁵ Later, when Tregonnell is too delicate to express his full scepticism about mesmerism, Carrick does so for him: “A quack’, said Dr. Carrick. ‘Yes, I know that mesmerism ranks with table-turning and other juggleries’”. He then goes on to “discourse eloquently upon mesmerism as a curative agent”,⁵⁶ which could be read as the quack’s ability to take in the gullible public, except there does seem to be a

“causal connection” between the inducement of mesmeric trances and the improvement in Tregonnell’s health:

The doctor exercised his potent, but seeming simple art. A steady pressure of his hands [...] a series of mystic passes [...] and the charm worked [...] the will lost its waking power; then came deep, prolonged, and restful sleep, bringing healing and regeneration to mind and body.⁵⁷

Moreover, we are never given reason to question Carrick’s credentials; he is a “man of genius”⁵⁸ with a long career behind him (although not a lucrative one, hence the attempted murder). The reader must therefore come to the realisation that, just as there is no danger from a supernatural threat, there is no danger in this story from false medicine or a fake doctor, only a real one.

As Pamboukian observes, the Gothic (and xenophobic) depiction of Parravicini encourages Braddon’s readers to share the assumption of Carton in “Good Lady Ducayne”: “[a]t first glance, Parravicini does not seem to represent the medical establishment because he seems too obviously to be a quack doctor: foreign, secretive, ungentlemanly”.⁵⁹ Parravicini certainly demonstrates “brazen impudence”, to use *Time*’s words, as he repeatedly drugs and bleeds unknowing young women. Whereas in Bram Stoker’s *Dracula* (published a year later) blood transfusions are used to save the nubile Lucy Westenra and fight the Count, in Parravicini’s hands blood transfusions become a tool to prolong the life of Ducayne who “should have been hidden under a coffin-lid years and years ago”.⁶⁰ However, the fact that Bella survives the repeated administration of chloroform and blood transfusions indicates that Parravicini has mastered two procedures that were considered risky but progressive practices at the time.

Blood transfusions were relatively well established by the 1890s and had been “carried out with considerable success even without any knowledge of blood groups”,⁶¹ and popular periodicals such as *Blackwood’s Edinburgh Magazine* asserted that, as long as “human blood” was used, blood transfusions to humans could be “not only safe [...] but the sole remedy” in certain emergencies.⁶² Nevertheless, readers would undoubtedly have assumed that it was dangerous to lose blood on a regular basis as Bella does (especially considering the deaths of the former companions), and Ducayne tells Stafford that Parravicini’s “experiments” have been as “full of danger for me as for the girl – an air bubble, and I should be gone”.⁶³

Chloroform was more controversial; only a few years before, the reports of the Hyderabad Chloroform Commission of 1889, concerning the dangers of wrongly administered chloroform, had been widely published. While this led to improvements in the administration of chloroform, the potential danger would have been at the forefront of many readers’ minds when Stafford declares that the “sensations” Bella describes in her “dream, point [...]”

unmistakeably to the administration of chloroform while she was sleeping”: Bella dreams of “a great noise like a whirlwind, but rhythmical like the ticking of a gigantic clock” before sinking “out of sleep into far deeper sleep”.⁶⁴ This is particularly worrying because death by chloroform was often described as a patient passing “easily into the sleep of chloroform” only to “awake no more”.⁶⁵

Chloroform was also associated with crime. In 1871 *The Examiner* reported on burglars using chloroform and predicted that “a bottle of chloroform may soon become as common a part of a burglar’s equipment as a box of silent lights and a jemmy”.⁶⁶ As a shady medical man and a thief (of blood), Parravicini’s use of chloroform seems fitting (as it does for Carrick, who intends to steal Tregonnell’s fortune). And yet, Parravicini is not administering false medicines, misrepresenting himself (at least not to his paying patient, Ducayne) or making false claims; in many ways he is not a quack. So as in “Dr. Carrick”, Braddon draws on controversial medical practices, but shows them being performed successfully, suggesting that readers’ concerns should really centre on the legitimate medical men with whom they are trusting their bodies and their health.

It is not just Parravicini’s repeated violation of Bella and her predecessors that Braddon uses to blur the lines between quacks and legitimate doctors and thus incite Gothic terror in this story. As noted above, the gossips at the hotel enjoy speculating about whether it is surprising that “that wicked old quack, her Italian doctor didn’t finish [Ducayne] off years ago”, or whether “it must be the other way, and that he keeps her alive”.⁶⁷ This is one of the first hints we have that there may be something strange about Ducayne’s longevity, and the actions of her doctor. Indeed, the revelation, when Stafford confronts Parravicini, is that Parravicini’s blood transfusions *are* apparently keeping his patient alive. I use “apparently” in order to offer an alternative reading that complicates (but does not negate) my above assertion that Parravicini is not a quack, and that contributes to Braddon’s questioning of the integrity of medical practitioners and procedures. Parravicini differs from other scientists and medical men who abuse their knowledge as there is no conclusive evidence whether his medical science is having any effect at all. In *Strange Case of Dr Jekyll and Mr Hyde* (1886) and *Frankenstein*, for example, science may have unforeseen consequences, but it clearly works. Frankenstein does create life; Dr Jekyll does transform into Mr Hyde. Similarly, in *Dracula*, Lucy is (temporarily) saved by blood transfusions. Contrastingly, in “Good Lady Ducayne”, at the same time as Braddon discredits a supernatural explanation for what is happening, she also casts doubt upon the efficacy of the medical practices that supposedly account for those events.

Readers of this story have tended to accept that Parravicini’s blood transfusions are working. Tomaiuolo, for example, speaks of Ducayne’s “physical

regeneration guaranteed by blood transfusions".⁶⁸ However, there is no textual evidence that Parravicini's methods are effectively keeping Ducayne alive. While we see Bella getting weaker and weaker after each transfusion, there is no sign that her blood has really had any rejuvenating effect on Ducayne, no description, for example, of the latter being stronger or more energised after a transfusion; she is still alive, but that is all. Ducayne was born the day Louis XVI was guillotined, making her about 103 (assuming the action takes place in the year of publication). Although life expectancy was relatively low in the Victorian era,⁶⁹ Braddon has picked an age that is unlikely, but not unimaginable, for a rich woman who has lived a comfortable life. In an article offering sketches of the lives of fourteen British centenarians (appearing in *The Strand* just six months before "Good Lady Ducayne") Netta Esplin Cargill noted that at "the last census, the oldest person living in 1891 was then aged 113".⁷⁰ Within "Good Lady Ducayne", the gossips at the hotel talk about Ducayne's "reminiscences" going all the way "back to the Regency",⁷¹ so they clearly know how old she is, but they see her longevity as a topic for idle conjecture, not extreme suspicion. Parravicini's methods are not discredited, but neither are they categorically shown to work. If we can see Parravicini's quackery anywhere it is in this lack of "causal connection", to use *Blackwood's* phrase.⁷²

The fantastic becomes pertinent here once more. While the moment of hesitation regarding potentially supernatural events resolves into the uncanny, uncertainty remains in relation to the efficacy of the medical procedures that are undertaken. Readers can hesitate between the equivalent of a marvellous reading (Todorov's version of the confirmed supernatural⁷³) in which medicine is working miracles, and an uncanny reading in which Ducayne's long life only appears unnatural. The sense of uncertainty that relates to a supposedly supernatural occurrence in fantastic literature is here displaced, not only onto doctors, but onto medical science.

Moreover, in "Good Lady Ducayne" it is not just the "bad" doctor whose practices are questionable. Whereas Parravicini gives the immediate impression of being a "wicked old quack", and while his credentials remain unknown, the upright English Stafford has recently qualified as a doctor, having studied at the renowned centres of medical learning, Edinburgh and Paris, which gives him a greater air of legitimacy. However, while Stafford may save the day by uncovering Parravicini and Ducayne's plot, the small amount of "doctoring" he does, which consists of prescribing a "powerful tonic" to Bella, is not clearly successful. Tonics were often advertised in the Victorian popular press in a way that, regardless of their efficacy, tallied well with the *Blackwood's* description of quack treatments, claiming almost miraculous properties in an authoritative and compelling tone that could look suspicious to a cynical reader. In one typical example, Pepper's Quinine and Iron Tonic "cures most, if not all diseases", a small number

of which include, “neuralgia, indigestion, fevers, chest affections, and [...] scrofulous tendencies”.⁷⁴ Stafford, seeing Bella is ailing, prescribes a tonic and the way in which the results are described is worth analysing in detail:

It was a powerful tonic, and after two bottles, and a row or two on the lake, and some rambling over the hills and in the meadows where the spring flowers made earth seem paradise, Bella’s spirits and looks improved as if by magic.

“It is a wonderful tonic”, she said, but perhaps in her heart of hearts she knew that the doctor’s kind voice, and the friendly hand that helped her in and out of the boat, [...] had something to do with her cure.⁷⁵

The initial claim that the tonic is “powerful” is weakened by the polysyndeton that implies that it is no more important than the fresh air and exercise that Bella is getting – the tonic does not enable her to do these things, it is just one potential contributor to her improvement. The conditional nature of the commonplace phrase “as if by magic”, and Bella’s use of “wonderful” to describe it, also hint at the near-miraculous claims made about the efficacy of tonics, when the rest of the quotation shows that there are a number of other, more evident, reasons for Bella’s physical and emotional improvement, including her growing feelings for Stafford. Most importantly, the narrator mentions just before this extract, that Bella has not had the “bad dream with all its strange sensations”⁷⁶ for some time, and this knowledge will disrupt, for the canny reader, any faith in the primary efficacy of the tonic. Interestingly, Aliu makes a similar argument in relation to Dr Carrick’s use of mesmerism on Tregonnell, asserting that Braddon shows “ambivalen[ce] in her assessment of the success of mesmerism as a therapeutic aid”, by “indicat[ing] that Tregonnell’s affection for [Hester] is responsible for the great improvement in his state of mind”, rather than mesmerism.⁷⁷ As noted above, however, the narrator of “Dr. Carrick” is much more direct about the connection between mesmerism and improved health than the narrator of “Good Lady Ducayne” is here. An advertisement for Guy’s Tonic for anaemia, or “bloodlessness” (Figure 4) fittingly appeared in the same number of *The Strand* as “Good Lady Ducayne”, featuring an anaemic lady positioned in much the same way as Bella is pictured shortly after a blood transfusion (Figure 3). How the connections between the images of text and paratext operated would depend on the order in which a reader viewed the images, and their perception and experience of tonics. A reader who had seen the advert first might be more primed to suspect that Bella is suffering from “bloodlessness” (vampiric or medical); someone who read the story first might be more inclined to question the efficacy of Guy’s Tonic.⁷⁸ In either case, readers are led to consider how they recognise and accept medical authority.

In “Good Lady Ducayne” there is therefore, as with Parravicini’s blood transfusions, no clear causal link between medical treatment, the tonic, and

Anæmia.

(Bloodlessness.)

This Condition of the Blood is due to a Diminution of the Red Corpuscles—the minute bodies upon which the Tissues depend for the Nutrition necessary for their Growth and Repair.

Symptoms :—

The Skin puts on a pale or sallow hue, and becomes wrinkled; the Muscles waste and get flabby; the Extremities are chilly; the Scalp scurfy, and the Hair falls off, and the Nails are thin and often ill-formed.

Nervous Symptoms are uniformly present, and great Irritability, Exhaustion on the least Exer-



tion, Sleeplessness, Neuralgic Pains, Hysteria, and Twitching or Trembling of the Muscles are often met with. The Patient is fretful, quarrelsome, whimsical, and lacks energy and decision.

The Pulse is small and feeble, and Palpitation and

Shortness of Breath occur on the slightest Exertion. The Appetite is poor, or altogether lost; Digestion is always bad, and accompanied with Pain and Flatulence. Constipation is invariably present.

Treatment :—

Attend to the Functions of Digestion and Absorption. This may be affected by a short course of Guy's Tonic, a purely Vegetable Remedy, and one of undisputed value in all cases of Impoverishment of the Blood, and the Weakness and Emaciation resulting from Mal-nutrition.

Guy's Tonic is an English Preparation, and holds the first place as a Medicine eminently calculated to build up and renovate Systems that have become Debilitated from any cause whatever. Guy's Tonic may be fearlessly taken by Ladies at all times and *under all circumstances*.

Upwards of 3,500 Testimonials from persons of the highest respectability attest its value in all cases of Enfeeblement.

Guy's Tonic Proved :—

“50, Cowper Street, Northampton.

“My Daughter has been suffering from Indigestion and Anæmia for four months. Had tried every remedy we could think of, and has been under a Doctor for two months. *Nothing did her any good till she tried Guy's Tonic.*

“M. PULLEN.”

Guy's Tonic is sold by Chemists and Stores and the usual Medicine Vendors throughout the World. It is widely recommended by Medical Men.

Figure 4. *The Strand Magazine*, 11 (January, 1896), ix. Image published with permission of ProQuest. Further reproduction is prohibited without permission. Image produced by ProQuest as part of *British Periodicals*. www.proquest.com.

renewed health. Moreover, Stafford benefits from the mere appearance that his medicine is effective, just as Parravicini does. Enthused by the rumour that Stafford's tonic has supposedly improved Bella's health, Ducayne tries to employ him, asking whether he knows "all the new-fangled theories, the modern discoveries – that remind one of the medieval witchcraft, of Albertus Magnus, and George Ripley".⁷⁹ Ducayne is drawn to Stafford because he prescribes a tonic that seemingly works like magic, and her words show that she desires science to be like magic, but her references to the long-discredited practices of alchemy and witchcraft undermine its reputation. Ducayne is looking for a miracle, and expects that science and money combined will be able to work one for her, but we have no evidence that this will be the case.

By playing with generic conventions and reader conceptions of quackery, Mary Elizabeth Braddon warns readers not to unquestioningly put confidence in their physicians. Braddon was attuned to the Victorian public's interests and anxieties, and she clearly made use of medical procedures which generated controversy in the periodical press. However, in both "Dr. Carrick" and "Good Lady Ducayne", these procedures are performed successfully; it is the doctors themselves that prove dangerous. Braddon was also attuned to the interests and (pleasurable) anxieties of her reading public who knew and enjoyed Gothic stories. Braddon's raising, teasing, and evading of reader expectations reinforces her own facility with the genre, supports her warning about trusting medical men, and affirms her own trust in her audience as experienced and assured readers.

Notes

1. Beside those discussed here, notable readings of "Good Lady Ducayne" include: Kristine Swenson's interpretation of Ducayne as a eugenicist representation of the menopausal woman endangering the prospects of younger, fitter women ("The Menopausal Vampire: Arabella Kenealy and the Boundaries of True Womanhood", *Women's Writing*, 10.1 (March 1, 2003): 27–46); Janine Hatter's argument that the story features vampiric women besides Ducayne, who feed off Bella's labour rather than her blood ("Writing the Vampire: M. E. Braddon's "Good Lady Ducayne" and Bram Stoker's *Dracula*", *Supernatural Studies*, 2.2 (2015): 29–47); Lauren M. E. Goodlad's Marxist-psychoanalytic examination of the story in relation to redundant women and professionalism ("Go and Marry Your Doctor: Fetishism and 'Redundance' at the *Fin de Siècle* and the Vampires of 'Good Lady Ducayne'", in *Beyond Sensation: Mary Elizabeth Braddon in Context*, ed. Marlene Tromp, Pamela K. Gilbert, and Aeron Haynie (Albany, NY: State University of New York Press, 2000), pp. 211–33). To date, only Samantha J. M. Aliu has published extended work on "Dr. Carrick" (discussed below).
2. Most critical works on Braddon and doctors focuses on *The Doctor's Wife* (1864), such as Tabitha Sparks, *The Doctor in the Victorian Novel: Family Practices* (2009; Abingdon: Routledge, 2016).

3. "Henceforward I Refuse to Bow the Knee to Their Narrow Rule': Mary Elizabeth Braddon's *Belgravia Magazine*, Women Readers, and Literary Valuation", *Nineteenth-Century Contexts*, 26.2 (June 2004): 153, 155.
4. Acknowledging that some of Braddon's readers may not have had a lot of life experience, and that she may have written with them at least partially in mind does not endorse, or suggest that Braddon endorsed, the stereotype of the typical reader of popular fiction as an impressionable and corruptible young woman. Solveig C. Robinson has shown, for example, that Braddon used her role as editor of *Belgravia* to challenge notions that popular fiction was "the province of young female readers whose sensibilities must be protected" "Editing *Belgravia*: M. E. Braddon's Defense of 'Light Literature'", *Victorian Periodicals Review*, 28.2 (Summer 1995): 115.
5. "The 'Wretched Italian Quack': Braddon's Critique of Medicine in 'Good Lady Ducayne'", *Victorian Literature and Culture*, 43.3 (May 29, 2015): 560.
6. M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley: University of California Press, 1978), p. 14.
7. Anthony Mandal and Keir Waddington, "The Pathology of Common Life: 'Domestic' Medicine as Gothic Disruption", *Gothic Studies*, 17.1 (May 2015): 46.
8. Mary Elizabeth Braddon, *Lady Audley's Secret* (Oxford: Oxford University Press, 2012), p. 320.
9. Mary Elizabeth Braddon, *Aurora Floyd* (Oxford: Oxford University Press, 1999), p. 108.
10. Mary Elizabeth Braddon, *Birds of Prey* (n.p. Kessinger, n.d.), p. 18.
11. "'The Disease, Which Had Hitherto Been Nameless': M. E. Braddon's Challenge to Medical Authority in *Birds of Prey* and *Charlotte's Inheritance*", *Victorian Literature and Culture*, 38.1 (February 23, 2010): 151, 156.
12. Braddon, *Birds of Prey*, p. 19.
13. *Nineteenth-Century Popular Fiction, Medicine and Anatomy: The Victorian Penny Blood and the 1832 Anatomy Act* (Cham: Palgrave Macmillan, 2019).
14. Featuring, respectively, in Robert Louis Stevenson, *Strange Case of Dr Jekyll and Mr Hyde* (1886) and H. G. Wells, *The Island of Doctor Moreau* (1896).
15. "Politics of the Strange and Unusual: Mesmerism and the Medical Professional in Mary Elizabeth Braddon's 'Dr. Carrick' (1878)", in *Victorian Fiction Beyond the Canon*, ed. Daragh Downes and Trish Ferguson (London: Palgrave Macmillan, 2016), pp. 125–42 (138).
16. "Dr. Carrick", *All the Year Round*, 20.500 (July 1, 1878): 1.
17. "The General Practitioner", *The National Observer*, 16.411 (October 3, 1896): 571.
18. Mary Elizabeth Braddon, "Good Lady Ducayne", *The Strand Magazine*, 11 (1896): 191, 196, 198.
19. "Pathology of Common Life", pp. 47–8.
20. Other common medical villains included vivisectionists (featured in works like Sarah Grand's *The Beth Book* (1897) and Wilkie Collins's *Heart and Science* (1882)), abortionists and asylum owners such as Collins's Dr Downward in *Armadale* (1866).
21. "The Pathology of Common Life," p. 44.
22. Ann Radcliffe (Oxford: Oxford University Press, 2008), p. 35.
23. *The Fantastic: A Structural Approach to a Literary Genre*, trans. Richard Howard (Ithaca: Cornell University Press, 1975), p. 25, 41.

24. Braddon, "Good Lady Ducayne", p. 3.
25. "The Truth, the Whole Truth, and Nothing but the Truth", *Temple Bar*, 22 (1868): 341.
26. Broughton, "The Truth, the Whole Truth, and Nothing but the Truth", 345.
27. Here, Braddon contributes to the obsessive scientist tradition as the heroine's employer is "a fanatic in his love of scientific research" who refuses to take her concerns seriously (*All the Year Round*, 23.573 (July 1, 1879): 1). For a discussion of this story, see Victoria Margree, *British Women's Short Supernatural Fiction, 1860–1930: Our Own Ghostliness* (Cham: Springer International Publishing, 2019), pp. 69–110.
28. Braddon, "Dr. Carrick", p. 11.
29. I have discussed the supernatural abilities associated with mesmerism in "Mesmeric Clairvoyance in Mid-Victorian Literature: Eliot, Bulwer-Lytton, and MacDonald," *Supernatural Studies*, 2.2 (2015): 118–32. For more on the wide range of iniquities connected to mesmerism in fiction see *Victorian Literary Mesmerism*, ed. Martin Willis and Catherine Wynne (Amsterdam: Rodopi, 2006).
30. Braddon, "Dr. Carrick", p. 12.
31. For Todorov, "stories involving magnetism [i.e. mesmerism] are characteristic of the *scientific marvellous*", in which "the scientific is explained in a rational manner, but according to laws which contemporary science does not acknowledge", because "magnetism 'scientifically' explains supernatural events, yet magnetism itself belongs to the supernatural" (56, original emphasis). By this definition, Bulwer Lytton's stories fall into the scientific marvellous, but "Dr. Carrick" does not because Victorian contemporary science did (in general) accept that trances were not supernatural.
32. "Mesmerism, Odyllism, Table-Turning and Spiritualism, Considered Historically and Scientifically. Lecture I.", *Fraser's Magazine*, 15.86 (February 1877): 141. For more on Braid and hypnotism see William Hughes, *That Devil's Trick: Hypnotism and the Victorian Popular Imagination* (Manchester: Manchester University Press, 2015), pp. 153–6.
33. Aliu, "Politics of the Strange and Unusual", pp. 127–8.
34. Braddon, "Dr. Carrick", p. 12.
35. Aliu, "Politics of the Strange and Unusual", p. 128.
36. Aliu, "Politics of the Strange and Unusual", p. 128.
37. Braddon, "Dr. Carrick", pp. 12–13.
38. Braddon, "Dr. Carrick", p. 14.
39. Braddon, "Dr. Carrick", p. 12. Emphasis added.
40. I have discussed "Mad Monkton" and hereditary insanity in *Creating Character* (Manchester: Manchester University Press, 2018), pp. 130–3. As mentioned above, Braddon's own "At Chrighton Abbey" also features an ancestral curse.
41. Braddon, "Dr. Carrick", p. 4.
42. Braddon, "Dr. Carrick", p. 5.
43. Braddon, "Dr. Carrick", 15. Braddon's regular readers would know that her characters often accuse each other of insanity as a means of self-defence. Lady Audley claims that Robert Audley "must be watched [...] for he is mad!" when his investigations become threatening towards her (Braddon, *Lady Audley's Secret*, p. 237). Original emphasis.
44. Braddon, "Good Lady Ducayne", pp. 187, 191.

45. Laura attributes Carmilla's vampiric night-time visitations to dreams, and feels "a sense of lassitude" and "a languor" weighing upon her during the day ("Carmilla", in *In a Glass Darkly*, ed. Robert Tracy (Oxford: Oxford University Press, 1999), p. 281).
46. This means that, as well as being less overtly Gothic, "Good Lady Ducayne" fits less easily with Todorov's concept of the fantastic than "Dr. Carrick". For Todorov it was an "optional condition of the fantastic" that "hesitation" be "represented within the text" by one or more characters, but it was the "first condition of the fantastic" that the reader hesitate (*The Fantastic*, pp. 31–32). My use of Todorov, in this article, is as a tool for helping us to think about the texts, rather than as a template to fit them into.
47. Braddon, "Good Lady Ducayne", p. 193.
48. Pamboukian, "The 'Wretched Italian Quack'", pp. 559, 560.
49. *In Lady Audley's Shadow: Mary Elizabeth Braddon and Victorian Literary Genres* (Edinburgh: Edinburgh University Press, 2010), p. 71. Tomaiuolo reads Ducayne as "a representative of the cultural, sexual and racial 'other' who tries to penetrate, corrupt and infect Bella's Englishness" (p. 66).
50. Braddon, "Good Lady Ducayne", p. 191.
51. "The 'Wretched Italian Quack'", p. 561.
52. "Physicians and Quacks", 91.556 (February 1862): 165.
53. "Quacks and Quackery", 19.492 (April 1, 1865): 383.
54. Graham Everitt, "Doctors and Doctors", 17.32 (August 1887): 196.
55. Braddon, "Dr. Carrick", p. 1.
56. Braddon, "Dr. Carrick", p. 5.
57. Braddon, "Dr. Carrick", p. 6.
58. Braddon, "Dr. Carrick", p. 1.
59. "The 'Wretched Italian Quack'", p. 560.
60. Braddon, "Good Lady Ducayne", 196. Stoker and Braddon likely discussed vampires when he visited her home in Richmond (Hatter, "Writing the Vampire": p. 31).
61. Paul L. F. Giangrande, "The History of Blood Transfusion", *British Journal of Haematology*, 110.4 (September 1, 2000): 760.
62. "Blood", *Blackwood's Edinburgh Magazine*, 83.512 (June 1858): 698.
63. Braddon, "Good Lady Ducayne", p. 198.
64. Braddon, "Good Lady Ducayne", pp. 198, 192.
65. "The Hyderabad Chloroform Commission", *The Speaker* 1 (February 1, 1890): 119.
66. "Chloroform Robberies", *The Examiner* (February 18, 1871): 173.
67. Braddon, "Good Lady Ducayne", p. 191.
68. *In Lady Audley's Shadow*, p. 64.
69. At the 1891 census the life expectancy of women in England and Wales was 47.8 years ("How Has Life Expectancy Changed over Time?", Office for National Statistics, September 9, 2015, <<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/articles/howhaslifeexpectancychangedovertime/2015-09-09>>). Many thanks to Paul Lewis for directing me to this particular part of the ONS website.
70. "Centenarians", 10 (July 1895): 31. There is not space to discuss it here, but Cargill's examples notably contrast with the affluent Ducayne, as they tend to "belong to the humbler ranks of the people, and [...] have lived for the most part lives of toil, care, and even privation" (p. 39).
71. Braddon, "Good Lady Ducayne", p. 191.

72. “Physicians and Quacks”, p. 165.
73. *The Fantastic*, p. 41.
74. *Examiner*, 3795 (October 23, 1880): 1223.
75. Braddon, “Good Lady Ducayne”, p. 195.
76. Braddon, “Good Lady Ducayne”, p. 195.
77. “Politics of the Strange and Unusual”, pp. 133, 134.
78. Although Bella experiences nervousness and exhaustion, like an anaemic person, there are several symptoms listed in the advert for Guy’s Tonic that, as far as the reader knows, she does not experience.
79. Braddon, “Good Lady Ducayne”, p. 197.

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