

Epilepsy, Crime, and Masculinity in Mary Elizabeth Braddon's *Thou Art the Man*

By **Allen Bauman**, Northwestern State University

<1>Author of over eighty novels and most famous for *Lady Audley's Secret* (1862), sensation novelist Mary Elizabeth Braddon often incorporates medical discourse into her narratives. Like *Lady Audley's Secret*, *Thou Art the Man* (1894) investigates gender through the lens of disease and criminality—in this case, epilepsy. Rather than emphasizing the relation between hereditary madness and femininity (as she does in *Lady Audley's Secret*), however, Braddon focuses on epilepsy in a male character, Brandon Mountford, to demonstrate the vulnerability of gentlemanly masculinity to "nervous" disease as one variant of male degeneration and weakness of will. Because contemporary medical works typically depict epileptics as criminals and evoke questions of legal responsibility, epilepsy and its representations in medical documents provide Braddon with a unique pathology to explore and exploit in her narrative. She interrogates and complicates the connection between epilepsy and criminality—as noted by Cesare Lombroso in the fourth edition of *Criminal Man* (1889), for example—because Mountford does not, in fact, commit the murder of which he is accused. His epilepsy, nevertheless, controls and confines him: Mountford becomes literally and figuratively imprisoned by both the disease itself and the discourses that would define him as transgressive and criminal. Braddon indicts these discourses by highlighting their power to shape, define, and ultimately damn an innocent man. Although she enables Mountford occasionally to act within and despite the disease, she also counters these actions with those that paralyze and criminalize him, producing a tension between the cultural constructions of epilepsy and Mountford's agency that is only resolved with his death.

<2>In the middle and later decades of the nineteenth century, physicians conceptualized epilepsy generally as a set of nervous symptoms caused by brain lesions. Accordingly, in the context of nineteenth-century medicine, epilepsy becomes another symptom in the "century of nerves" and evokes several different contexts (Wood 4).(1) From the medical materialism of physiologist Henry Maudsley and the neurological classifications of John Hughlings Jackson, to the criminal pathologies of Cesare Lombroso and Richard von Krafft-Ebing and the hystero-epilepsy of Jean-Martin Charcot, epilepsy intersects multiple debates and discourses, such as bodily control and will power, crime and criminal responsibility, degeneration, hysteria, and atavism, among others. Symptoms common to both Braddon's novel and the contemporary medical documents include the convulsions of *le petit mal*, the more severe *grand mal*, fugue states and automatic action, what Maudsley calls the "homicidal impulse," and dementia or insanity (166). "An epilepsy" for Jackson is a "sudden excessive and rapid discharge (94). These discharges, considered "gross exaggerations of healthy nervous discharges," are "occasional, abrupt, and excessive [and occur

in] the cerebral hemisphere" (180, 170). Epilepsy is also positioned in Victorian debates about the body and mind, as it signified a sickness of the mind manifested in the body. Indicating a loss of will in the epileptic, the onset of the disease was especially damning to men in a century where action and self-regulation were paramount. While epilepsy was categorized by the Greeks as a disease with potentially divine and demonic causes,(2) nineteenth-century scholars did not connect it explicitly to the supernatural; epilepsy was, however, associated with criminality and crime, especially crimes with no clear motive. As such, it evoked degeneration or recidivism: the disease was seen to cause primitive qualities to regain their hold over an otherwise normal individual. In other words, epilepsy transformed a normal, healthy individual into a criminal, lunatic, and primitive one.(3) As a loss of control or unconscious action often occurred along with seizures, questions of free will and determinism led to ones of legal responsibility when a crime was committed by an epileptic—as is falsely assumed in *Thou Art the Man*.

<3>As will be later elaborated, with Mountford's unjust arrest for murder, Braddon investigates the connection between epilepsy and crime through the reproduction of medical discourse in the novel.(4) Maudsley, Lombroso, and Krafft-Ebing connect epilepsy to crime and criminality in varying degrees. For Maudsley, excessive and morbid thoughts of the epileptic link the "convulsion of ideas" to the "convulsive energy of the homicidal impulse" (165) as one nervous discharge excites another region and results in violent action. This impulse becomes degenerative and related to atavism in the fourth edition of Lombroso's *Criminal Man*. There, he nearly equates criminality, moral insanity, and epilepsy, writing that "the difference among epilepsy, moral insanity, and born criminality is only a matter of degree" (263) and that "epilepsy, like a complete type of atavism, is characterized by primordial religiosity, ferocity, instability, impetuosity, [. . .] precocity, and animal instincts"(266). At the end of this edition, Lombroso concludes that "an epileptoid condition—along with atavism—underlies the behavior of not only the morally insane but [also] almost every figure in the world of crime" (296). As with the other criminals Lombroso studies, epileptic criminals are marked by physical stigmata that identify their criminality: "the same anomalies typical of born criminals appear in the morally insane, and, to an even greater extent, in epileptics" (338).(5) Krafft-Ebing's discussion centers on criminality and sexual deviance, in general concentrating on the "reckless satisfaction of the sexual impulse" occurring with or surrounding an epileptic episode (313). Although Mountford's innocence counters this connection between crime and epilepsy, both the disease in general and this specific connection nevertheless control and confine him throughout the narrative.

<4>Mountford's situation is usefully contextualized by Michel Foucault's discussion of bio-power and bio-history, insofar as the different discourses that attempt to control and confine him intersect in and through the body. Subject to and subjected by both medicine and the law, Mountford, his agency and body, is likewise exposed to "bio-power," defined by Foucault as "the numerous and diverse techniques for achieving the subjugation of bodies and the control of populations [which] brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life" (*History of Sexuality* 143). Consequently, the "law operates more and more as a norm, and [. . .] the judicial institution is increasingly incorporated into a continuum of apparatuses (medical, administrative, and so on)" (144). The attitudes about Mountford's guilt reflect both the law and this "continuum of apparatuses"; in their intersection, Mountford becomes transformed from an epileptic into the epileptic criminal. More specifically for epilepsy as a nervous illness, Foucault states in *Madness*

and Civilization that "one [suffering from nervous illness] was both more innocent and more guilty. More innocent, because one was swept by the total irritation of the nervous system into an unconsciousness great in proportion to one's disease" (157). This "irritation," however, drives guilt: one is "much more guilty [. . .] because everything to which one was attached in the world, [. . .] all combined in the irritation of the nerves, finding there both their natural effect and their moral punishment" (157). That is, Mountford becomes trapped and subjugated by his disease, both innocent and guilty in Foucault's sense, a paradox Braddon investigates in the novel.

<5>Because *Thou Art the Man* is a non-canonical work, it is necessary to provide a brief synopsis of the events concerning Mountford.(6) Brandon Mountford has inherited epilepsy from his mother (who died insane), and because of his disease, exiles himself to Africa. When he returns to the Scottish estate of Ellerslie for a vacation, Mountford falls in love with his distant cousin, Sibyl Higginson, and she with him. Marie Arnold, who is (unbeknownst to all but her father Joseph, owner of Ellerslie) Sibyl's illegitimate step-sister, also falls in love with Mountford, but is herself pursued by "second son" of the Penrith estate, Hubert Urquhart, whose advances she rejects. Urquhart is also attracted to Sibyl. Mountford decides to give up his romance with Sibyl and return to Africa, but while walking in the woods surrounding Ellerslie, experiences a seizure. On awakening, he discovers what he thinks initially to be Sibyl's dead body; instead, it is Marie. Mountford is arrested for murder but escapes from jail at the urging of Urquhart. When the ship that was to provide his escape sinks during a storm, he is presumed dead.

<6>The novel begins ten years after the murder with Lady Sibyl's receipt of a mysterious letter — "written in a madman's scrawl" (3). The search for and discovery of the author of this letter (Mountford) form the outer frame of the novel. Sibyl lives with her husband and her niece, Coralie Urquhart, Hubert Urquhart's daughter. Urquhart assigns Coralie to watch Sibyl and to report what she observes in her diary, which becomes the second part of the outer frame of *Thou Art the Man*. The narrative's inner frame, the focus of my discussion here, develops Mountford's character and the plot leading up to his escape. As the novel reveals, Mountford did not drown but was held captive by Urquhart and, due to improper care and isolation, became mad. Urquhart, the real murderer of Marie, later murders his older half-brother Lord Penrith to gain his title and land. The discovery of Mountford—still alive, though mad—marks the climax of the outer frame, and the novel ends with his death and the marriage of his saviors, Sibyl and Father John Coverdale. Mountford's epilepsy and the investigation of Marie Arnold's murder serve to bridge the two sections of the frame.

<7>Being an epileptic problematizes Mountford's masculinity insofar as it separates him from the norms of health and wholeness and connects him to a disease marked as female.(7) In broader terms, whenever an individual male fails to meet the expectations of the patriarchal hegemonic model of masculinity, he can be emasculated and immobilized by his difference from the norm.(8) Thus, disease in general separates men from the normative gender standard and from the support provided by hegemonic and patriarchal privilege. As Kaja Silverman notes, the "dominant fiction [of hegemonic masculinity] calls upon the male subject to see himself, and the female subject to recognize and desire him, only through the mediation of an unimpaired masculinity" (42). Further, the "normative male ego [. . .] insist[s] upon an unimpaired bodily

'envelope'" (61). Because "the achievement of manhood depend[s] on a disparagement of the feminine without and within" (Roper and Tosh 13), Mountford is always already feminized by the disease inherited from his mother. Although he outwardly represents a traditional and classed model of masculinity as a gentleman, Mountford cannot escape the isolating and later debilitating effects of the disease.

<8>When Mountford first appears in the novel, Braddon portrays him as a gentleman and potential suitor. A sportsman and adventurer, Mountford seems an ideal husband for Marie Arnold because although his family is without much money, he is—on the surface—an ideal masculine type and gentleman. A distant cousin of Higginson's wife, he is "strongly built, like his father, tall, and broad shouldered, hard and active" (95). Here, by emphasizing the normalcy of Mountford's physical features, Braddon directly critiques Lombroso's assertion that physical stigmata mark criminals and epileptics alike. Whereas Lombroso's epileptic criminals would have atavistic physiognomy and asymmetric skulls, Mountford's "good blood showed itself in every line of face and figure" (55): an "'aquiline' nose, bright blue eyes, light brown hair [. . . and] well shaped head" (54). Braddon's depiction of Mountford as a gentleman follows a classed-based definition characterized by "wealth, privilege, [and] power" (although Mountford admits that he is on the margins of the family tree and most of the wealth in the family now comes from the coal magnate Higginson) and an emphasis on physical appearance and social decorum based on moral sincerity (Waters 16).⁽⁹⁾ The latter extends John Ruskin's assertion in "Of Queens' Gardens" that man "is eminently the doer, the creator, the discoverer," with a character comprised of control and discipline (84). Here, however, Mountford's status as gentleman becomes less certain. While "self-discipline was a hallmark of mature masculinity [. . .] throughout the nineteenth century," self-control was "of particular importance for a gentleman" (Oppenheim 150; Waters 37).⁽¹⁰⁾ Because a "gentleman could [or was expected to] perfect himself socially and morally through the practice of self-control," Mountford's disease is particularly damning because it removes this aspect of social and moral development (Waters 38). Consequently, his characterization as an ideal husband cannot last. When Mountford tells Joseph Higginson that he cannot marry due to a "fear of hereditary madness" (78), Higginson remembers that Mountford's mother suffered from a mental illness that "first showed itself in the form of epilepsy" and ended with dementia and death (77).

<9>Epilepsy has also limited Mountford's profession, removing another avenue of masculine self-definition while simultaneously isolating him. As the narrator records, "The fear of hereditary madness was the shadow that wrapped him round, and set him apart from men of his own age and circumstances, and hemmed him in with considerations which but rarely block a young man's pathway" (76). Later, Mountford's Cambridge doctor tells him that "his best chance of warding off future attacks, and of outgrowing his malady, would be found in a free adventurous life—sport, travel—under God's sky. Much learning was a thing for him to avoid" (79). The advice is in keeping with the advice of actual Victorian physicians Dr. Frederick Goodchild and Dr. W.R. Gowers, who prescribe physical activity to alleviate epilepsy. Goodchild suggests that "we must endeavour to invigorate and tone up the system [and . . .] exercise the body and muscular system"⁽¹²⁾. Like Mountford's doctor, Gowers asserts that "an outdoor life is rather better than sedentary occupations," and like Goodchild, he emphasizes a "moderate amount of exercise" (240). Although Gowers does not advise against learning altogether, he does warn that "the excitement of competitive and other examinations is [. . .] undesirable" (240).

While Mountford can act physically "in a free adventurous life," his epilepsy prevents him becoming a doctor or a lawyer (79). After his first seizure, he resigns himself to his mother's fate and also regrets the loss of a military career: "as it had been with his mother, so it would be with him. He gave up all idea of the army" — where his father was an engineer (78). Again, the difference and distance from his father and his connection to his mother and the inherited disease define Mountford.

<10>The description of Mountford's first seizure establishes the progression from epilepsy to madness in his mind; the shift from epilepsy to insanity, like the hereditary transference of the disease from mother to son, is positioned as a pre-determined fact. This disease of mind wrecks the body and leads to "despair" and "madness":

He was nearly eighteen years of age when the first attack occurred. The foul fiend of epilepsy seized upon him one evening in the school chapel, rent and tore him, and left him shattered and weakened, with a dull despair in his heart. Henceforth he knew himself doomed. One after another these horrible convulsive seizures would tear at brain and body, until reason would be wrecked in the struggle, and madness would close the scene. (78)

Like his mother, "Over him, too, hung that horror of possible epilepsy. He brooded on this possibility, and magnified its terrors as only youthful imagination can" (78). For Mountford, the transition from epilepsy to madness seems inevitable: epilepsy will "tear" reason from his body and leave him mad. As the "foul fiend of epilepsy" rends his body and the "dull despair" fills his heart, the specter of madness threatens to overcome him.

<11>As the novel continues, Braddon contrasts the ways that the disease restricts and shapes Mountford with potential means to mitigate or circumvent them. She presents a dichotomy between the cultural conventions of epilepsy and the possibility for their resistance, underscoring the tension seen throughout the work. For example, although his epilepsy frustrates Mountford's romantic aspirations, he acts within this limitation. Linking the appearance of love with the appearance of a seizure, Braddon writes:

Once during those happy days at Ellerslie, just when he was beginning to realise the fact that his love [for Sibyl] was returned, and was beginning to foreshadow the sorrow of parting, he was reminded of his misery by an attack of "le petit mal." Sitting in the sunlit garden [. . .] the cloud came over him. He sat with fixed unseeing eyes, knowing nothing, till he heard a clock striking the hour, and awakening as from a dull and heavy sleep. (93)

This seizure, "slight and harmless though it was, roused Mountford to immediate action" (93); he decides to leave Ellerslie and eventually return to Africa.⁽¹¹⁾ Initially driven by thoughts of "sacrifice," "duty," "honor," and "conscience" (96), rather than a fear of epilepsy specifically, Mountford resigns himself to a solitary existence. Instead of staying with Sibyl—as she suggests —"he would make that one sacrifice that honour and conscience demanded of him. He would live and die a stranger to those domestic ties which form so large a portion of man's happiness" (96). The gentlemanly code of honor and duty determine Mountford's decision, limiting his will and action. That is, his honor requires that he leave, although leaving removes

those "domestic ties" that ought to define him in a civilized arena as masculine and a potential husband. Here, Braddon partially redeems Mountford from the feminizing effects of the disease by showing him acting *sincerely* in Sibyl's interest.

<12>She also redeems Mountford through the contrast with Urquhart, a "gentleman-like" aristocrat of good breeding and features who is morally corrupt and "absolute[ly] selfish" (60-61, 17). Unlike the murderer Urquhart, who "married badly," neglected his wife, sees "old Higginson" as a "capital joke," and whose romantic attentions are spurned by both Marie and Sibyl, Mountford honors his host (62). When Urquhart invites him to discuss the attractions of Marie, Mountford does not respond, showing the "reticence [. . . of a] civilized man" in contrast to Urquhart's open admiration (62). By the novel's end, Braddon curses the unrepentant Urquhart with facial cancer, marking him as both criminal and diseased.

<13>Just as the epilepsy prevents social or professional progress, Braddon's descriptions of epilepsy also consistently equate the disease with physical paralysis and mechanical motion. Mountford's thoughts about and descriptions of his disease concretize the effect of the disease on the body. During his stay at Cambridge, Mountford

had only that milder form of epileptic seizure [. . .] le petit mal, in contradistinction to the severe and convulsive type, or le grand mal. Sometimes, in his rooms, with his books open before him, or on the river, the sculls in his hands moving slowly with measured beat, there would be a sudden lapse of consciousness. (78)

Unconscious action and loss of memory mark the description that follows:

He would go on rowing, perhaps, with *mechanical motion*; or the sculls would cease to work, and the boat would drift with the stream for a little way, the man sitting there lost to the world around him, knowing nothing till the slow awakening as from a *trance* with the knowledge that he had *lost himself*, that in those few minutes *reason and memory* had gone. (78, emphasis added)

Braddon's reference to Mountford's "mechanical motion" emphasizes the unconscious action possible during or following a seizure, but not the "homicidal impulse" that will mark the medical treatise on epilepsy he later reads. By emphasizing the shift from epileptic to criminal in specific medical documents, she reveals how the medical understanding of the disease shapes and—later—defines Mountford.

<14>The medical document Mountford reads specifically links epilepsy to criminality, revealing the pervasiveness of this connection. After Mountford's seizures at Cambridge, he studies an "exhaustive treatise upon his malady" (94) and "read[s] and re-read[s]"

the whole history of this strange disease. He had hung with a grisly fascination over the story of the unhappy victim, who, after being subject to epilepsy in its normal form from his childhood, at seven and twenty years of age suffered a sudden change in the nature of his malady, and became the victim of a murderous instinct which he resisted with the greatest

difficulty, wrestling with himself as the demoniacs of old wrestled, fighting against the savage thirst for bloodshed which urged him to slay even his nearest and dearest. (94-5)(12)

Braddon's phrase "murderous instinct" conveys the recidivistic and degenerative nature of this "strange disease," and she suggests epilepsy occurs at a site of internal struggle, of "wrestling with himself." Braddon emphasizes a further connection to the diabolical with reference to the "demoniacs of old" and to the criminal aspect in the "thirst for bloodshed." In either case, epilepsy becomes a marker of the contestation within Mountford, while simultaneously evoking forces outside his control—be they the disease itself, demons, or a "murderous instinct." This "story of the unhappy victim" who murders another during the "thirst for blood" accompanying a seizure occurs throughout the medical treatises on epilepsy.

<15>One such case study in *Responsibility in Mental Disease* bears a remarkable resemblance to the one that Mountford reads. Maudsley describes an epileptic whose disease "changes" after he turns twenty-five. In the account, "the character of his disease changed, and instead of epileptic attacks he was seized with an irresistible impulse to commit murder [. . .] 'when it seizes me,' [the patient] exclaimed, 'I must kill someone, were it only a child'" (167). Krafft-Ebing records similar cases, one of which described "Z. aged twenty-seven; very bad heredity; epileptic. He violated a girl of eleven, and then killed her. He lied about the deed" (316). The frequency of these kinds of cases lead Edward C. Mann to assert that "there have probably been more grave crimes committed by persons epileptically insane than during all other states of unconsciousness put together in the annals of medicine and law" (218).

<16>As Victorian medicine theorizes epilepsy, the "irresistible impulses" of the "epileptically insane" relate to the interaction between the body and mind in epilepsy through nervous excess. For instance, Maudsley links convulsion of the body with that of the mind: "Certainly the most desperate instances of homicidal impulse are met with in connection with epilepsy [. . .] The diseased action has been transferred from one nervous centre to another, and instead of a convulsion of muscles the patient is seized with a convulsion of ideas" (166). In both the case study of the epileptic seized by "an irresistible impulse to commit murder" and in Maudsley's analysis of it, epilepsy elicits not debilitating seizures where the patient lies prone, the body racked with convulsions, but purposeful and (paradoxically) uncontrollable action. This action, in turn, is driven by the "convulsion of ideas" and the homicidal impulse.(13)

<17>The "convulsion of ideas" in the sense of excess initially occurs in Mountford in a preoccupation or obsession with his illness and informs his doctor's prescription to avoid study. He decides after reading the medical treatise that he is not an abnormal case like those in the "history of the disease," but the plight of the "demoniac" nevertheless preoccupies him. In effect, Braddon critiques the medical document for its sensational elements and their effect on Mountford. As with the lesions in the epileptic's brain, the "story of horror had eaten itself, like some corroding acid, into Brandon's brain," and the "thirst for bloodshed" threatens to overcome "his senses." The act of reading itself, when connected to epilepsy and crime, metaphorically infects his mind or, at the very least, prevents any thoughts other than of his disease. At the novel's end, these thoughts (seen in Mountford's "grisly fascination") transform into the "horrors" of epileptic dreams and insanity (95).(14)

<18>Physical isolation and the inability to act become metaphorically imprisoning in Braddon's description of the seizure immediately before his discovery of Marie's body—again connecting disease and crime. Here, Braddon provides the most sustained discussion of Mountford's seizures and illustrates how those seizures affect him physically and mentally. As a seizure occurs, his

whole existence seem[s] strange and dreamlike. He had no assurance of anything but the straight, brown shafts [the trees]—like the pillars of a rude Indian temple—which rose up on every side of him—and even those looked dim and blurred as he gazed at them with eyes which slowly fixed themselves, and from which the faculty of sight slowly faded. (106)

Connoting Jackson's "dreamy state" or Maudsley's "aura" (165),(15) the use of "dreamlike" and dark also evokes the shift in consciousness and forecast the "darkness" of his mind that follow. Braddon imprisons Mountford in both the trees and his illness, constructing a representational link between epilepsy as "degenerative" state and the "primitive" imagery of the "rude Indian temple." The attack continues, moving from his eyes to his brain: "The leaden hand pressed harder and heavier upon his brain. He felt the dull beating, the agonising pain under that inexorable pressure" (106). Unable to control even the simplest physical movements, Mountford "stagger[s] a few paces further, blindly, helplessly, [strikes] his shoulder against a tree on the right hand [. . .] and then [falls] like a log, head foremost, in a tangle of arbutus and rhododendron, fern and brier" (106). His seizure and its aftereffects will damn Mountford on several levels.

<19>During the initial investigation, Mountford's post-convulsive state marks him as guilty and signals doubt about the truth of his illness. He "looked fixedly at [the groom], but made no reply. That direct—yet vacant—gaze was the look of one who hears without comprehending; but the groom having made up his mind that this man was a murderer, saw only a studied assumption of lunacy" (111). In the phrase "a studied assumption of lunacy," Braddon evokes yet another symptom of the turn-of-the-century malaise, the concept of "malingering," the simulation of disease. In the March 1906 issue of *The Strand*, Dr. Litton Forbes defines two types of malingering: "malice prepense" and "hysterical" (323). The first relates to "cases in which an intention to deceive has been the actuating and only motive" and includes feigned blindness, deafness, epilepsy, and paralysis (323). In the second, the "symptoms are still feigned and unreal[,] [b]ut the sufferers are not always conscious that such is the case and are not so much indicative of bodily ailment as of a condition of mental unrest" (323). In both types, the "patient/maligner" uses feigned illness to avoid duty or responsibility.

<20>As Joseph Kestner explains, malingering, especially due to the shirking of duty or responsibility, "concerns Victorian and Edwardian masculinity" and evokes a "lingering doubt about males counterfeiting epilepsy" that is indicated by Mountford's arrest (63). As late as 1924, doubts regarding feigned epilepsy continued, including those about epileptics using "automatic action" as a defense for crimes when a seizure did not in fact occur. W.C. Sullivan notes, for example, that "epileptics may commit murder with full consciousness of what they are doing [. . .] and may then endeavour to escape punishment on a false plea of automatism" (143). Likewise, Mountford's status as a gentleman becomes undermined by the doubts about his sincerity. The stableman wonders if Mountford "was [. . .] really recovering from an interval of

lunacy [. . .] or had [. . .] made up his mind that shamming was useless" (113). Where he was once praised and admired, he is now criminalized because of his inability to react after finding the body.

<21>The doubt concerning the reality of Mountford's illness continues at the inquest and extends to a similar doubt regarding his masculinity. As the initial opinion is that the murder is a crime of passion and that Mountford is consequently faking his illness, his sexual desire is not in question, but his sincerity and morality are. That is, as manly duty also denotes sincerity (or sincere action), the fact that he is a defendant at the inquest suggests that there is some belief that he is insincere and is hiding his guilt by feigning illness. As the narrator records: "[t]here was a general impression that Brandon Mountford was the murderer, and had been caught red-handed before he could withdraw the knife from his victim's heart." Because his epilepsy has not yet been established, "[t]he most popular hypothesis was that he had pursued her with dishonourable proposals, and, finding himself scorned by her, had killed [Marie] in an access [sic] of blind fury" and that Mountford is a "concealed lunatic."⁽¹⁶⁾ This hypothesis assumes that Mountford "doubtless had [. . .] repented as soon as the thing was done," but his blood-stained hands, his "countenance pale and agitated, [and] his manner wild and incoherent" concretize his guilt in the minds of the public. Like the evocation of malingering above, however, Mountford's "countenance" and "manner" signify post-convulsive (that is, epileptic) symptoms that again further the appearance of guilt (122).

<22>Mountford is in a double bind: his memory loss and agitated manner—both caused by his disease—prevent him from establishing an alibi, while simultaneously indicting him. The verdict of "willful murder against Brandon Mountford [. . .] with every probability of being committed for trial after the magisterial inquiry," however, is as much about Mountford's status as a gentleman as about the supposed "blind fury." His one crime seems to be that he failed as a gentleman. The narrator notes that the lack of an "excuse for his absence [at dinner,] implied a state of things in which passion had got the better of prudence, and had overthrown all the laws of a gentleman's existence." Further, because this "state of things" "involved a complete departure from all his habits" and from "domestic etiquette," "the Coroner as well as the jury [viewed] his conduct on the previous evening [. . . as] incompatible with innocence." Braddon here re-evokes the conflict between Mountford's status as a gentleman—the social expectations thereof—and power of the disease to shape his actions (126).

<23>Once his condition is discovered, the public's assumption of guilt corresponds directly to the medical discourse on epilepsy. His guilt, in fact, is unquestioned after his epilepsy becomes public knowledge: "nobody outside Ellerslie Park had any doubt that Brandon Mountford had killed Marie Arnold, in a paroxysm of epileptic fury. The word epilepsy once having been uttered, the solution of the mystery was taken as found" (167). Similarly, Maudsley connects murders that occur without motive to epileptic perpetrators, writing that "medical experience teaches that whenever a murder has been committed suddenly, without premeditation, malice, or motive [. . .] we ought to search carefully for evidence of previous epilepsy[. . .] and other symptoms allied to epilepsy" (166). Because an epileptic could become transformed in an "epileptic fury" into a homicidal maniac without demonstrating any criminal or homicidal tendencies beforehand, anyone with the disease becomes a potential suspect.

<24>Braddon develops and in some cases critiques a range of responses to the crime and its potential explication in terms of epilepsy. She first mocks the public's easy solution to the crime: "those who knew the least about that terrible disease and its influence on mind and conduct were the most boldly assertive as to the probabilities of the case and there was no one [. . .] to suggest that in a criminal mystery the obvious is always the unlikely" (167). Braddon indicts Maudsley's assumptions about the connection between epilepsy and criminality less than the hasty conclusions that can be drawn from them, made either by the public or by the doctor who tells Coralie Urquhart that he can "believe anything of an epileptic subject," repeating that he does not "doubt" Mountford's guilt twice (276). Rather than a unique case, Mountford is implicated by his commonality with other epileptic criminals.

<25>Sibyl's doubts concerning Mountford's innocence also emphasize the transition from man to criminal, from one inside the norm to one imprisoned by it. Imagining the possibility of Mountford as a serial killer, literally transformed by his illness, she considers

if he had done this thing; [. . .] who could say whether this first crime might be the beginning of a series of murders? The murderous impulse might recur, and this man—the man she admired and loved, the man of high birth and gentle breeding—might become a scourge and a horror to his fellow-men; a wretch whose death or whose lifelong imprisonment would be required for the safety of others. (153)

That epilepsy could transform a "man of high birth and breeding" into a "scourge and horror" serves to confirm the verdict of "willful murder" and even begins to instill doubt in Sibyl. Although she would like to believe that he is innocent, if she accepts the fact that any epileptic could be transformed, she has to accept the fact that Mountford could be as well.

<26>With Sibyl's above reference to "series of murders," the female victim, and the shift from man to criminal in the descriptions of Mountford and his disease, Braddon evokes the Jack the Ripper murders of 1888. W.T. Stead's "invo[cation] of Dr. Jekyll and Mr. Hyde as a psychological model of the murder" in "Murder and More to Follow" highlights the transition from man to criminal also seen in the discourse of epilepsy. Stead's statement that the murders serve as "renewed reminder of the potentialities of revolting barbarity which lie latent in man" (qtd. in Walkowitz 206) applies as equally to Hyde's "ape-like fury" (Stevenson 26) as to "epileptic fury." The Ripper murders also brought into question the efficiency of the police—and, consequently, the legal system, just as Mountford's innocence does: "expressions of social and epistemological disorientation were coupled with repeated denunciations of the representatives of law and order" (Walkowitz 197). As will be elaborated below, in Braddon's narrative and in the case of Jack the Ripper, "two discourses confronted one another: that of the law, with its stress on individual responsibility and free will; and that of medicine, with its focus on nature, determinism [,] and irresponsibility" (Kestner 213). This "confrontation" gains an added import when "epileptic fury" is informed by Krafft-Ebing's discussion of epilepsy and the "sexual impulse."

<27>The recurring fear of violence to women specifically and the initial assumption that Marie's rejection of Mountford motivated the attack also suggest a sexual context for the epileptic attack.

In *Psychopathia Sexualis*, Krafft-Ebing details several case studies where the "epileptic mania" leads to acts of sexual perversion. He writes: "Epilepsy is allied to the acquired states of mental weakness because it often leads to them, and then all the possibilities of reckless satisfaction of the sexual impulse [. . .] may occur. Moreover, in many epileptics the sexual instinct is very intense" (313). This "sexual impulse," while not overtly portrayed in *Thou Art the Man*, becomes implicit in the recurring portrayal of women as victims of epileptic attack. The "convulsion of ideas" described by Maudsley becomes for Krafft-Ebing sexual in nature:

From the following facts it will certainly be clear that the cerebral changes which accompany the epileptic outbreak may induce an abnormal excitation of the sexual instinct. Besides, in the exceptional mental states of epileptics, they are unable to resist their impulses, by reason of the disturbances of consciousness. (313-14)

For both Maudsley and Krafft-Ebing, these "disturbances of consciousness" produce a loss of will. The change in mental state from normal to abnormal (epileptic) typically involves a drastic shift in character; for example, a normally moral man will become hypersexual or a rapist during an epileptic attack. While his thoughts are not explicitly sexual, Mountford nevertheless fears that this kind of transformation could have occurred on the night of Marie's murder.(17)

<28>Like Sibyl and the "general public," Mountford views his epilepsy as corroborating his guilt. He is not sure if he murdered Marie in a fit of epileptic frenzy and simply does not remember it. He explains to Sibyl: "[M]y senses grew dim in that red cloud of anger, and when I came out of that blood-red stupor, murder had been done within a few yards of the spot where I found myself. Who knows, Sibyl? How dare I affirm that I was not the murderer?" (130). "Anger" and "blood-red stupor" drive Mountford's analysis of his seizure, reinforcing the general homicidal impulse connected with epilepsy and the specific despair felt by Mountford. In other words, he accepts the discourse that criminalizes him and becomes debilitated by it, as is further confirmed when the fear of conviction causes him to let Urquhart break him out of jail.

<29>Braddon's phrase "that red cloud of anger," along with the previous "savage thirst for bloodshed," (95) corresponds to Maudsley's description of "epileptic mania," a description that combines the homicidal impulse, violence, and unconscious action. Maudsley writes that

after a fit, or a succession of fits, there follows a brief attack of furious mania, which is known as epileptic mania. On account of its violent and destructive character, it is a most dangerous form of insanity; for the patient, in a frenzy of excitement, unconscious of what he is doing [. . .] is driven to most destructive acts of violence. (228)

Maudsley's study outlines the "abnormal" cases, such as those read by Mountford; in these cases, epilepsy does not lead progressively to insanity in old age—as was the case with Mountford's mother. Instead, calling it the "most dangerous form of insanity," Maudsley connects epilepsy with more immediate insanity. "A frenzy of excitement" signifies the sufferer's transformation from epileptic to homicidal maniac as the "convulsion of ideas" takes over.

<30>Maudsley's description of these "acts of violence" as "unconscious"—though driven by a "frenzy of excitement" or "convulsion of ideas"—indicates a loss of will which removes culpability should a crime be committed. As Maudsley writes: "The problem of [criminal responsibility] then is to determine, first, what conditions of derangement of the mental faculties are to be considered the result of the disease; and, secondly, whether and how far free-will is excluded by them" (109). Further, because the belief of Mountford's guilt is driven by the medical understanding of his disease, he should have been acquitted:

[the] states of epileptic consciousness are [. . .] of practical importance in relation to the question of responsibility; for [. . .] deeds done by an individual when in the anomalous state of consciousness, of which he might have no remembrance when in his really normal state, [. . .] he could not justly be deemed fully accountable. (Maudsley 238)

Statements concerning Mountford's guilt rely on the broad connection between epilepsy and crime and the transformation from man to criminal in an epileptic fury, but not the consequent loss of will that these "anomalous states" entail. Because Braddon emphasizes the unconscious action of Mountford's attacks earlier in the work ("mechanical motion," "trance," and the "measured beat" of the skulls) as well as his loss of "memory and reason," she provides the possibility for Mountford's exoneration but withholds it to provide suspense, allow Urquhart to kidnap Mountford, and extend and complicate the examination of Mountford's guilt and responsibility.

<31>Braddon frames the question of responsibility with assertions that presuppose Mountford's guilt. In the few times that responsibility is mentioned, homicidal impulse or epileptic mania is emphasized, but not its jurisprudential or legal consequences. Urquhart's half-brother Lord Penrith, for example, "conclude[s] that there can be no doubt of Mountford's guilt, so far as an epileptic can be held guilty for a crime committed in a paroxysm of his disease" (178). Urquhart uses the specter of the asylum and the assertion that "nobody can doubt [Mountford] will be committed for trial" to prompt Mountford to flee: "if you should be pardoned on the ground of lunacy, that would mean a lifelong imprisonment [. . .] inside the [asylum] walls of Hanwell or Colney Hatch" (134). The former statement assumes guilt and elides responsibility, while the latter presupposes—if not guilt—then at least conviction, guilty or not. Mountford's flight aboard the *Mary Jane* prevents a trial by magistrate and increases the appearance of his guilt. Without a trial, these questions of responsibility and mental illness remain just that: questions. Even without the trial, though, the investigation, the inquest, the public dialogue about Mountford's epilepsy, and his imprisonment by Urquhart show the damaging effects of epileptic discourse by assuming guilt and disavowing the question of responsibility. That is, Mountford's criminality becomes as determined as the disease's progress from seizure to insanity—despite his innocence.

<32>If contemporary examples are any indication, a trial would have not exonerated Mountford. Although several successful insanity defenses occurred during the nineteenth century, notably the defense of Daniel M'Naghten in 1843, few epileptics were granted an insanity verdict based on their disease, despite statements like those above by Maudsley (Smith 99). Also, the success of M'Naghten's defense did not resolve the basic conflict between medicine and law. Although medical practitioners contended that "movements influenced by disease [such as the automatism

of epilepsy] could not involve responsibility," jurists, lawyers, and judges resisted this argument because it "suggested *reduction ad absurdum* [. . .] that doctors exonerated anyone touched by disease" (Smith 17). Consequently, prosecutors typically concentrated on *actus reus* (guilty act) rather than *mens rea* (guilty mind), as at Mountford's inquest. In 1905, Charles Mercier, Lecturer on Insanity at the Westminster Hospital Medical School and at the London Medical School for Women, notes his evidence in these kinds of cases was viewed with doubt:

I have given evidence in several cases in which quasi-criminal acts have been committed by persons who were, as I believed, in a state of post-epileptic automatism at the time, and I have found my evidence received with great incredulity, even scorn [. . .] Nevertheless, there is such a state. (94)

As late as 1911, epileptics charged with murder were still being convicted, even when citing their illness as a defense.⁽¹⁸⁾ Thomas Holmes, whose *Psychology and Crime* (1912) follows Lombroso's *Criminal Man* in its emphasis on the connection between physical types and crime, describes one such case, in which although one witness "said that it was possible that while suffering from an epileptic seizure, [the] prisoner did not know what he was doing," the prisoner, Victor Chapman, was given the death sentence (57).

<33>This notion of guilt despite the insanity defense coincides with nineteenth-century skepticism about those with mental illness. Charles Rosenberg asserts that "Among many physicians and laypersons [. . . there] was a deep skepticism toward the bearers of "neurotic" symptoms. One must avoid thinking about one's ailments, conventional morality emphasized; keep a stiff upper lip and do not succumb to the universal temptation toward constantly dwelling upon every slight disturbance or bodily action" (87). In contradistinction to malingering, this "skepticism" conveys doubt not about the simulation of disease by healthy individuals but the refusal of the neurotic to suffer stoically in manly silence or to be healthy. In other words, attitudes regarding Mountford's guilt likewise derive either from his inability to control his impulses or from his susceptibility to disease.

<34>Similarly, underlying both Maudsley's discourse on epilepsy and the emphasis on the loss of will in *Thou Art the Man* is an emphasis on the power of individual will (or its lack) to shape an individual's actions. As Rosenberg notes, "[t]he self-confident somaticisms of late nineteenth-century neurology were paralleled [. . .] by equally self-confident emphasis on the power of mind over body and soul over mind" (87). Further, this "confident emphasis" on will is gendered male. In Lewis Ransom Fiske's discussion of will and "man-building," he contends that to build the "the most perfect temple," the "largest and best achievements in life [. . .] should be engendered [in] habits which are decided [. . .] imperious, and [. . .] consonant with intelligent and moral manhood" (5-6, 13). These "habits," in fact, were thought to prevent or moderate mental illness.

<35>Because insanity and epilepsy entail a loss of will, an act of will should at least temper the development of insanity, according to Maudsley. He writes:

For it is certain that a man has, or might have, some power over himself to prevent insanity. However it be brought about, it is the dethronement of will, the loss of the power of co-

ordinating the ideas and feelings; and in the wise development of the control of will over the thoughts and feelings there is in ourselves which makes strongly for sanity. (269)

Maudsley's contention about a "wise development" or training of the will suggests that those suffering (as Mountford is) from hereditary insanity can stave off the onset of the disease by an act of will. He continues: "[T]o prevent insanity [. . .] a great purpose [must be] earnestly pursued through life, a purpose to the achievement of which the energies of the individual have been definitely bent, and which [. . .] involved much renunciation and discipline of self" (269). Conversely, the onset of disease indicates a failure of the individual to use the will or to have a "great purpose" or "discipline." This "discipline of self" works by analogy and connects the "convulsions of the muscles" to the "convulsions of ideas" in his analysis of epilepsy. Maudsley continues, asserting that "Just [. . .] as an individual render[s] his muscles [. . .] obedient to his will; so can he [. . .] by practice [. . .] make "thoughts and feelings" obedient to the dictates of the will in the pursuit of its idea" (274). Maudsley's body analogy again suggests weakness in those whose will does not prevent disease. He further asserts that through "moderation" and control one "would get rid of at one stroke [. . .] the so-called moral causes of the disease" (299). His emphasis on "moral causes" and weakness of will here serves to emasculate men who cannot prevent it, especially given the privileging of will power and self regulation in Victorian manliness.

<36>Although Maudsley would not consider Mountford responsible for the crime had he committed it, he would fault him for (the crime of) weakness of will. His eventual insanity and death illustrate a failure of his will, but his imprisonment at the hands of Urquhart illustrates another loss of will at the hand of another and exacerbates his condition. Braddon, at least, does not indict Mountford. Maudsley's assertions about prevention of disease presuppose the very will power that epilepsy removes. Braddon emphasizes this contradiction by consolidating Mountford's loss of will among the medical discourses, the attitudes driving the guilty verdict, and Urquhart's kidnapping—both internal and external forces. Further, his earlier decisions to leave Sibyl rather than to (potentially) hurt her, show him acting sincerely (sacrificing his desires) in response to the effects of the disease. That is, when Mountford is not directly influenced by the disease, its discourses, or deception by another, he in fact exhibits the "renunciation and discipline of self" that Maudsley privileges. As the representation of epilepsy as criminality drives the assumption of his guilt and provides Urquhart with the means to imprison him, that connection, not the literal disease or Mountford's will, is ultimately on trial in *Thou Art the Man*. Braddon denounces the criminalizing medical discourse for the paralyzing and fatal effects suffered by Mountford.

<37>Although the final images of Mountford show that "madness [. . .] close[d] the scene" as he earlier feared, and characterize him as an epileptic, they do not mark him as a *criminal* epileptic. His last days at Ellerslie are "far happier than [. . .] his captivity [. . .] but nothing could be done to mend the broken life, or arrest the mental decay" (326). His death "came [. . .] suddenly and peacefully" (327). The juxtaposition of "mental decay," "loss of reason," and "dull apathy" (326) and "peace" re-inscribes the humanity of this "patient sufferer" (326), producing pity and grief. Sibyl's final thoughts about Mountford emphasize this recuperation: "There was only the crushing sense of loss and of disappointment [. . .] and that all she had ever known of the poetry

of existence lay buried in Brandon Mountford's grave" (37). Although Braddon qualifies "poetry of existence" with *Sibyl's* "loss" and "disappointment," she locates Sibyl's memories of Mountford in a past without the criminal connotations of epilepsy, if not a past without epilepsy. That is, in this final description, Braddon removes the medical context, replacing Maudsley's "epileptic imagination" (243) with the "poetry of [human] existence."

Endnotes

(1)For further discussion of nineteenth-century conceptions of nerves and nervousness, see Oppenheim.^(^)

(2)See, for example, Temkin 3-27.^(^)

(3)See Maudsley, 243, 244 and Krafft-Ebing, 316.^(^)

(4)The contemporary reviews, in fact, also concentrate on connection between crime and epilepsy. The reviewer in the *Athenaeum* emphasizes the "epileptic tendencies" of the novel, especially their connection to the above-mentioned crime. "The crimes of these three volumes (exceptionally atrocious ones)," the reviewer writes, "are complicated by a strain of epileptic tendencies in the treatment of which Miss Braddon shows no slight skill." The reviewer in the *Spectator* indicts Braddon for the same details, calling the circumstances of the plot "crudely absurd" and asserting that the "details of the work are equally rough and careless, with a roughness and a carelessness which, in the case of a writer of Miss Braddon's standing, are simply inexcusable." See "New Novels," Review of *Thou Art the Man*, by Elizabeth Braddon *Athenaeum* (30 Jun 1894): 833-4. Review of *Thou Art the Man*, *Spectator* (28 July 1894), 118.^(^)

(5)This connection between epilepsy and crime is also found in another *fin-de-siècle* work, Bram Stoker's *Dracula* (1897). While *Dracula's* physiognomy corresponds to Lombroso's atavistic stigmata generally, "for Stoker, the condition of being a vampire is a metaphor for the posthumous survival and full realization of Lombroso's concept of innate criminal epilepsy." Ernest Fontana, "Lombroso's *Criminal Man* and Stoker's *Dracula*," *The Victorian Newsletter* 66 (Fall 1984), 25-7, 27.^(^)

(6)*Thou Art the Man* has garnered very limited critical attention. Only two authors treat *Thou Art the Man* in significant length and both emphasize the detective story element of the novel. These are Heidi H. Johnson, "Electra-fying the Female Sleuth: Detecting the Father in *Eleanor's Victory* and *Thou Art the Man*," in *Beyond Sensation: Mary Elizabeth Braddon in Context*, eds. Marlene Tromp, Pamela K. Gilbert, and Aeron Haynie (Albany: SUNY P, 2000): 255-275, and Kestner 55-71.^(^)

(7)See W.R. Gowers, *Epilepsy and Other Chronic Convulsive Diseases: Their Causes, Symptoms and Treatment* (New York: Dover, 1964), 6. Gowers states that more women than men suffer from epilepsy and that the percentage increases when the patient's mother also has the disease. He notes that "in the cases of pure epilepsy the females are still in excess, amounting to 52 per cent, the males constituting 48 per cent" (6). Similarly, Gower continues, asserting that "when there is an inherited taint the females of a family are more likely to suffer than the males" (7).(^)

(8)As Carrigan et. al. note, hegemonic masculinity broadly refers to "a particular variety of masculinity to which others [. . .] are subordinated." And, the "ability to impose a particular definition on other kinds of masculinity is part of what we mean by 'hegemony'" (92). Tim Carrigan, Bob Connell, and John Lee, "Toward a New Sociology of Masculinity," in *The Making of Masculinities: The New Men's Studies*, ed. Harry Brod (Boston: Allen and Unwin, 1987).(^)

(9)Also see John Henry Newman, *The Idea of a University*, ed. Frank M. Turner (New Haven: Yale UP, 1996).(^)

(10)Oppenheim also asserts that "Late Victorian and Edwardian men learned from all kinds of sources about the paramount necessity for self-control in every aspect of their character" (150).(^)

(11)Braddon's contemporary, Wilkie Collins, also uses epilepsy to complicate the romance plot of *Poor Miss Finch* (1872). In it, Oscar Dubourg also initially resolves to leave his fiancée Lucinda because of his disease and her potential reaction to his blue skin, a side effect of the use of silver nitrate. Mountford, however, leaves more specifically because of his sense of gentlemanly duty, following Cardinal John Newman's dictum in *An Idea of a University* (1852) to act compassionately toward others and to not "inflict pain." See John Henry Newman, *The Idea of a University*, ed. Frank M. Turner (New Haven: Yale UP, 1996), 145.(^)

(12)With the reference to "demoniacs," Braddon places Mountford's thoughts about epilepsy in a religious context as well, pointing to both the traditional and ancient understanding of epilepsy as being caused by gods or devils. Epilepsy for Mountford follows the Old Testament curse; not a prophet, he becomes transformed "from man to devil" (95). Within this specific religious context, Mountford feels that his disease is a curse from God. The curse lies in that he cannot marry Sibyl or anyone else because of his disease. He explains to her that "last night I was not in my right senses. A sullen rage against life and fate had seized me. My soul rebelled against the God who made me, and gave me a heart to love" (130). Continuing, he describes the curse in the form of a commandment, a rough paraphrase of Jeremiah 16:2: "Thou shalt take no woman to thy heart, thou shalt live and die alone" (130). With this commandment and the previous references to "devils" (95), Braddon signals Mountford's condition as the "sacred disease." Temkin discusses the contexts for referring to epilepsy as "sacred" or the sacred disease. He suggests that "at the bottom of all these alleged reasons [for calling epilepsy sacred] lies the basic belief that the disease is an infliction or possession by a higher power and that the cure must be supernatural" (7). He notes that the Greek etymology of epilepsy stems from the root *epilambanein*, meaning "to seize or to attack" and that this terminology of "seizure" "goes back to a very old magic conception according to which all diseases were believed 'attacks' and

seizures by gods or demons, as documented in Babylonian medicine [. . .] The term gradually acquired a more particular meaning and came to signify epileptic seizure" (21).(^)

(13)In Jackson's account, for example, seizures signify overactivity in the brain. He pinpoints seizures in a discharging lesion in the brain: "epilepsies are [. . .] 'discharging lesions' [. . .] a sudden, excessive, and rapid discharge of grey matter" (94). Further, Jackson suggests that "the more excessive the discharge the severer the fit" (433).(^)

(14)The characteristics of both the novel and epilepsy are, in fact, intertwined according to Maudsley, who connects "epileptic neurosis" to the sensation novel. Maudsley writes epileptic neurosis is characterized by "a singularly vivid imagination [. . .] apt sometimes to occupy itself with painful or repulsive subjects. Probably the invention of the modern sensation novel, with its murders, bigamies, and other crimes, was an achievement of the epileptic imagination" (243). Further, Maudsley's work contains a sensational tenor of its own. Whereas the "dreams" of Mountford's "diseased brain" produce "a well-spring of horror" (295), Maudsley asks someone with a "sane mind" to "conceive himself [. . .] overwhelmed by the horrible nightmare day after day," "cry[ing]" in "supreme agony" (240). Like the characterization of sensation fiction as a pathological form because of the intensely hostile reactions by contemporary critics, medical discourse becomes sensational, blurring the line between the two.(^)

(15)Jackson notes that the "dreamy state" "is a very elaborate or 'voluminous' mental state [. . .] along with this voluminous mental state, there is frequently a 'crude sensation' ('warning')" (385). He also calls the "dreamy state" "over-consciousness" (386), "Reminiscence" (388), and, quoting a former patient, "a 'double self' and a 'thought'" (390).(^)

(16) This hypothesis, in fact, does describe Urquhart's murder of Marie.(^)

(17)When Mountford awakens to find the body of Marie—which he mistakenly assumes is Sibyl's—his knowledge as a hunter enables him to pierce the fog of the seizure, but he remains paralyzed. As a "hunter," he recognizes the touch of blood (108), just as he previously recognizes the touch of the "soft fabric" of Sibyl's skirt (107). Braddon suggests that "for the hunter and the dweller in the wilderness there could be no uncertainty as to that thick and viscous fluid which covered his clammy fingers and trickled about his wrist" (108). The "thick and viscous fluid" that "covers" his "fingers and trickled about his wrist" can be read as suggesting semen, considering that several of the epileptics of Richard von Krafft-Ebing's case studies were struck by an uncontrollable urge to masturbate.(^)

(18)See Joel Peter Eigen, "Lesion of the Will: Medical Resolve and Criminal Responsibility in Victorian Insanity Trials," *Law and Society Review* 33 (1999), 425-59, especially 428, 435.(^)

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