

**Medical Gothic: Genre and Gender Bending in Charlotte Dacre's *Zofloya***

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<1>In June 1806, the same year that Charlotte Dacre published her Gothic novel *Zofloya; or, the Moor*, a biting satirical review of the novel appeared in the *Literary Journal*. Like so many female readers and writers, chides the critic, Dacre has allowed her senses to be overpowered by the language of romance, and has thus contracted a “malady of maggots in the brain” (qtd. in Craciun 80). Imitating medical language, signaled by the tell-tale “malady” metaphor employed here, the writer attempts to diagnose Dacre as a mad writer whose novel is a symptom of a larger social disorder afflicting weak females. Unfortunately, opines our critic cum physician, the disease is contagious and, worse, Dacre serves as both carrier and agent for infection. “The ravings of persons under its influence, whenever they are heard or read”, he warns, “have a sensible effect upon brains of a weak construction, which themselves either putrefy and breed maggots, or suffer a derangement of some kind” (qtd. in Craciun 80). The author’s misogynistic contention, that women’s minds are naturally weaker than men’s and therefore more susceptible to “derangement”, was a position commonly espoused by contemporary moralists and medical practitioners. Given the widespread influence of the medical community during the early nineteenth century, contemporary readers would have accepted even this satiric diagnosis, that novel reading was particularly dangerous for women and that Dacre therefore suffered from a gendered illness, as a scientific reality. Indeed, the theme of feminine weakness and the dangers of reading, especially novel reading, for women, permeates eighteenth and nineteenth-century print culture. Even Mary Wollstonecraft famously railed against the cultivated weakness of women in *A Vindication of the Rights of Woman* (1792), arguing in part that reading “flimsy works” like the novel would exacerbate the tenacious myth that women should submit passively to male domination (Wollstonecraft 183).

<2>Cultural historian Thomas Laqueur, among others,(1) contends that medical literature provided the foundation for the enduring myth of sexual difference because it identified and then applied culturally-constructed meaning to corporeal differences between male and female bodies. As Laqueur convincingly argues in *Making Sex* (1992), the perceived delicacy of female minds and bodies depended upon, and contributed to, a reshaping of sexual difference beginning in the early eighteenth century, and extending through to the present day. Physician D.T. de Bienville’s medical treatise *Nymphomania* (1775), which I will discuss at length later in this article, stands as a prime example of Laquer’s theory. In it, Bienville warns of women’s risk of contracting nymphomania “when they read such luxurious novels as begin [sic] by preparing the heart for the impression of every tender sentiment...causing it to glow with each lascivious

sensation” (Bienville 30). Unlike men’s hearts, Bienville implies, women’s hearts are impressionable and weak; like their bodies and minds, they are passive recipients rather than active agents. Such texts laid the groundwork for critics, like the concerned writer of “On Novels and Romances” (1802), to assert that novels have a more pernicious effect upon women since “the female mind is more readily affected by the tendency of such works” (qtd. in Clery & Miles 212).(2) Building upon such assumptions, the reviewer of *Zofloya* diagnoses Dacre in the following terms: “Now it evidently appears that our fair authoress must have been strongly attacked by the disease when she wrote these volumes and treated the devil, English, and common sense so scurvily. But whether she is among the incurables or not time must shew [sic]” (qtd. in Craciun 267). Like the works of Bienville and his ilk, the reviewer reduces Dacre to a passive body who is “attacked” by a disease which, he claims, infects the very prose she uses. The reviewer’s manipulation of medical language to critique a work of fiction is, partly, a testament to the cultural influence of the growing medical profession, an institution which was, as Tabitha Sparks notes, still under construction in the early nineteenth century.(3) As Sylvia Pamboukian observes, the medical profession benefitted from an incremental increase in the “aura of respectability and trust” attributed to it during the Enlightenment and beyond (Pamboukian ix).(4) Thus, by echoing medical writings of the age, the writer aligns himself with the institution of medicine in such a way as to both benefit from, as well as to reinforce its cultural purchase. The critic is especially concerned by the fact that subjects such as female eroticism, violence, and broken or ailing bodies are dealt with by a “fair authoress”, not, say, by a male medical practitioner for whom such subjects would be appropriate. In this review, then, Dacre figuratively disseminates disease by abusing the English language itself – treating English “scurvily” by expressing such taboo subjects. Whereas male physician-writers had found ways to inoculate themselves from the spread of such critiques, this critic suggests that female writers were not immune to such attacks.

<3>However, as this article will demonstrate, in *Zofloya* Dacre effectually beats her medically-minded critic and contemporary physician-writers at their own game. Her Gothic novel represents a radical new kind of fiction, a hybrid genre crafted by grafting horror to medical narrative form. The novel reads like a case study of a young woman, Victoria, whose mother’s infidelity, and the subsequent murder of her husband at the hands of her debauched and abusive lover, catapults the already haughty Victoria into a world of sensuality and depravity. In order to gain the affection of first Berenza and, then, his brother Henriquez, Victoria effectually signs her soul over to Zofloya, the African servant employed by Henriquez. After killing several characters – including her husband and the fiancé of Henriquez – Victoria eventually learns that Zofloya is in fact Satan in disguise before she, too, is dashed to pieces. Dacre’s appropriation and manipulation of medical narrative in order to tell a Gothic tale exemplifies what has been called the “medical Gothic”, manifesting in this instance as a hybrid genre using pseudo-empirical narrative structures, modeled after medical texts, for Gothic ends – to titillate and entertain readers.(5) Dacre includes medical episodes and references to contemporary medical practice in her Gothic novel, thereby challenging medical authority; in other words, *Zofloya*’s structure aims to destabilize the very institution that condemned supposedly titillating novels like hers. In order for her undermining of the medical profession to work, Dacre relies upon both gender transvestism and genre transvestism – mimicking the narrative structure and content of medical works. Critics such as Anne Mellor and Adriana Craciun have established that Victoria, the protagonist of the novel, grows larger, becomes darker and more masculine as the novel

progresses; I suggest that Victoria simultaneously engages in a complementary professional transvestism, where she mimics the behavior and bearings of a physician in order to kill her husband, Berenza.<sup>(6)</sup> Following Judith Butler, whose revolutionary concept that gender is performance challenges the gender/sex paradigm, by draping Victoria in medical drag and by mimicking contemporary medical rhetoric Dacre performs both gender transvestism and genre transvestism, thereby exposing the constructed nature of gender norms and the medical profession that defended and created them. In Butler's terms, "*In imitating gender, drag implicitly reveals the imitative structure of gender itself – as well as its contingency...*gender parody reveals that the original identity after which gender fashions itself is an imitation without origin" (Butler 175, original emphasis). Using *Zofloya*, I intend to show that Dacre parodies medical literature, crafting an imitation of the institution which thereby exposes medical orthodoxy as constructed body of origin-less knowledge.

<4>Indeed, as my exploration of the novel will demonstrate, Dacre's genre transvestism, her production of "medical Gothic", depends upon gender transvestism. Building from the tremendous work of literary critics who have explored Victoria's fluid gender performance within the novel, I will link Victoria's shifting gender identity to her attempts to embody (male) medical authority throughout the novel. Because Enlightenment discourse increasingly associated medical knowledge and practice with the male gender it follows that, by attempting to gain medical knowledge, Victoria necessarily takes on masculine characteristics; however, in order to more fully explore the ways in which *Zofloya* is an imitation of medical narrative, of equal importance to my study will be Victoria's parodic imitation of medical authority throughout the novel. When Victoria, the protagonist, dons the manners and methods of medicine and becomes an anti-healer, carefully observing her husband as she slowly poisons him, she not only usurps the traditionally masculine role of authority embedded in the Romantic-era physician, but also serves as an unsettling reminder that the authority of physicians was built upon shaky ground and that the methods employed by physicians upon whom Victoria is modeled might, in fact, be toxic to the patient.

<5>Similarly, Dacre, as we will see, engages in genre transvestism by imitating the language and form of medical works. Her uncanny rendition of medical narrative suggests that medical orthodoxy, the institution that shaped Western ideology for centuries to come and which was central to the production of the binary gender/sex model, is itself is a performance. I am indebted to the work of Madeleine Kahn, whose exploration of "narrative transvestism" asks us to take seriously the gendered implications of narrative, for my own development of "medical transvestism" as it applies to the content and form of Dacre's novel. While Kahn coins the phrase to "describe [the] use by a male author of a first-person female narrator" (Kahn 2), I contend that Dacre's narrative transvestism is less about her attempts to, in Kahn's terms, "borrow...the voice of authority" to imbue her narrative with some portion of that authority and that, instead, Dacre performs genre transvestism to undermine the authority of medical literature, creating instead an uncanny version of medical literature by appropriating the recognizable voice of a medical professional to narrate her Gothic novel (Kahn 2). By taking on the voice of a medical expert, one could conceivably argue that Dacre merely mimics the male voice; however, I contend that the gender of the narrator's voice is equally as important as its association with a particular profession, in this case, medicine. To adapt Butler's language, "the parody", in this case of medical literature, "is of the very notion of an original." Repeated iterations of medicine – via the

representation of the pseudo-physician Victoria and through Dacre's manipulation of medical language – serve to expose fissures within the medical profession and thereby threaten the legitimacy of the field; a field which, ultimately, is revealed to be a constructed field of knowledge. As this article will demonstrate, whereas Dacre's Gothic novel claims to be a case history of the doomed Loredani family, what it truly displays is a case history of medicine itself, a parody that turns the tables on an increasingly authoritative medical field in order to diagnose the ills of medical authority itself. Dacre, therefore, reverses the diagnosis of the acerbic critic who so fears her novel by figuring *her* fiction as a cure for the ills of the medical profession.

### **Gender Bending and Professional Drag; or, Doctor Victoria**

<6>Tellingly, Victoria is instructed in ways of (anti) healing by Zofloya, the fascinating “other” at the heart of Dacre's novel.<sup>(7)</sup> Having been brought to Italy after being enslaved by a Spanish nobleman, Zofloya continues the study of “botany, chemistry, and astrology” which began in his homeland (Dacre 160). It is chemistry in particular which captures Zofloya's interest: interestingly, he uses the medically-charged term “addicted” to describe his interest in chemical experimentation. Much like the eighteenth-century apothecary-physician who relied upon empirical practice, rather than a university education, to heal patients, Zofloya's pseudo-medical knowledge comes from his experiments upon animals and humans, followed by close observation. Aided by “[c]lose application” and “by the deductions of accidental observation”, Zofloya concocts the chemical compounds – alternately described as either “poison” or “drugs” in the novel – that will bring about Berenza's death (160). Dacre's rendering of Zofloya as a clear racial other muddies the waters of Enlightenment medical discourse in that he exhibits qualities that are associated with the medical community.<sup>(8)</sup> What might be most problematic about Zofloya's pseudo-medical knowledge for contemporary readers is, of course, that it originates in his home country in Northern Africa. He claims, for instance, to be “in possession of a secret transmitted ...by [his] ancestors, for speedily healing” (Dacre 150). Zofloya declares himself capable, even, of reviving the dead, having benefitted from such powers personally when he was nearly murdered by a jealous servant early in the novel. Indeed, Zofloya has medical skills that would make any Enlightenment doctor envious. “By the power of drugs I have given [to foes] ... That which I willed came to pass, and came to pass in the *manner* that I willed it!” he asserts (161). If only quacks and apothecaries had such luck with the nostrums and medicaments that they hawked to the public!

<7>After making her desire to be rid of her husband explicit to Zofloya, he reassures her that his methods will do away with her burdensome mate once and for all. A medical student of sorts, Victoria eagerly learns how to administer the poison: “in wine, in food – it may even be completely introduced into the system, by the puncture of the smallest pin” (161). One can hardly miss the implicit comparison between the manner of deploying this “subtile [sic] and delicate poison” (161) and the tinctures, treatments, and medicaments once prescribed by physicians and administered by apothecaries via wine or foodstuffs. The passage reminds us that the authority of medical practitioners during the early nineteenth century rested upon shaky ground. During Dacre's lifetime medicine and poison could be very difficult to differentiate; indeed, Pamboukian's *Doctoring the Novel* deconstructs Victorian medical terminology, demonstrating how even medical rhetoric was susceptible to social pressure, which thereby

produced variations and permutations of medical narrative. “Poison is created, not as a self-evident entity defined by scientists, but through cultural processes in the public sphere” explains Pamboukian (100): “substances such as alcohol and arsenic”, for instance, could be perceived as “simultaneously noxious and medicinal”(109).(9) By reminding readers of the controversial and none-too-successful methods used by physicians to cure disease, *Zofloya* exploits a weakness within the medical profession; namely, that physicians could not completely be trusted to fend off the ravages of disease. A physician’s professional reputation could very well depend upon doling out the precise amount of chemical or herbal substances at just the right time. As Roy and Dorothy Porter remind us, a number of great physicians of the age (who became near celebrities in their own right) built their practices upon nostrums and remedies. The growing hold medicine maintained over the public imagination was undeniable, as were the profits to be made by concocting and widely distributing such substances (Porter and Porter 136). Yet, by mid-century, the public became increasingly concerned by “physician-inaugurated, apothecary-engineered overdosing” (Porter and Porter 128). That Zofloya would use his knowledge to instruct Victoria regarding the murderous potential of his drugs is a reminder of the still tenuous nature of medical theory and application at the time. Physicians, Dacre implies, trod the knife-edge between life-sustaining and death-dealing procedures and treatments and they were therefore not to be trusted. (10) This reading is supported by the fact that Zofloya’s instructions regarding the proper administration of the poison have the ring of medical authenticity to them; in fact, his directions align him with a more traditional, non-heroic treatment advocated by much of the medical community at the time. The non-heroic approach to healing claimed that incremental administration of medical treatment, coupled with close observation and a strict adherence to gradual attempts to strengthen the body, was the most effective method of curing the ailing patient. When Victoria presses Zofloya to increase the potency of his drug in order to hasten Berenza’s death, Zofloya resists. “Signora, I warn you”, he insists, “if my directions are in the smallest tittle infringed, you weaken the power by which I act, and destroy the effect which strict adherence to the rules laid down can alone produce” (Dacre 172). Though the subtext of Zofloya’s assertion relates to his attempts, as Satan in disguise, to win Victoria’s soul and doom her to everlasting perdition, on the surface Zofloya’s directions mimic the kind of medical treatments espoused by more conservative physicians. Slowly but surely, Zofloya reassures Victoria, Berenza will die, but she must be patient: “[t]his powder is a degree more powerful than the last; you will administer it the same, and the effects will be proportionably increased”, he says to his eager protégé (166-7).

<8>Even the method whereby Victoria should watch for signs of the poison’s progress mimics language that physicians would use to describe attempts to predict the course of an ailment and subsequent adaptation of treatment. “This [powder] will last you ten days, and in that time you will observe in Berenza the flame of life become fainter and fainter. To all around his illness will wear the appearance of languor and gentle decay” (167). Of course, what makes the language so uncanny is the fact that the “physician’s” attempts here are meant not to prolong life, but to end it. In addition, Zofloya’s instructions fundamentally reverse the power dynamic between Victoria and Berenza and thereby construct a marital relationship that flies in the face of traditionally accepted gender positions within a marriage. According to Zofloya’s predictions, Victoria will be the active member of the relationship, poisoning and observing Berenza while his once robust mental and physical capacity will “become fainter and fainter.” His “illness” – a constructed ailment brought about by Victoria’s machinations – will effectively feminize him, causing others

to see in him the “languor” and “gentle decay” that were more typically associated with female patients.

<9>Zofloya even goes so far as to instruct Victoria regarding her bedside manner, something that medical texts likewise address. Zofloya counsels Victoria regarding the most effective means of poisoning her husband in the following terms: “by tenderness and unlimited attention, by soothing and consolation, you must shut his eyes on the danger of his situation, and administer with your poison the fallacious hope, that his constitution will triumph over the cureless malady” (166). Distorting the dynamic of the medical apprenticeship, Zofloya exhorts Victoria to use bedside manners for nefarious ends: to delude her husband into believing that she alone can cure him of the wasting disease produced by her very hand. His instructions to Victoria are laden with gender-based rhetoric: the qualities which Victoria should embody, “tenderness” “soothing” and “consolation” reference essentialist claims that women should serve as the emotional and moral centers of a household; however, these are precisely the qualities which Victoria should perform to reverse the traditional power dynamic between the couple. Acting the part of the passive, emotional female, when coupled with the uncanny medical practices Zofloya advocates, puts Victoria in the position of power often occupied by the physician. Compare, moreover, Zofloya’s instructions to self-proclaimed physician M.D.T. de Bienville’s advice to his fellow physicians in *Nymphomania* (1775): Bienville employs hyperbolic and misogynistic language to describe ailments that presumably attack only women’s bodies, claiming that it is his duty to defend the public against the horrific sexual disease. Bienville believes that the best way to treat his patients – women who suffer from a love madness provoked by their erotic desires – is to “sound [the nymphomaniacal patient’s] inclinations with equal gentleness, and art. In short...employ every possible and agreeable stratagem in order to gain her good opinion, and become the master of all her secrets” (Bienville 86). Doing so, he claims, will compel a *female* patient to relate a complete and true story of her ailment, the basis for accurate identification and a lasting cure. Bienville was merely one voice in a chorus of medical practitioners who believed that the patient should be the passive member of an unequal exchange of information. “[M]ake yourself master of your patients and their affections” claims one medical writer in 1807, “assuage their pains; calm their anxieties; anticipate their needs; bear with their whims; make the most of their characters and command their will” (Dumas qtd. in Foucault 88). Naturally, the gendered nature of the physician-patient relationship is painfully evident in Bienville’s text, and nowhere more so than where Bienville insists that the physician must “master” the female patient, whatever the cost. Also worth noting is Bienville’s claim that not merely “gentleness” but also “art” should be employed as a fulcrum upon which the energy of the physician’s attempts should be leveraged. Performance, therefore, appears to be central to the application of medical know-how, suggesting that physicians themselves would engage in medical masquerade in order to cure less-knowledgeable patients.

<10>As a physician-in-the-making, Victoria must “master” Berenza; she must “command [his] will” not to cure him but to ensure that he has no desire to consult a physician, “so that no advice, and, if possible, not any medicines, may be resorted to, lest they should counteract or retard the workings of his delicate enemy”(166-7). By applying echoes of contemporary physicians’ instructions to her own twisted medical treatment of her husband, Victoria engages in a form of professional drag that works in tandem with the gender bending identified by literary critics, like Adriana Craciun and Ranita Chatterjee, who have suggested various ways that one

might understand the revolutionary nature of the representation of gender in *Zofloya*. Craciun, for instance, explores the mutable body of Victoria in order to claim that Dacre subverts contemporary beliefs regarding the supposedly fixed nature of gender. Victoria, Craciun asserts,

subvert[s] the persistent category of the proper woman...not only by embodying its antithesis, but by demonstrating the instability of these categories themselves. Her femmes fatales are thus subversive in the same way that masquerade is according to Terry Castle: through their ambiguity, not their simple role reversal. (Craciun 23)

Victoria, in other words, subverts the very notion of discrete gender because she is represented as an ambiguously gendered body. Chatterjee's exploration of "female masculinities" builds upon Craciun's work to examine "the remarkable exploration of the social production of racial and gender classifications" in *Zofloya* (Chatterjee 77). Both authors suggest that Victoria is essentially defined by her gender liminality: she is both male and female and neither gender simultaneously and thereby poses a substantial challenge to the Enlightenment's gender/sex paradigm. Importantly, by escaping gender-based definitions through her ambiguous nature, as well as by pursuing medical knowledge, in terms outlined by medical writers like Bienville, Victoria manifests a substantial amount of power. By enabling Victoria to utilize and manipulate the very practices that physicians such as Bienville would use to control a female patient, Dacre imbues Victoria with relative power which, merely by virtue of her gender identity, she could not readily access otherwise. Both Craciun and Kahn identify resistance to gender norms by terms that indicate hybridity: Victoria's body, for instance, could well be read as "ambiguous" and "impermanent" with regards to gendered markers. Kahn's term "narrative transvestism" is, likewise, used to explore moments when a subject is represented as both – and yet neither – male or female. "The transvestite is a woman *and* he is a man", explains Kahn, "The impermanence of the transvestite self is crucial to its meaning and to its power" (Kahn 14). What Kahn does not address, however, is the method(s) whereby an author might mimic a type of narrative as if it were a form of transvestism. By appropriating the language of medical literature herself, via the voice of her narrator, I believe that Dacre engages in such transvestism; in fact, I have described it as a "genre transvestism" because of Dacre's apparent aim to parody medical language and structure within her novel. In doing so, Dacre simultaneously challenges gender norms of her age while striking out at the medical community that created and fostered them.

### **"Inspiring horror": Genre-bending and Dacre's Medical Gothic**

<11>In an apostrophe to the medical writing gods, Bienville claims that his only aim is to protect the public from a horrific disease by portraying the progression of the exclusively female malady: "May my pencil be sufficiently expressive, may my colours be sufficiently natural to inspire all that horror, with which so detestable a vice should be surveyed!" he declares (Bienville v). Bienville's stated desire to paint vice not as an attractive figure but, instead, as a horror to be avoided at all costs, echoes contemporary claims, including those made by novelist Samuel Johnson, that texts such as the novel should be didactic in nature; the representation of vice in the novel "should always disgust", (13-16) he writes in *Rambler* (1750).(11) However, while the proclamations of good intent deployed by Bienville protects him, to a degree, from being prosecuted for gross indecency they are likewise a signal to readers that, counter to the

author's expressed intent, the subject matter of these texts was, indeed, inflammatory. I contend that Dacre is in direct conversation with a work like *Nymphomania* in order to not only illustrate the fictional nature of gender, but also – perhaps more importantly – to make visible a gendered double standard related to Gothic and medical narratives. While Gothic tales were figured, as we saw in the critiques of contemporary critics, as the locus of cultural pathology, writers such as Bienville could publish titillating material masquerading as medical case histories. That these authors went to such elaborate lengths to emphasize the curative effects of their collections of case histories strongly suggests that there was a case to be made for medical literature as entertainment – as, in other words, dangerous fiction.<sup>(12)</sup> Bienville's tell-tale and repeated employment of the term "horror" to describe nymphomaniacal cases, the fragmented nature of his narrative, and the highly titillating accounts of women reveling in their erotic desires aligns his text with the increasingly popular, though much maligned, Gothic novel.

<12>As Fred Botting succinctly puts it, "Gothic signifies a writing of excess" marked by "an over-abundance of imaginative frenzy, untamed by reason" (Botting 1, 3) and Bienville certainly treats his readers to the excesses of the nymphomaniac's experience. Bienville's language drifts into the Gothic when he describes nymphomaniacs as "monsters in human shape" (37), compares the female clitoris to "the infernal firebrand of lubricity" (30), likens the travails of the erotically stimulated female to a "labyrinth of horrors" (34), and locates his case histories in traditionally Gothic spaces like convents and mad-houses. Representations of the female body and her desires are, as Bienville's misogynistic rhetoric implies, utterly monstrous; indeed, it is the female body that most intimately links Bienville's work to the Gothic for, as with the sexually transgressive females in Gothic novels, so too do the case histories of nymphomaniacs shared by Bienville depict in detail the shocking behavior that defines love-mad young women. Likewise, the form of Bienville's medical treatise, a collection of intrusive exhortations by Bienville combined with fragmented and lurid case histories of women whose deteriorating physical and mental capacities are described in graphic detail, mimics that of the Gothic novel, itself a "hybrid form from its inception" (Botting 44). Given the Gothic novel's penchant for referencing monsters and, as Judith Halberstam astutely observes in *Skin Shows*, the monstrous, stitched-together form of the Gothic,<sup>(13)</sup> Bienville's treatise comes perilously close to mimicking the Gothic genre. "Fragmented, disunified, assembled from bits and pieces", confirms Botting, "the novel is like the monster itself" (102).

<13>Perhaps in an attempt to distance his work from the unseemly Gothic genre, Bienville insists that novels are "a species of composition...perverted to the worst purposes" which have the same effect as "poison working within her veins" (94). Consider, here, how the novel is likened to a "poison" that, like the substances created by Zofloya, serves the "worst purposes." Bienville, like the reviewer of *Zofloya* mentioned previously, presumes that women are particularly vulnerable to the penetrative powers of the novel; thus, in order for his own text to be efficacious, he must demonstrate that he has created a curative, rather than poisonous, text. Though *Nymphomania* may shock its readers, Bienville admits, he maintains that the underlying aim of the text is to instruct and to cure. "Let them see themselves in this mirror, which I present to them" says he, adding a final invocation, "may my observations inspire them with inexhaustible horror" (48). In other words, the case histories should not entertain; rather, he claims, the "inexhaustibly horrific" tales should be prescribed as curative agents for ailing young women. "[P]resent to her the most alarming picture of this abominable vice," he urges parents

and his fellow medical professionals, “describe, and, if possible, even exaggerate the dreadful consequences which must attend it. She should be continually addressed with such representations, as may be most capable of teaching her to look back with horror on her conduct” (113). Bienville’s repeated use of hyperbolic terms like “alarming”, “abominable”, “dreadful” and “horror” belies his stated purpose, to save young women from the dangerous content of the novel. When he asks “whether an honest physician may be permitted to prescribe preservatives against those disorders which may accrue from the commission of a crime, on which it is impossible to reflect, without horror”, he implies that, as an “honest physician” he may indeed represent the most heinous “crimes” (i.e. women who flaunt their desires publicly) as a prescription to preserve the health of disordered female patients (ix). His very words could, apparently, embody his authority as physician-writer; thus, we can conclude from Bienville’s explanation that medical practitioners attempted to convince the public that perhaps there were, imbedded in properly deployed medical diction, powerful medicinal properties that could be used by readers to cure themselves or their charges.<sup>(14)</sup> The powers of healing imbedded in the physician, in other words, could be transmitted to the written page to provide medical treatment in the physician’s absence. Frank representations of a patient’s sexual misdeeds and corresponding ailments, therefore, came to be figured as rhetorical medication meant to treat and to forestall the spread of behavioral and physical ailment. But could a female writer have a similar effect upon her readers?

<14>Bienville goes to extremes to defend his supposedly didactic treatise by reminding his readers that his work is nothing like the products of an “abandoned race of scribblers”, a critique often leveled at contemporary female writers (86 note). Unlike the noxious romantic drivel produced by female pens, physicians’ writings such as his own had the readers’ best interests at heart: “a physical disorder being the object of medicine, all the affections which result from it necessarily demand the study and enquiries of the physician” (ix). A reader can trust Bienville because he is purportedly a physician and, perhaps more importantly, a male writer who condemns, as do his colleagues in the medical field, novels written merely for entertainment. Bienville’s defense concludes with a rhetorical flourish that is meant to further shore up his authority as a reputable and trustworthy physician: “I am therefore justified in laying open the causes, and variations of this disease and my duty exacts from me, that I should prescribe the proper remedies” (xi). Only Bienville’s trained medical gaze is qualified to describe, or “lay open the causes” and “prescribe remedies” for such diseases in the form of his medical treatise.

<15>Bienville merely conforms to the standards of physician-writers who claimed medical authority for themselves by, in part, adhering to a supposedly empirical narrative structure. “He who writes the history of disease must...observe attentively the clear and natural phenomena of diseases, however uninteresting they may seem” says one physician three years before Bienville publishes his treatise (Sauvages qtd. in Foucault 6). The medical doctor, according to another writing the year after *Zofloya*’s publication, must “Unravel the principle and cause of an illness through the confusion and obscurity of the symptoms; know its nature, its forms, its complications” (Dumas qtd. in Foucault 88). We find a rather unlikely echo of these confident medical voices in *Zofloya*. Mimicking medical writers of her age, such as Bienville, the narrator defends her right to prescribe the novel as a dose of didactic medicine in the following terms: “[t]he historian who would wish his lessons to sink deep into the heart, thereby essaying to render mankind virtuous and more happy, must not content himself with simply detailing a series

of events, he must ascertain causes, and follow progressively their effects; he must draw deductions from incidents as they arise, and ever revert to the actuating principle” (Dacre 39). The narrator’s implicit assertion, that s/he is authorized to diagnose her protagonists in much the same way a physician might identify the cause and effects of an illness, immediately aligns the novel with medical literature. Though the incidents and details to be reported in the subsequent volumes might be inflammatory, the narrator claims that, like medical literature, the tale as a whole will make evident lessons that are meant to eventually penetrate the hearts of readers. Dacre exploits the familiar defense of the novel as a didactic medium here but, like Bienville, does so under the guise of medical expertise. Like Bienville and his peers, Dacre suggests that her proto-case histories move beyond mere plot – they are a “detailing [of] a series of events” that will ultimately expose the “actuating principle” behind characters’ behaviors; in other words, to diagnose social ills, narratives, in the form of fictionalized case histories, are the most effective kind of medicine. Ultimately, however, Dacre’s employment of narrative drag, donning the trappings of medical narrative in her lurid tale of female desire, exposes medical authority as the true malady. As I shall show, what contributes to the transgressive nature of Dacre’s work is the exposure of medical authority as a sham. In much the same way drag shows gender to be performative, so too does Dacre’s genre-bending demonstrate that medical literature – and therefore the medical profession – are similarly fictionalized institutions.

<16>According to one contemporary critic of *Zofloya*, Dacre knowingly used medical terms within her Gothic novel. The shocked critic denounces Dacre’s use of “the language of medicine” such as “*enhorred*” and “*furor*”, terms used by Bienville among others, because they allude to the taboo subject of female eroticism in a way that is unbecoming of a female writer (qtd. in Craciun 22). While it is true that the reviewer’s comments critique Dacre for broaching the taboo of portraying female sexual desire because she is herself a female writer, what is implicit in the critique is also the fact that Dacre dares to appropriate medical language in a work of fiction in order to do so. According to this logic, under the guise of male medical authority, Bienville could not be faulted for using such language to pathologize female eroticism. On the contrary, no respectable female writer should dare attempt to mimic the language of physicians. Thus, Dacre not only represents gender transvestism within her novel, she also performs a simultaneous genre transvestism that further challenges cultural norms by undermining – via narrative drag – the reliability of the institution that created and had reinforced the very idea of gender. Dacre’s appropriation of the male medical voice subverts gender as a supposedly stable identifier and, thereby, destabilizes the authority of the medical community itself. Dacre’s genre-bending narrative strategy, in which she appropriates the rhetoric of medicine as well as its case-history format, serves to cast doubt upon the reliability of the medical profession.

<17>Like the voice of the physician-writer whose observations and analyses form the basis of medical narrative, the narrator describes Berenza’s decline in detail, thereby functioning as an interpreter of his symptoms. Consider, for instance, Berenza’s brief moment of naïve introspection, courtesy of a third-person omniscient narrator, when he admits that he “knew not precisely the nature of his own sensations” (175). Like many patients, who are apparently incapable of crafting a disease narrative out of their own ailments, Berenza’s symptoms appear to necessitate the translation skills of a physician. Only a trained physician, the narrator implies, is capable of creating a cohesive case history from Berenza’s symptoms, one that should, in an ideal situation, eventually lead to a cure. In the case of *Zofloya*, the narrator positions herself as

the medical expert who can, in Foucault's terms, employ a "calculating" gaze in order to provide an ordered narrative for the disease (Foucault 89). "A disease must be regarded as an indivisible whole from its beginning to its end" writes physician Philippe Pinel, illuminating the apparent inevitable impulse to narrate that inheres within medical practice (Pinel qtd. in Foucault 95).

<18>Once the poison begins to affect Berenza, the narrator steps in as the eyes and voice of a physician, allowing the reader access to medical knowledge. Dacre employs medical observations that concentrate upon the progression of Berenza's strange symptoms as if he were truly suffering from a disease, in order to lend authenticity to the case-history narrative she attempts to construct within her Gothic novel, yet she combines medical rhetoric with the hyperbolic language of the Gothic romance:

the blood of his cheeks... seemed, as by repeated checks, to have become more languid in its circulation, and tinged them no longer, as formerly, with the vermilion hue of health. A kind of tremulousness began to possess his nerves, and a dry but faint cough gave frequent symptoms that the mischief had begun to work. (Dacre 165)

<19>The passage reads, superficially, like a clinical description of Berenza's ailment; a rather mundane catalogue of physical signs, nothing more. By appropriating the vision and language of the diagnosing physician, the narrator occupies a position of power that is reminiscent of the male physician whose aim is to observe and comprehend more than even the patient can know. The narrator's gaze is a "calculating" one; it actively attempts to "compose and decompose only in order to reveal an ordering that is the natural order itself" (Foucault 94). Tellingly, this narrator resists reinforcing the so-called "natural order" by coupling clinical terms describing the circulation of the blood and the status of Berenza's nervous and respiratory systems with sentimental terms like "languid", "vermillion", and "tremulousness", rhetoric more suited to the Gothic novel than to the clinical and objective narrations of medical literature. Dacre's use of these suggestive adjectives binds medical writing to the Gothic in a manner that "decomposes" medical rhetoric, producing an uncanny hybrid that is not quite recognizable as either medical or Gothic narrative and which, indeed, is a combination of the two. While Victoria eagerly watches for signs of decay, the narrator aligns herself with the aims of medical narrative as she notes the advancement of Berenza's slow demise:

A feverish glow passed over his cheek, and now was succeeded by a deadly paleness; now his hand involuntarily shook, and now different parts of his body yielded to a tremulous convulsion; his lips quivered, his eye-lids became agitated by a nervous motion, and he half-opened his eyes, over which there appeared a dimness like a thin film. (174)

The searching gaze of the narrator-physician dissects the once whole subject of Berenza, parceling him out into body parts. What takes precedence over his subjectivity is the disease-progression narrative that is so familiar to medical writings. Body parts are identified insofar as they depart from the norm: the cheek shows the passage of the artificial fever induced by the poison, his shaking hand indicates his increasing lack of agency over his own body emphasized by the simultaneous quivering of his lips and eyelids, and perhaps most importantly, the "film"

which veils his eyes suggests that he lacks the ability to properly perceive. Berenza is, in other words, powerless under the calculating gaze of both Victoria and the narrator.

<20>Such detailed examinations of Berenza's decaying body reassert the narrator's authority: physician-like, the narrator adheres to the novel's opening promise to "ascertain causes, and follow progressively their effects", when exploring the minute details of Berenza's ailment:

Sunk was once the brilliant eye, and robbed of its red rose teint, the pallid cheek of Berenza; despoiled of their healthful firmness, his emaciated nerveless limbs; his once expanded chest, expanded now no longer, but contracted, and oppressed by a difficulty and depressed by the hard hand of long protracted suffering; the wretched Berenza retained about him no traces of what he once had been. (184)

Though at first blush the passage appears to be an objective description of those signs which mark the suffering patient, the structure privileges description over the body parts being examined. Berenza's cheek and his limbs should be the subjects of the first and second clauses, yet they nearly disappear under the weight of the sentimental adjectives "brilliant", "pallid", and "emaciated". Melodramatic and sentimental rhetoric abounds here where, Gothic-like, Berenza is figured as an apparition, merely a "trace" of the once corporeal reasoning subject he had been. The use of terms like "robbed" and "despoiled", moreover, hearken back to the lurking criminal presence of banditti, rapists, and murderers at the heart of high-Gothic fiction, reminding the reader that Victoria's so-called treatment of her husband is similarly criminal. Such language bridges the gap between objective fact and fiction, and thereby challenges the flimsy divide between Gothic writing and medical treatise. Dacre's rhetoric can therefore be read a manifestation of a kind of genre transvestism, a narrative mode that Dacre uses to mock and thereby undermine male-centric medical authority.

<21>A contemporary reader of *Zofloya* might well consider that blindly trusting to a physician in the real world, as in fiction, could lead to tragic outcomes. As we have seen, though her so-called "patient" had been described as a "reasoning philosopher" (92) with a "reasoning mind" (90) aligning him with Enlightenment philosophers and moralists, Victoria's baleful presence overturns Berenza's reason, enslaving him and destroying both his body *and* mind. While he is figured as the passive recipient of Victoria's murderous treatment, Victoria finds perverse pleasure in embodying the role of authoritative (male) physician. He is eventually figured as the tragic dupe of Victoria's murderous quackery in the following terms:

Whatever she willed, right or otherwise, was law to the fond, the dying Berenza...In vain did Henriquez entreat of his infatuated brother to receive advice, to explain his sensations, only to hear the opinion of a physician: no, he steadily refused; Victoria was all-sufficient, and on her tender care would he alone depend. (176)

The narrator describes Berenza as a passive character, one who is "fond" and "infatuated" and who has abdicated his position as patriarch having allowed himself to be dominated by his wife. While Victoria marshals the voice of male-centric "law", Berenza merely listens and obeys, occupying an increasingly feminized position with relation to his physician-like wife. Berenza's

younger brother Henriquez, on the other hand, is figured as a traditionalist whose distrust of Victoria, on several occasions, seems based upon her departure from normative feminine gender characteristics. Unlike his fiancé, Lilla, Victoria is marked by her strong will and her imposing physical presence, qualities which repulse Henriquez. Naturally, a man who so tenaciously adheres to patriarchal power structures, Henriquez trusts absolutely to medical authority, as demonstrated by his request that his brother “explain his sensations” and “hear the opinion of a physician.” What is most striking about his request is the cultural implications embedded within his response: Henriquez, as well as a contemporary reader, would inevitably imagine a *male* physician when he calls for assistance; therefore, it is evident that part of the physician’s curative role would be to naturalize the reversed gender dynamics of Berenza’s marriage. By trusting to a male authority figure, in other words, Berenza could cure his ailment – one that has infected both his body and his relationship to his own, and his wife’s, gender expression. For Henriquez, what exacerbates Berenza’s illness might well be Berenza’s warped value system: Victoria’s “tender care”, is pitted against the “opinion” of a physician in such a manner as to privilege Victoria as the ideal healer, reversing cultural norms regarding gendered authority and knowledge in one fell swoop. According to Henriquez, the mouthpiece for patriarchal medical authority, Berenza’s “dissolution [is] hastened...by the unhappy determination of his beloved brother to refuse all medical advice” (Dacre 187-8).

<22>Each time Henriquez begs Victoria to call a physician, “she would often argue with him, that physicians were ignorant, dangerous, experimentalists, and pretend to be herself a convert to the hazardous plan of trusting all to the operations of nature” (Dacre 188). Here Dacre puts the words of physicians themselves into Victoria’s mouth by alluding to the infamous in-fighting between physician-writers and their self-proclaimed colleagues, seen as good-for-nothing quacks, a debate which had become a hallmark of Enlightenment and Romantic-era medical writings. Remarking upon the high personal and professional stakes involved in medical rhetoric, Anita Guerini alleges that the pamphlet war waged between elite physicians (noted for their university educations and licensing by the Royal College of Physicians) and empirical physicians (upstart medical practitioners who relied on practical rather than book knowledge) could “dictate the boundaries of legitimate medical practice” (Guerini 228). These texts served to establish the practice of belittling and satirizing other medical practitioners, and thus dissent in the ranks becomes a trademark of medical rhetoric of the age. These disagreements were a subtle reminder of the inherent instability of a profession that attempted to create fictions of cohesion to combat the reality of professional turmoil. Yet it is worth noting that the narrator describes Victoria’s position as a “hazardous” one, thereby aligning the tone of the passage with medical authority. Thus, Dacre exploits the weaknesses of the medical community to her advantage: who could trust medical writers’ claims that novels were hazardous to one’s health if their own works were notoriously untrustworthy?

<23>Finally, while Berenza is in his death throes, Henriquez obtains medical assistance in the form of a monk slightly trained in the medical sciences who arrives from the local monastery. In one final instance of the medical Gothic, Victoria becomes marked as both physician and murderer by the very body she has helped destroy when “[t]he monk...desired that [Berenza’s] arm might be uncovered; then, taking his lancet from his pocket, he made a small puncture in the vein...Suddenly...the blood started forth, and flew in the face of Victoria!” (187). Because the spilling of blood was an important part of late nineteenth-century medical practice, the episode

could very well have represented merely what any reader would take for granted: the sign of a physician at work. However, blood signifies guilt in many a Gothic tale and, in Victoria's case, the violence of the dead body's response makes itself visible, smearing her very face with a legible reminder of her guilt, a stain that simultaneously reminds readers of the culturally accepted practice of blood-letting as well as close proximity of the violence represented within Gothic narratives to the methods prescribed by the medical profession.<sup>(15)</sup> Victoria's blood-splattered face is a marker of her guilt, a reminder of the unruly gender to which she belongs (and which she resists), and of her position as a pseudo-physician whose business is, strictly speaking, blood. Are not similarly horrific episodes to be found equally within the pages of those much-maligned Gothic tales penned by the likes of Dacre, as they would within in the annals of medical narratives?

<24>*Zofloya* thereby reveals a profoundly unsettling truth about medical literature and medical authority: that, like the Gothic fiction so many medical moralists abhorred, it could well be a kind of poison, infecting the populace with ill-conceived and poorly applied fictions passed off as medical fact. Indeed, by representing a gender-bending female pseudo-physician who murders her husband through acts of performative medicine, and by exploiting the content and form of medical literature in her Gothic novel Dacre reverses the poison/cure paradigm; according to her, the medical profession is the true disease, that "cureless malady" to which *Zofloya* refers, and her fiction is therefore the cure. Readers of *Zofloya* are therefore confronted with the distinct possibility that the case history being described by Dacre is, in fact, that of the medical profession itself. Dacre's representation of ailing bodies and their mismanaged care is a haunting reminder that the authority of medical practitioners and writers was performative; that, in other words, medical writers were actively engaged in crafting fictions of authority which extended to the fictionalizing of dominant cultural beliefs related to, among other things, gender norms. Like her masculinized heroine who occupies, for a time, the position of masculine authority figure, so too does Dacre assert her capacity to write medical literature. In so doing, Dacre challenges artificial genre distinctions as well as the very division between the genders that had been established by the medical community she mimics.

#### Endnotes

(1)See also the work of G.S. Rousseau, Roy and Dorothy Porter, David Shuttleton, Candace Ward, Lisa Cody, Guy Williams, Anita Guerrini, and Sylvia Pamboukian.<sup>(^)</sup>

(2) See also Felicity Nussbaum's exploration of the theme of femininity as defect in *The Limits of the Human*.(^)

(3) In *The Doctor in the Victorian Novel*, Tabitha Sparks traces the development of medical practice from a relatively "ignoble" career to one that, by the *fin de siècle*, had garnered increasing respect. In part, the presence of a professional hierarchy within the field damaged its overall reputation. "The subdivisions within the medical field at the start of the nineteenth century were comprised of physicians, surgeons, and apothecaries" Sparks explains. I will maintain that Dacre contributes to the "distasteful association[s]" the English public maintained regarding the medical profession in general (Sparks 12).(^)

(4) I am intentionally broad with my use of the phrases "medical profession" and its various permutations since, as critics like Sylvia Pamboukian have established that defining the medical community, with all its debates and fissures, with one universal term would do damage to the complicated nature of the medical field of that age. See Pamboukian's take on the development of the medical sciences in *Doctoring the Novel*.(^)

(5) While Tabitha Sparks uses the term "Medical Gothic" in her article, "Medical Gothic and the Return of the Contagious Diseases Acts in Stoker and Machen", she does not define the term; instead, she appears to use it to suggest that late-Victorian Gothic tales often incorporated medical scenarios within their pages. I attempt not only to define "Medical Gothic" as a discrete narrative form but also to locate it in the late eighteenth century. Other authors have, likewise, considered how medicine and medical practice is represented in Gothic literature. See, for instance, "The Ghost in the Clinic: Gothic Medicine and Curious Fiction in Samuel Warren's Diary of a Late Physician" by Megan Kennedy, and "Henry James's 'De Grey': The Gothic as Camouflage of the Medical" by Gerard M. Sweeney.(^)

(6) Given the fine work of critics such as Adriana Craciun and Ranita Chatterjee that explore how Victoria is repeatedly masculinized in the novel – she is a "masculine spirit" (Dacre 190) and is self-described as having "bold masculine features" (Dacre 211) for instance – I will pursue a reading of the novel that focuses instead on Victoria's professional transvestism, a phenomenon that complements and heightens the more obvious gender transvestism present in the novel.(^)

(7) That Victoria is drawn not only to a servant but, more importantly a person of color, an African slave, demonstrates Dacre's willingness to engage with the taboo subject of miscegenation. See Anne Mellor, "Interracial Sexual Desire in Charlotte Dacre's *Zofloya*" and George Haggerty, *Queer Gothic*.(^)

(8) See Stephanie Burley, "The Death of Zofloya; or, the Moor as Epistemological Limit," *The Gothic Other: Racial and Social Constructions in the Literary Imagination* edited by Ruth Anolik and Douglas L. Howard (Jefferson, NC: McFarland, 2004), 197-211. (^)

(9) One controversial practice that had proved particularly lucrative for up-and-coming physicians, but which first met substantial resistance among medical practitioners, was the administration of smallpox inoculations. When Lady Mary Wortley Montagu first encouraged the

deployment of smallpox inoculations early in the eighteenth century her suggestions were greeted with skepticism and fear. It was not until Montagu had English physicians successfully perform inoculations upon her own children that the medical community took seriously this method of fending off the ravages of the small pox. Not until 1853 was legislation passed to make smallpox vaccinations compulsory. See Mary Wilson Carpenter, *Health, Medicine, and Society in Victorian England*.(^)

(10)In the public imagination, as the sketches of satirists Thomas Rowlandson and James Gillray so evocatively suggest, the work of physicians and apothecaries seemed, at variables, to be mysterious and self-serving, rooted in medical philosophy and folk lore, and therefore always already problematic. See especially Rowlandson's "The Dance of Death" (1816), Gillray's "The Physical Error" (1782) and "Edward Jenner among patients in the Smallpox and Inoculation Hospital at St. Pancras" (1802) for visual representations of public skepticism regarding medical authority.(^)

(11)The significance of Johnson's claim can hardly be overstated; his contention that, given the characteristic verisimilitude of the novel, a novelist should isolate good and bad qualities in separate characters, deeply impacted the novel form from the eighteenth century onward.(^)

(12)It is clear that writers of medical literature feared being grouped with the writers of popular fiction, like the novel, partly due to the fact that medical writings were part of what Peter Wagner punningly calls a "promiscuous genre", a hodgepodge of pseudo-medical, paramedical, erotic texts, and legitimate medical works that circulated in the print market alongside popular fiction. As Roger Thompson notes, "[t]he apprehension of genuine writers, the exploitation of medical topics by peddlers of filth, the common equation of gynecological and instructional manuals with pornography and the numerous editions such works achieved all point to a considerable readership which found these books sexually titillating" (Thompson 173). The world of paramedical literature thus became a kind of masquerade where, "[a]ll kinds of people suddenly decided to voice their opinions on medical issues. This created a highly competitive market, shared by learned doctors and professors...by tinkers and quacks who became self-styled experts overnight" (Wagner, "Satire" 217).(^)

(13)See Judith Halberstam. *Skin Shows: Gothic Horror and the Technology of Monsters*. Durham: Duke University Press. 1995.(^)

(14)Porter acknowledges that Enlightenment-era physicians believed their very words could act as curative agents, as exemplified by the words of Giorgio Baglivi, a Romantic-era medical doctor, who writes, "I can scarce express what Influence the Physician's Words have upon the Patient's Life, and how much they sway the Fancy" (Porter and Porter 141).(^)

(15)Additional examples of signifying blood in the Gothic include the infamous Bloody Nun in Matthew Lewis's *The Monk*, as well as bloody ghosts and family members who stalk through the pages and castles of Walpole, Radcliffe, and Roche, among others.(^)

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