

THE PENNSYLVANIA STATE UNIVERSITY
SCHREYER HONORS COLLEGE

DEPARTMENT OF ENGLISH

THE DEVELOPMENT OF THE MEDICAL SPECIALIST IN *THE MOONSTONE* AND THE
SHERLOCK HOLMES CANON

TIMOTHY BOBER
Spring 2012

A thesis
submitted in partial fulfillment
of the requirements
for a baccalaureate degrees
in BIOLOGY and ENGLISH
with honors in ENGLISH

Reviewed and approved* by the following:

Emily Harrington
Assistant Professor of English
Thesis Supervisor

Lisa Sternlieb
English Honors Adviser
Honors Adviser

Robert Lougy
Professor of English
Second Faculty Reader

* Signatures are on file in the Schreyer Honors College.

Abstract

The expansion of colonial empires in the eighteenth and nineteenth centuries exposed European minds and bodies to many new pathological threats. Although they had previously considered themselves superior to colonial peoples in all ways, Westerners watched helplessly as their bodies withered in tropical climes with unknown conditions. Firmly ensconced in their societal role as healers and conquerors of disease, European doctors found that their techniques were useless against these new threats. The weakening of the medical canon, once a symbol of progress for all of Western civilization, instilled doubt in the body politic of colonial powers like Great Britain. First gaining popularity in the mid-nineteenth century, detective fiction introduced a new type of specialist character who can overcome foreign threats using new types of knowledge. This new brand of character uses methods that mirror the medical practices of pathologization and diagnosis chronicled by Michel Foucault in *The Birth of the Clinic*. Highlighting Foucauldian concepts and instances of medical anthropology, this paper seeks to track the development of the specialist in detective fiction from the mid- to late-nineteenth century. Beginning with *The Moonstone* by Wilkie Collins, specialists in detective fiction emerge from the societal periphery to surpass their traditional counterparts using advanced knowledge to solve crimes. Despite their acumen, mid-century specialists cannot explain all aspects of their world, which generates doubt about their supposedly-superior ideas. By the end of the century, the specialist was firmly engrained in society as an equal to traditional doctors; however, the expansion of this knowledge inspired some to use it for nefarious purposes and become threats themselves, as seen in Sherlock Holmes stories by Arthur Conan Doyle. In these stories, Holmes functions both as a specialist as well as a countervailing force to challenge threatening forms of specialized knowledge at home and abroad.

Table of Contents

Introduction.....	1
“A course of groping in the dark”: Conceptions of Medicine, Foreign Threats, and the Supernatural in <i>The Moonstone</i> by Wilkie Collins.....	9
“The Air of the Pathologist”: The Presence of Medical Specialists in the Sherlock Holmes Canon	31
The Threat of Eastern Medicine in “The Adventure of the Creeping Man”.....	33
The Rise of the Colonial Doctor in “The Adventure of the Speckled Band”.....	42
The Failure of the Specialist’s Gaze in “The Adventure of the Resident Patient”.....	49
Coda	56
Works Cited.....	58

Acknowledgements

This thesis would not have been possible without the help and support of many people. To Emily Harrington, thank you for enabling me to transform my love of Sherlock Holmes into the term paper which inspired this work. Your guidance has helped me to create readings that will hopefully contribute to academic discourse on this topic. To Mark Morrisson and Robert Lougy, thank you for allowing me to mesh my interests in science and literature and exposing me to the history and literary theory that informed this paper. Thanks to the Schreyer Honors College for giving me the opportunity to experience an honors education at a first-class research university as well as the Department of English for inspiring me to follow my passions. Finally, I would like to thank my mother Debra, father David, and sister Cyndy for their unyielding support throughout my time at Penn State.

Introduction

The expansion of colonial empires in the nineteenth century caused many Europeans to come into contact with never-before-seen infectious agents. Confident that their English education and upbringing had fortified them for service in the colonies, soldiers watched in horror as they succumbed to unfamiliar pathogens. Doctors plied all diagnostic tools and treatments of their trade only to find these weapons useless against new threats, which weakened their societal role as healers. In this way, the physical languishing of Englishmen in foreign climes was coupled with the perceived deterioration of the European medical corpus – an entity that had been regarded as one of the hallmarks of Western civilization. Employing new theories and technologies such as the light microscope, medical knowledge was forced to specialize to confront these emerging pathogens. The growth of specialized medicine was accompanied by the rise of the medical specialist, who soon rose to become a cultural and scientific equal to the clinician. The popular literature of the mid- and late-nineteenth century, especially detective fiction, chronicles the changing conceptions of specialized medicine.

In popular Victorian fiction, detectives solve crimes using similar techniques to those of medical specialists – thereby providing a means to confront and master foreign threats using science and logic. In this thesis, I address how Writers like Wilkie Collins and Arthur Conan Doyle, credited with the creation and popularization of detective fiction in the nineteenth century, used the genre to explore how specialists, both medical and detective, can both threaten and uphold the English body politic. In an abrupt departure from the ugly medical realities witnessed in the colonies, the genre positions mysteries as problems to be solved through empirical and deductive analysis. Characters with diverse specialized knowledge are required to unearth these crimes, which are impenetrable using traditional techniques. No situation, foreign

or otherwise, goes unexplained in the presence of detectives like Sherlock Holmes, who possesses a much wider knowledge base than his traditional counterparts. Credited as one of the earliest, if not the first, detective novel, Collins' *The Moonstone* introduces specialist characters like Sergeant Cuff and Ezra Jennings whose techniques parallel the methods of a diagnostic specialist. At times, their methods are distinctly medical – as with Jennings – or emulate the medical processes by extracting clues from situations using a microscopic attention to detail - as with Cuff. Often, they are dismissed by contemporary doctors and detectives for their controversial ideas and scorned by high society for their lack of social position; nevertheless, it is only through the emergence of these specialist characters from the cultural and intellectual periphery that the mystery is finally solved.

Despite their obvious skills, these early specialists are sometimes unable to describe all phenomena that they encounter, which creates an air of skepticism over their supposedly-superior bodies of knowledge. This skepticism extends into the Holmes canon of Arthur Conan Doyle, where the idea of specialist knowledge is actively engaged as both a blessing and a threat. This thesis builds on the work of Susan Cannon Harris, whose “Pathological Possibilities: Contagion and Empire in Doyle’s Sherlock Holmes Stories” describes Holmes as a “medico-criminal specialist” using medicalized deductive processes to deal with pathological threats. In contrast, I am analyzing how immaterial knowledge becomes a pathological threat in its own right in the Holmes canon – especially when placed in the hands of other, often fallible, characters. Furthermore, with the inclusion of *The Moonstone*, the paper will chronicle the development of the specialist as an authority from the mid- to late-nineteenth century. The portrayal of specialist knowledge in the Holmes canon reflects its establishment in the cultural consciousness and development from the characters of Wilkie Collins. This thesis will begin

with a chapter on the role of medical and detective specialists in *The Moonstone* that will highlight their methodologies in dealing with the Indian jewel as a foreign threat. The second chapter will analyze the role of the medical specialist in the Holmes canon, in which malevolent specialists use their advanced knowledge as criminal tools that can only be apprehended through the methods of their fellow specialist, Sherlock Holmes.

In this introduction, I will provide a historical background of the fears surrounding colonial pathological threats displayed in Victorian fiction as well as the institution of specialized medicine as the primary means for combating these untreatable menaces. As previously discussed, foreign disease placed considerable strain on the economic and personnel resources of imperial nations – inflicting seventy percent mortality rates of troops in some areas (Harrison 84). As described by Mark Harrison in *Disease and the Modern World*, many theories arose to explain the apparent frailty of the European composition in these foreign climates. For a large part of the nineteenth century, Western medicine linked the weakness of European bodies in new environments to rotting plant vapors known as “miasma” rather than identifiable pathogens (83,86,133). This theory was quickly disproved during the cholera epidemics of the 1830s, where the disease spread through Europe despite the belief that the “seed” of the pathogen could not thrive on native soil (101,105). The advent of microscope allowed researchers like Louis Pasteur and Robert Koch to analyze infected tissues on a deeper level and possibly discover the “causal organism” of a condition (119,121, 130). Microscopic techniques created a new world of medical inquiry, sparking many new specialized medical focuses and quickly yielding tremendous results for disease treatment. In 1894, the bacterial cause of a plague that killed 40,000 people throughout Asia was discovered by Alexandre Yersin and Shibasuro Kitasato (129-130). The success of microbiological techniques caused Westerners to perceive

themselves and their medical knowledge as the most advanced in the world. The growing importance of specialist knowledge in Europe can be inferred from the language of Epidemic Diseases Act of 1897, which trumpets its disease prevention techniques as an indication of the “superiority of our Western science and thoroughness” (130). Specialized knowledge of foreign pathogens was accepted as an essential part of the Western medical corpus, as evidenced by the creation of medical schools and academic journals solely devoted to the study of “Tropical Medicine” in the 1890s (134). The success of specialized medicine in the late-nineteenth century corresponds exactly with the rise of the Holmes canon, making it likely that its cultural acceptance influenced the Doyle’s writings. Although specialization was not as prominent in the time of *The Moonstone*, Collins incorporates medical and detective specialists into his mystery to deal with the threat of the foreign diamond, which signals the trend that foreign mysteries cannot be solved using conventional knowledge. In these ways, the specialist and specialized knowledge became an established cultural force by the end of the nineteenth century, as emulated by the development of similar characters in *The Moonstone* and the Holmes canon.

Informed by emerging microbiological theories and techniques, the deductive methods applied by detective specialists analyze criminal situations in a manner similar to the Foucauldian ideas of pathologization and the physician’s gaze from *The Birth of the Clinic*. In his seminal work, Foucault chronicles the development of clinical medicine in the nineteenth century through the diagnostic “gaze” of physicians – not as an “act of seeing” but a “a reorganization of that manifest and secret space” inside the human body (Foucault ix, xii). The gaze was essential in the development of clinical medicine, since it grounded a patient’s condition within the plane of language and concrete knowledge (xii). “Naming” allowed doctors to systematize symptoms and treatments into a medical discourse by “forming an alliance

between words and things, enabling one *to see* and *to say*” with credible authority (xii). Through observation, clinical doctors turned a patient’s bed into “a field of scientific investigation” where symptoms could be catalogued and analyzed tangibly (xv). The dissection of cadavers, previously thought to be unnatural, allowed the gaze of the physician to penetrate deeper into the human body than ever before and fostered a more holistic medical understanding (125). The institution of techniques within the medical canon inspired physicians like Xavier Bichat to organize “broad groups of diseases having the same major symptoms and the same type of evolution” into easily-recognizable taxa (130). In this way, the systematization of medicine is directly tied to language itself, making the diagnosis of an “imperious and laconic truth” hidden within a human body “a question of *deciphering*, not of an *examination*” (60). Classifying a medical examination as an act of “deciphering” implies that the body holds an inherent truth that can be understood within a “syntactical reorganization of disease” (195). A logical application of clinical language, the process of pathologization positions symptoms and diseases within organized schema.

Colonial health threats are unable to be located within the framework of European medicine or criminology, which weakens the ability of traditional doctors and policemen to cure disease or solve crimes. Detectives like Holmes and Sergeant Cuff extract clues from perplexing mysteries using specialized knowledge to surpass traditional detectives. The penetrative gaze of the specialist detective mimics that of the medical specialist – both of whom use focused knowledge to locate clues and solve criminal or bodily mysteries.

Although Foucault centered his study on the development of clinical medicine, the methods he put forth are more effective in detective fiction when used by specialists, which unseats clinical medicine as the most advanced mode of scientific inquiry. Lawrence Rothfield

argues in *Vital Signs* that Holmes' main goal is to "identify," "designate," or "definitely describe" every situation that he encounters (Rothfield 133). In many ways, these goals align with the Foucauldian categorization of symptoms and conditions under the physician's gaze. As with the dissection of cadavers by the early clinical physicians, "material bodies" are "decomposed" under Holmes' gaze into basic quantitative units of analysis that are encoded in "unambiguous terms" (34,135). Unlike science, the goal of detection is not to establish "a unified field of concepts" but to adjudicate situations on a case-by-case basis (143). From this perspective, the Foucauldian development of a clinical canon does not serve the detective specialist since the situations surrounding crimes vary immensely. Sherlock Holmes pathologizes crimes in a similar manner to a clinician but cannot translate these experiences to solve every subsequent crime that he encounters, which means that Foucault's ideas inform his methods used in each case but cannot be extended to create a "criminal canon" that can be applied to all situations. Rothfield equates Holmes' cerebral "undressing" of his clients to a form of violence to "restore confidence in the class order of bourgeois, respectable England" (139-140). While this may be true, Holmesian discourse has the exact opposite effect on clinical medicine. Holmes displays knowledge similar "to the more exact sciences of bacteriology, chemistry, and microscopic anatomy" that supersedes the expertise of the general practitioner Watson (141). In this way, Holmes weakens the professional status of his investigative counterpart. The weakening of traditional medicine by the specialist Holmes is supported by medical history, as the growth of microscopy placed specialized scientists on the forefront of the fight against disease.

The general structure of the detective story places the threat as a mystery to be logically solved – an ending that was clearly not present in the real world. Detective narratives in *The*

Moonstone and the Holmes canon traditionally begin with the arrival of the client who then narrates all particulars of the mystery. Honing in on unexplained aspects or word choices used in these stories, characters like Holmes and Sergeant Cuff extrapolate their initial conclusions from the narratives of their clients. For instance, in “The Adventure of the Resident Patient,” Holmes immediately recognizes that his client, who narrowly missed being murdered, had prior knowledge of his attackers solely based on the structure of his narrative. Thus, in detective fiction, the client’s story functions as a reservoir for hidden truth rather than an inscrutable mass of facts. After the story has been told, the detective usually proceeds to the scene of the crime, where he is proven to be capable of extracting facts from the most minute of details. Traditional policemen frequently disregard their importance of minute details or fail to notice them at all. Using the deductive methods, observational skills and advanced knowledge, detectives serve as a means to translate any situation into logical terms by the end of the story. Thus, the emergence of detective specialists provided a means of hope for a proud, yet fearful, English public.

In these contexts, medical foreignness is not only linked to things which are geographically foreign to the West but those which lie outside the European canon of knowledge. Confronted by colonial threats with mysterious symptoms and unknown cures, Victorian doctors attempted to conquer them by encoding these diseases using European medical language. Foreign pathogens bred fear in the Western medical establishment not only for their deadly capacity but their inability to be dealt with using common techniques. Alternative treatments for these conditions were considered an affront to Western thought and suspiciously regarded by doctors, as displayed by the skepticism of Ezra Jennings’ medical theories in *The Moonstone*. The failure of traditional medical practices undermined any sense of intellectual superiority felt by European doctors – leading many to ascribe the unknown conditions to

overarching supernatural forces. In *The Moonstone*, a young English boy is possessed as a clairvoyant instrument by roaming Brahmins seeking the diamond – an instance that is never explained by the doctors, detectives, or specialists in the story. As argued by Janis Caldwell in *Literature and Medicine in Nineteenth-Century Britain*, the acknowledgement of the supernatural in a quickly-secularizing Post-Darwinian world creates an uneasy dualism for doctors as well as specialists, whose knowledge cannot account for all of their observations of human health (Caldwell 6-7).

This uncertain meshing of science and mysticism in early detective fiction is akin to the early-nineteenth century “Romantic materialism” and is later eliminated in the genre by the presence of Sherlock Holmes. Often merged with the “natural supernaturalism” of Thomas Carlyle, Romantic materialists “accepted disjunctions between the two ways of knowing” found in “the Book of Nature and the Book of Scripture” (Caldwell 1, 46). The growing influence of Darwinian theory as well as advanced scientific methods made this “philosophical dualism” even more tenuous for Victorian doctors. The supernatural provides them with a means of diagnosis outside of the scientific principles which had come to define their world. While it is used to explain phenomena, mysticism ultimately represents the failure of modern medical techniques within these texts. The supernatural takes on a different role in Conan Doyle since it is explained away in every plot through the deductive methods of Holmes. In this way, the skepticism of specialized knowledge looming in *The Moonstone* is erased in later narratives of Doyle, where the acumen of Sherlock Holmes triumphs all threats. In *The Moonstone*, the threat of the foreign is encapsulated in the eponymous cursed stone that can be physically removed; however, in the Holmes canon, foreign knowledge has informed the Western specialist, positioning them as immaterial threats that cannot be directly expelled.

“A course of groping in the dark”: Conceptions of Pathologized Threats, Medicine, and the Supernatural in *The Moonstone* by Wilkie Collins

Speaking of the supposedly-cursed Moonstone, Verinder Family house steward Gabriel Betteredge cannot comprehend that “our quiet English house (was) suddenly invaded by a devilish Indian Diamond...in an age of progress, and in a country which rejoices in the blessings of the British constitution” (48). Although he is a common servant with little education, the elderly gentleman epitomizes the English body politic, which cannot comprehend the threat of a supposedly-cursed jewel from abroad. Plundered in the storming of the compound of the Sultan of Seringapatam in India, the stone had supposedly absorbed the “breath of divinity” from a Hindu deity (13). In this way, the Moonstone is foreign because of its colonial origin as well as its mysticized lore. Its background and cultural significance cannot be taken seriously within English culture, which celebrates the “blessings of its Constitution” and is devoted to furthering the “progress” in fields such as science and industry. Thus, Betteredge’s angst signals the threat of a colonial force that exerts mysterious effects on Europeans but cannot be diagnosed or treated using the much-heralded techniques of clinical medicine and science. The distress of the old servant represents the larger collective fears of the English body politic when confronted with novel threats from the colonies.

Despite their societal role as protectors of the homeland, traditional policemen cannot effectively deal with the theft of the Moonstone since it lies outside their experience. With the ominous presence of the Moonstone, the narrative calls for a new type of the criminal specialist that uses minute clues and medicalized language to “diagnose” a situation in a similar manner to which a doctor diagnoses a medical condition. The pathologized threat of the Moonstone erodes the position of clinical medicine and signals the rise of medical and detective specialists like Ezra Jennings and Sergeant Cuff – who, even with their new methods, cannot rationalize all

aspects of the stone's supernatural powers. This chapter will first focus on the ineffectiveness of traditional medical and detective methods to deal with the loss of the Moonstone as well as its effects on English bodies – thereby calling for specialist doctors and detectives within the narrative. Next, I will analyze the ways in which the Moonstone is conceptualized in the text as a foreign pathological threat. Finally, although specialists are required to clarify the events surrounding the Moonstone, they are unable to explain all phenomena caused by the Eastern threat like the clairvoyant possession of a young English boy by the Brahmins, which signifies the shortcomings of their own modern methods.

Traditional clinical physicians are depicted as inadequate and petty when in the presence of the Moonstone or those affected by it – thereby weakening their societal status and importance as healers. As a physician and neighbor, Dr. Candy is received as an honored guest at the birthday dinner of Miss Rachel Verinder but contributes to the awkwardness of the meal through his constant professional name-dropping. The local doctor unintentionally offends another guest, the widowed Mrs. Threadgall, when he repeatedly entreats her dead husband to join him at the College of Surgeons to study anatomy (82). While his attempt at conversation was jovial in nature, it also designed to reaffirm his connection as a doctor to a larger scientific body (“The College of Surgeons”), which suggests that he is desperate to highlight his societal role wherever possible. Later in the dinner, Candy becomes extremely agitated by the flippant comments of Franklin Blake, who equates the “course in medicine” prescribed by Candy for his sleeping issues with a “course of groping in the dark” (85). By challenging his profession, Blake is implicitly unseating the doctor from his position as a healer and arbiter on all things medical. As a reprisal, Candy furtively drugs the worldly Englishman with opium to prove the effectiveness of medical techniques (408). In a narrative reconstructed from his feverous ramblings by his

assistant Ezra Jennings, Candy proclaims to Blake, “You have had something besides an excellent night’s rests; you have had a dose of laudanum, sir, before you went to bed. What do you say to the art of medicine, now?” (408). His assistant sympathetically frames Candy’s act as an “act of treachery” perpetuated by all doctors to demonstrate their genius as well as their larger necessity to society (107). Thus, Candy’s goal is to refer constantly to his professional status as a doctor rather than using it to effectively treat patients. The only instance of medical treatment plied by Dr. Candy occurs when he drugs Franklin Blake with laudanum, which leads to the disappearance of the Stone. In crafting a narrative in which a doctor’s actions lead to immense confusion and theft, Collins rhetorically weakens Candy and, on a larger level, the medical profession. The motivations of practicing medicine are stripped of their altruistic veneer and revealed to be laced with arrogance and pettiness.

Beyond the spitefulness of Dr. Candy, traditional practitioners are depicted as condescending and ineffective in nursing people back to health – signaling the rise of a new form of specialized medicine within the text. Having gained a “fever” from being “wetted to the skin” on a patient visit following Rachel’s birthday party, Candy almost perishes after his interaction with the Moonstone (391-2). The English doctors attending to Candy diagnose his condition as a “fever”; nonetheless, this classification is rendered meaningless as the condition “assumed no specific form” for treatment (392). Assuming that Candy is suffering from nothing more than a common cold, the doctors likely offered a common “lowering treatment” of “gruel, lemonade, (and) barley water” that subsequently worsens his condition (392). While Candy’s illness is not directly connected to the foreign jewel, it was gained in its magnetic presence and is unable to be dealt with using normal techniques – thereby positioning the condition as a foreign-borne disease. Thus, the inadequacy of traditional diagnosis and treatment in this case highlights the

inability of clinicians to diagnose and deal with foreign threats. Noting his deterioration, Candy's mixed-race assistant Ezra Jennings suggests a treatment of stimulants like brandy and wine (392). With their professional opinions challenged by a foreigner, the local doctors immediately resign themselves from caring for their colleague (392). Arrogance blinds the doctors, blocking any regard for their Hippocratic Oath to care for or be compassionate to one of their own. Traditional medicine in *The Moonstone* is thus impeded by the whims and prejudices of those who practice it. Candy is not saved by the professional opinion that he cherishes but rather by the quick instincts and bravery of one who he employs.

Collins subverts the Foucauldian "physician's gaze," a key component of traditional diagnosis and prescription, which allows Jennings to emerge as a medical specialist. The local doctors evaluate his symptoms and describe Candy's condition as a "fever" but cannot effectively treat him. By the end of the novel, Candy is kept alive by Jennings but has nevertheless transformed into a physical "wreck" who wears expensive clothing "in cruel mockery of the change in him" (384). The nursing of Candy to stable conditions by Ezra Jennings represents the success of hybridized diagnostic techniques with both traditional and unconventional components. While the use of brandy as a stimulant is not foreign to the English medical canon, it is employed in a context – the treatment of fever – in a way that goes against accepted practices used by clinical doctors. Through this lens, Jennings hybridizes traditional Western medical thought with his own intuition to implement a different treatment, which is taken as an affront to the English doctors present. Furthermore, since Jennings has "the mixture of some foreign race in his English blood," his rejection by English doctors is presumably tied to his biological hybridism as well (391). The deterioration of the most prominent general practitioner in the novel metaphorically represents the weakened position of clinical medicine in

a world faced with threats from abroad. In *Anxieties of Empire and the Fiction of Intrigue*, Yumna Siddiqi suggests that *The Moonstone* represents the failure of disciplinary powers that are normally “rationalized, efficient producers of docile bodies...are broken down, or never gained a hold” (Siddiqi 37). In this episode, clinical medicine, whose gaze became an agent of cultural discipline, is revealed to be deficient in several ways. Unlike Candy, Jennings is willing to break away from traditional medical thought to treat patients. In this way, the rise of Ezra Jennings signifies the necessity of characters whose unconventional methodology is essential for saving lives and discovering the mystery of the Moonstone. Jennings is familiar with and uses English medical techniques but trusts himself to ply them in an innovative manner, which later emboldens him to use his own controversial ideas to vindicate Franklin Blake.

Through the success of his avant-garde medical theories in preserving Dr. Candy and solving the Moonstone mystery, Collins elevates Ezra Jennings as a medical specialist who is more effective than the traditional general practitioner. Due to his physical and intellectual foreignness, Jennings is regarded with hostility and suspicion by all English characters except Franklin Blake – who recognized an “unsought self-possession” in the assistant “that is a sure sign of good breeding...everywhere else in the civilized world” (390). Explaining his unpopular status, Jennings mentions that he was framed for a crime but nevertheless taken in by Dr. Candy (399). Also, like Sherlock Holmes, Jennings is addicted to “that all-potent and all-merciful drug” – opium – to ease an “incurable internal complaint” (400). Despite his troubled past and medical problems, Blake nevertheless trusts Jennings who, in turn, properly diagnoses Mr. Candy’s laudanum prank on the night of that the stone was stolen (405-6). Jennings is also an intellectually-foreign character whose ideas on physiology and neuroscience are extremely progressive for his time (394). When Blake meets with him after the Stone has been stolen, the

assistant reports that he has written a book “addressed to the members of my profession...on the intricate and delicate nature of the brain and the nervous system” that “will certainly never be published” (394). To provide evidence for his controversial idea that the “loss of the faculty of speaking” in hysterics does not also mean the “loss of the faculty of thinking,” he describes the events of the evening of the birthday party using a notebook of the compiled feverous ramblings made by Mr. Candy (394). The assistant formulated the sick man’s “broken words” into “intelligible statements” – thereby creating a new sort of psychoanalytic narrative (395). The creation of a new type of medical narrative redefines the parameters of medicine at that time, placing Jennings even farther from professional acceptance by his colleagues. He alternatively refers to his compiled narrative as “written proofs” or “experiments” of “the assertion which I have advanced” in the unpublished treatise (395). In this way, Jennings’ involvement in the Moonstone case provides him with a platform through which he can experiment with and verify his controversial ideas.

Using techniques rooted in his unconventional neurological theories, Jennings clears the name of Franklin Blake by recreating the night that the Moonstone was lost. After he consults his compiled list of Dr. Candy’s unconscious ramblings, Jennings probes Blake with questions about the night of the birthday party, an interrogation in what Foucault terms as a “relationship...of instinct and sensibility, established without the mediation of knowledge” (Foucault 55). This “relationship” allows the traditional doctor to diagnose a patient using an “instinct” based in medical knowledge, although, in this case, it is mediated by theoretical constructs rather than the canonical medical thought. Jennings diagnoses the situation in which the stone was lost by interrogating Blake as well as Dr. Candy’s narrative. In proto-Freudian fashion, the assistant postulates that Franklin was subconsciously “impelled into practical action

to preserve the jewel...under the stimulating influence” of opium to protect Miss Rachel (413). Like doctors who practiced before the clinic, the assistant successfully grounds his medical interrogation in “the theoretical...the starting point of all the historical variations in medical knowledge” (Foucault 54). The creation of the medical canon provided doctors with a means to link their diagnoses with clinical precedents. Since he is operating outside this canon, Jennings cannot refer to these previous constructs and must rely on theory alone. In this way, the progression of medical knowledge proposed by Foucault is inverted in the case of Ezra Jennings, who applies his theories first rather than subscribe to a pathologized medical canon based on patient observation. Jennings makes a point to cite popular books like *Confessions of an English Opium Eater* as well as medical texts like “Doctor Ellison’s *Human Physiology*,” which includes an anecdote about an “Irish porter” who subconsciously finds lost items while intoxicated (411). By citing texts, Jennings repossesses the ideas of the medical establishment to provide validity for his non-canonical beliefs within that same establishment. In *Wilkie Collins, Medicine, and the Gothic*, Laurence Talairach-Vielmas asserts that the references to medical texts “demystifies the enigma” of the unfathomable supernatural powers of the Moonstone – suggesting that Franklin Blake acted on his own physiological accord when he lost the stone rather than by some greater force (Talairach-Vielmas 90). To provide proof for his diagnosis, he suggests an experiment to replicate the “domestic circumstances” of the night of Rachel’s birthday (415). The recreation is predicated on the hypothesis made by “Dr. Carpenter” that “every sensory impression... may be reproduced at some subsequent time” when prompted by similar stimuli (410). To this end, Jennings prescribes for Blake to quit smoking and to not commune with Rachel – thereby inducing similar emotional and physical stress as the night the Moonstone was stolen (417-422). Aside from his extensive knowledge of medical theory and

treatment, Jennings is also uniquely-suited for the experiment due to his own opium addiction. Ezra begins to notice Franklin Blake drifting into his opium-induced sleep when “no unpractised eyes would have detected any change in him” (445). The “unpractised eyes” referenced by the foreign medical assistant are undoubtedly those of the traditional practitioners who shunned him. From his theories to his personal background, Jennings represents the perfect specialist for this case.

The experiment proposed by Ezra Jennings is not only controversial within the realm of science but unseats English conceptions of drug use and foreign medical treatment. The techniques employed by Jennings are widely criticized throughout the Herncastle household – a microcosm of English society that includes varying social groups and levels of education. The prospect of drugging Franklin Blake angers the head servant Betteredge, who laments that the mystery of the Moonstone will end “in a conjuring trick being performed on Franklin Blake by a doctor’s assistant with a bottle of laudanum” (423). Although he is ordered to serve Jennings, the elderly man states that any order from the assistant “is own brother to an order come from Bedlam” and goes as far as calling Jennings “a person whose head is full of maggots” and his practices “hocus pocus with laudanum” (423, 426, 429). The occult characterization of the Jennings’ experiment is problematized by the fact that the original “experiment” (i.e. the practical joke played by Dr. Candy) was enacted by a native Englishman who hoped to showcase the efficacy of a traditional “course of medicine” using the same laudanum. In simultaneously rejecting and accepting the same treatment when used by Jennings and Candy, Betteredge is directly favoring the quintessentially-English doctor over his mixed-race assistant if only by virtue of their respective appearances and origins of birth. Lawrence Driscoll argues in *Reconsidering Drugs* that the Verinder household is “anxious because they have to reach *beyond*

the borders of the family, to the addict Jennings, in order to solve their ‘domestic’ mystery” (Driscoll 32). While Ezra’s addiction is definitely a social stigma, the use of techniques informed by progressive medical theory also makes his presence unpalatable for those present. Conceptions of opiates in English society throughout the mid-nineteenth century varied considerably (Driscoll 24). Established English physicians described the drug as “a specific remedy, especially in cases of diabetes, consumption, syphilis, cholera, and rheumatism...” among many other conditions (qtd. by Driscoll 24). It was not until the Pharmacy Act of 1868 that opiates gained negative public connotations (Driscoll 24). When Jennings hands a glass of laudanum to Rachel as the experiment is about to begin, the old servant suspects that the foreigner is going to drug the young lady (442). Although Jennings attributes their fears to the “solid side of the English character,” it appears that common Englishmen associate all non-canonical practices with deviance and supernatural – presumably since they have not been directly proven by Western scientific bodies. Jennings’ theories are essential in proving the mechanism by which the Moonstone was lost; however, criminological specialists like Sergeant Cuff are required for laying out the specific mechanism of the crime.

Using medicalized deductive methods and observations, Sergeant Cuff emerges as the paradigm of the specialist detective in *The Moonstone*. Called in by Franklin Blake to replace the ineffective Superintendent Seegrave, Cuff travels to Frizinghall to question the mysterious Indian jugglers, who are thought to be seeking the stone, and tracks the movements of Rosanna Spearman, a suspect servant in the Herncastle house, on the day after the stone went missing (166). Finding that she bought cloth, he deduces that she was making a nightgown to replace the one which brushed the wet paint of Rachel Verinder’s bedroom door on the night on that the Moonstone was lost – thereby implicating its wearer as the thief. Like Holmes, his methods are

founded in empirical observation and deductive reasoning, while showing little regard for the social standards of the time. Cuff disregards any “knowledge of her (Rachel’s) character” put forth by Lady Verinder and asserts that Rachel stole the diamond to manage her personal debts (182-3). Cuff’s brusque tactics are akin to what Rothfield calls “invasive procedures” that are later used by Holmes to verbally eviscerate his clients and suspects without regard to their “sovereignty, autonomy, dignity, and respectability” (Rothfield 139-40).

Although they may be impolite in English society, the medicalized techniques used by Cuff are nonetheless effective in discovering the mystery of the Diamond. While in London, Cuff and Franklin Blake pursue a sailor suspected to have the Moonstone. When this sailor is found murdered in a boarding house, Cuff notices a “thin line of livid white” along the dark-complexioned man’s forehead and removes a wig to reveal the philanthropist Godfrey Abelwhite in disguise (470-1). Like the clinician in *Birth of the Clinic*, Cuff uses Abelwhite’s corpse as a “deciphering corporal space” that is dissected by his gaze to reveal a “hidden, but already present truth” (Foucault 60, 127). In this case, the hidden truth is not the pathology of a disease, but the pathology of the unsolved crime. Despite the sterling societal reputation of the young philanthropist, the sergeant undauntedly searches his financial background to reveal that Abelwhite stole the stone to pay off debts. He also provides “moral, if not legal, evidence, that the murder (of Abelwhite) was committed by the Indians” by identifying a “species of gold thread not known in England” found at the crime scene (474). The use of the word “species” to describe the thread has obvious scientific and medical connotations and suggests a doctor identifying symptoms rather than detective unearthing clues. In all, Sergeant Cuff’s attention to detail, deductive methods, and medicalized dissection of cases are progenitors to the tactics later used by Sherlock Holmes.

Although it is an inanimate object, the Moonstone lays hold of Englishmen in a manner similar to a contagious pathogen and is considered to be a health threat. Throughout the novel, the jewel is referred to as a medical and supernatural threat capable of exerting physical effects on those who possess it. When Franklin Blake tells Betteredge that the stone will be given to Rachel Verinder on her birthday, the old servant rues the fact that this “plaguy Diamond” must be given to such a wonderful English girl (59). The Moonstone also manifests its presence in Betteredge, who catches “detective fever” as a result of its loss (139). Further corroborating these contagious overtones, Talairach-Vielmas notes that the diamond “poison(s) the very air” of the Verinder household, which places it as a “miasmatic infection” (78). The invocation of a “miasmatic” explanation for the object’s mysterious effects positions the novel within the scientific culture of its time. Without microscopy or other technologies, doctors in the period of *The Moonstone* were forced to link unexplainable conditions with vague causes like miasma. In contrast, Sherlock Holmes always precisely identifies the exact etiology of any disease or crime in Doyle’s stories published later in the century. By virtue of its spiritual significance to the “Hindoos,” the precious stone is also depicted as being imbued with supernatural powers - as evidenced by its description as a “devil” that possessed John Herncastle as well as Rachel’s birthday party (48,85). As previously identified with the “miasmatic” interpretation of its effects, characters invoke the supernatural to explain the mesmerizing nature of the Diamond because they cannot do so using scientific or rational terms.

Beyond its pathological classifications, the Moonstone appears to exert physical symptoms on its English owners throughout the story. The mesmerizing nature of the stone is highlighted by the reaction of the normally sober Betteredge, who describes the “deep yellow” of stone as “drawing your eyes into it so that they saw nothing else (77). Despite his exuberance,

Betteredge's reaction is relatively mild when compared to the obsessive reactions of John Herncastle and Franklin. Although respectful of its powers, John Herncastle, Rachel's uncle, is transfixed on capturing it by any means necessary when he serves in India. Upon his return to England, Herncastle "found himself avoided by everyone" due to the diamond's cursed legacy and the manner by which he obtained it (45). I would suggest that the events surrounding the decline of Herncastle while he possesses the Moonstone mirror disease pathology. As if he is beset with a foreign infection, the formerly-respected man is effectively quarantined by English society. Over time, he is overcome with paranoia about the safekeeping of the stone. His remarkable possession seemingly catalyzes his death – causing him to become a "notorious opium-eater" who leads "solitary, vicious, underground life" (46,50). Talairach-Vielmas notes in that Herncastle's "disease" is an allegory of his "moral poverty" gained in his foreign service (Talairach-Vielmas 78). Since medical theories of degeneration suggested that heredity was "an invisible source of contamination, with the infection jumping across bodies, across the generations," the passing of the cursed Moonstone from John Herncastle to his eighteen-year old niece has the implication of passing this moralized disease from one generation to another (Hurley qtd. By Talairach Vielmas 83). Later, Franklin Blake unwittingly causes the Moonstone to be lost while under the influence of the same opium that overcame his cousin. During the recreation of the night in which the diamond was lost, Blake's laudanum-induced murmurings center on the stone itself rather than the safety of his cousin and love interest, Rachel Verinder. In his trance, he worries that "anybody might take it" and that "it's in the drawer of her cabinet...the drawer doesn't lock" (446). Even though she was very suspicious of her daughter's gift from an estranged uncle, Lady Verinder is also greatly affected by the "horrible diamond" –

which “turned her brain” in the morning after its disappearance (97). Regardless of social status or education, the Moonstone exerts an influence on all Englishmen who encounter it.

The physical effects of the contagious Moonstone that appear in English characters align with the idea of “nervous contagion” that was prominent throughout the nineteenth century. According to Athena Vrettos in *Somatic Fictions*, this contagion was not characterized by the transmission of pathogens but the “free-floating transmission of emotions” that “could sap the moral strength and force of will, allowing people to be influenced by or to identify themselves with the actions or directions of others” (Vrettos 84). Talairach-Vielmas suggests that the attraction of characters to the Moonstone is linked to ideas of animal magnetism and mesmerism that were popular through the nineteenth-century and commonly used by doctors to treat nervous disorders like nervous contagion (76). In letters written to *The Leader* newspaper, Collins affirms his belief in experiments performed by mesmerists as “a means of exploring the ‘limitless power of the will’ and suggests that medical analysis of animal magnetism was like “groping in the darkness of mystery which is still unrevealed” – thereby echoing the Franklin Blake’s criticisms of medicine to Mr. Candy (Collins qtd. By Talairach-Vielmas 76). In the case of the Moonstone, English characters are overcome with a variety of emotions – ranging from jealousy to fear – when they see the stone, but remain magnetically drawn to it. Barry Milligan, in *Pleasures and Pains*, suggests that the “hypnotic” and “infantilizing” nature of the jewel lies in its “exciting exoticism” on the “trail” of “dangerous Indian traces” (Milligan 72). In this way, the aura of foreignness “infects” all English individuals who come into contact with the stone. Whether they are afraid of the threat of Brahmins or mesmerized by the large value of the diamond, they are driven into action to protect or steal it. Through the lens of nineteenth-century medicine, those affected by the Moonstone would be diagnosed as “nervous sufferers” whose

“physical symptoms” were the “direct (and subjective) product of mental or emotional stresses” caused by the Stone (Vrettos 51). The classification of nervous sufferers and their symptoms is ambiguously worded, which suggests the inability of doctors to diagnose and track the condition. Although the psychological effects of the Moonstone could be diagnosed by physicians using medical syntax, the feverous quality of the Moonstone cannot be pathologized or distinctly treated – thereby presenting a true threat to clinical practitioners of that time.

Although the long history of English imperial plundering would suggest that foreign treasures could be taken without recourse, the curse of Moonstone upsets conceptions of foreign treasures in English society by threatening the English body politic. The novel begins with an account of John Herncastle, the estranged brother of Lady Verinder, killing an Indian at Seringapatam with a dagger that had the Moonstone “set in the end of the handle” (Collins 14). The Siege of Seringapatam in 1799, also known as the Fourth Anglo-Mysore War, marked the end of a ten-year conflict between the Tipu Sultan, the “Tiger of Mysore,” and the British East India Company (Mulligan 71). Like Herncastle, British soldiers became obsessed with plundering the Sultan’s extensive collection of jewels, as evidenced by the commanding officer requesting a “star and badge made from some of the Tipu’s jewels” rather than £100,000 in compensation for the Siege (Mulligan 72). Intrigue surrounding the imperial plunder of jewels extended into the nineteenth century with the popularity of the “Koh-i-Noor” diamond at the 1851 Great Exhibition (Talairach-Vielma 73). The so-called “Mountain of Light” was obtained by the East India Company during the Anglo-Sikh wars of the late-1840s and was presented to Queen Victoria by Queen Elizabeth in 1850 (Talairach-Vielma 77). It became a symbol of English colonial rule in India and was spitefully named the “Jewel of the Crown” in response to an 1858 revolt in India (Talairach-Vielma 77). The legacy of these colonial conquests –

specifically the renaming of the Koh-i-Noor as the “Jewel of the Crown” – would suggest that the English body politic positions foreign treasures as inert objects to be used for its own devices. The threat of the cursed of the Moonstone and the inexorable Brahmins trying to reclaim it forces the European mind to reconceive its sense of colonial domination. No longer can colonial treasures be seized by whimsical Europeans without recourse. In the case of the diamond, Europeans who possess it cannot keep it for long or become physically-debilitated in trying to do so. Furthermore, the failure of traditional medical and criminological techniques to conquer this threat degrades an English society that prides itself on being the most advanced people in the world.

The reactions of Godfrey Abelwhite and Dr. Candy to the supposedly-supernatural Stone reveal the attempts of the English mind at encoding the foreign object into scientific discourse. The presentation of the Moonstone to Rachel prior to her birthday dinner is received with amazement by all including Betteredge, who waxes that the Stone’s “moony gleam” was as “unfathomable as the heavens” (77). Godfrey Abelwhite, a renowned philanthropist who vies for the hand of Rachel Verinder and is later found to have stolen the diamond, condenses the magnificence of the stone into “mere carbon, my good friend, after all” (78). Similar to the Foucauldian process of medical pathologization, Abelwhite’s statement codes the rare stone into a Westernized periodic table rather than locating within its original mystical and religious significance. In this way, the eventual thief is grounding the object within scientific language that is not only understandable for all Englishmen but can be verified through experimentation. As a philanthropist, Abelwhite is not reliant on science for affirmation of his societal role unlike Mr. Candy. The local physician at Frizinghall incessantly incorporates scientific techniques into conversation at Rachel’s birthday dinner. When attention turns to the ominous birthday gift, the

local doctor entreats the birthday girl if he could “take it (the diamond) home and burn it...in the interests of science” (81). More than an analysis of its chemical composition or unique properties, the proposed experiment seeks to “evaporate the Diamond” using heat and a current of air – thereby “spar(ing) you (Rachel) a world of anxiety about the safe keeping of a valuable precious stone” (81). In this way, science is positioned as a destructive, rather than exploratory, force to relieve tensions surrounding foreign threats in the English mind. Talairach-Vielmas suggests that Dr. Candy fulfilled his promise to Lady Verinder to “evaporate the diamond” through “(his) defence of ‘the art of medicine’ and the trick he had played on Franklin Blake” (Talairach-Vielmas 76). While he was literally successful in this removing the diamond, Candy is not motivated by compassion for a young English girl but rather his personal grievance with someone who challenged his status. Wishing that “the doctor had been in earnest,” the always-suspicious Lady Verinder hopes that Rachel would have been “zealous enough in the cause of science to sacrifice her birthday gift” (81). For Candy, his suggested experiment reinforces his individual importance as well as the larger significance of doctors as relievers of physical, mental, and, in this case, emotional tension.

As a scene that highlights that limits of detection and medicine to explain all aspects of the natural world, the clairvoyant possession of a young English boy by the Brahmins cannot be explained or classified by traditional doctors or specialists. The three Brahmins chosen to protect the Moonstone travel with a young English boy who, when prompted by the “mahogany-coloured Indians,” possesses clairvoyant abilities (29). Witnessed by Penelope – the daughter of Gabriel Betteredge, the jugglers first pour a black liquid in the boy’s hand and then command him, “Look,” whereupon he “became quite stiff, and stood like a statue, looking into the ink in the hollow of his hand” (32). When he resists, they threaten to “send (him) back to London” and

leave him “in an empty basket in a market” where they found him (32). Thus entranced, he is able to call forth images of the imminent arrival of Franklin Blake as well as his possession of the Moonstone. Following this session, the juggler made “more signs on the boy’s head, blew on his forehead, and so woke him up with a start” (32). A horrified Penelope wakens her sleeping father who, unaware of the threat posed by the Brahmins to anyone possessing the Moonstone, does not think anything of her warnings. An explanation of this possession is never suggested by medical characters like Dr. Candy and Ezra Jennings or detectives like Sergeant Cuff. Despite their collective scientific and deductive acumen, these characters cannot account for the clairvoyance in rational terms.

While nineteenth-century science tried very hard to reconcile supernatural phenomena with empirical conceptions, scientific specialists in *The Moonstone* cannot explain the mystical events surrounding the diamond. Athena Vrettos writes that “interest in the paranormal – mesmerism, telepathy, hallucination – was frequently linked to the study of the nerves” (Vrettos 54). Physician Walter Cooper Dendy wrote a treatise in 1845 called *The Philosophy of Mystery* to explicitly connect “phenomena such as visions, demonic possessions, and religious ecstasies to anything from indigestion to hysteria” (cited by Vrettos 55). Based on his interest in animal magnetism, Collins was very likely to have been aware of this specialized medical corpus when he wrote *The Moonstone*. As previously explained, Collins stated that attempting to find material answers for supernatural experiences was like “groping in the darkness of mystery which is still unrevealed” (Collins qtd. By Talairach-Vielmas 76). The servants who witness the incident never mentioned it to specialists like Ezra Jennings or Sergeant Cuff. In not presenting the incident to the scientific specialists who took up the case, Collins is implicitly suggesting that their respective skills, however advanced, cannot be used to solve all aspects of this mystery.

Even non-scientific specialists are unable to rationalize the clairvoyant event. Mr. Bruff, the attorney for the Verinder family, tells the story to Mr. Murthwaite, Verinder family friend and famed Indian traveler, despite his belief that “any explanation based on the theory of clairvoyance was an explanation which would carry no conviction whatever with it” (306). Even though he knows the Indian culture very well, the adventurer attributes the incident to the “romantic side of the Indian character” that likes to imbue its pursuits “with a certain halo of the marvelous and the supernatural” that is “inconceivable...to the English mind” (306). Although Murthwaite attempts to link the steps taken by the Indians to “natural causes,” he is only able to infer their motives and not their methods when reconstructing the crime (307). Betteredge tells Franklin Blake about the scene, who, in turn, chalks it up to an “old Hindoo superstition” in which the Brahmins “were actually foolish enough to believe in their own magic” (54, 64). Thus, in Blake’s educated European mind, the incident only serves to implicate the jugglers in the loss of the stone and does not merit an explanation. While it serves to heighten the sense of supernatural mystery surrounding colonial India and the stone, the inclusion of this scene in the text weakens the position of all specialists, scientific or otherwise, who cannot locate all Moonstone-related phenomena within their respective bodies of knowledge.

The sight of the possession underscores the inability of the English body politic and medicine to protect itself from colonial threats. Even though the possessed boy was poor, he, like all children, represents innocence, purity, and the future of England as a nation and colonial power. More than its supernatural suggestions, the scene is appalling for the English mind because a young Englishman is used as a medium for supernatural purposes at the hands of “foreign” men. His free will is completely overwhelmed by the spiritual power of the Brahmins, uncannily transforming his domestic body into a foreign one. Like the contagion of the

Moonstone, the possession induced by the Brahmins cannot be encoded into the medical canon since it lacks a discernible pathology. The clairvoyant exchange inverts the colonial power dynamic enacted between India and England. Instead of willing subservience, the Brahmins possess supernatural agency which can seize hold of a normal English boy. In this same vein, they are also economic masters of the boy and use his desperate financial situation to manipulate him. The fear of a reversal in the colonial power dynamic is echoed by critic Barry Milligan who asserts that the terror of the witnesses is rooted in the “fear that Indian men can penetrate the English domestic space...exercising a potentially retributive dominion over vulnerable English women and children in their English homes” (77). The point that this possession is occurring in an “English home” is especially relevant since it connotes a foreign invasion of supernatural forces that cannot be dealt with directly using current legal or medical methods. These fears are best epitomized by the frenzied reactions of Penelope and the lodge-keeper’s daughter, who both felt that “the boy was ill-used by the foreigners – for no reason that I (Betteredge) could discover, except that his was pretty and delicate-looking” (31). The “pretty and delicate-looking” nature of the boy is directly tied to his Englishness by the two girls and starkly apparent when compared to the foreign jugglers, who not only look different but subscribe to alien spiritual practices. In this way, the possession of the boy signifies another affliction of the English body politic that cannot be resolved using scientific techniques.

The early narrative structure of the novel initially mirrors the confusion of characters who try to logically explain the Moonstone. The “First Period” of the story is narrated by Betteredge, whose lack of education or scientific understanding functions to make the reader more uncertain about the circumstances through which the diamond was lost. The elderly servant tells the story through the lens of his own private world that is governed by axioms from *Robinson Crusoe*.

When the Moonstone first goes missing, he argues that the “only rational explanation” for its disappearance is that the Brahmins snuck into the house undetected and stole it, which pushes the reader farther from the truth that Godfrey Abelwhite took it for his own purposes (97). He regards specialist characters like Sergeant Cuff with suspicion and is overtly contemptuous of Ezra Jennings’ theories, which he dismisses as a “conjurer’s trick” (423). Collins began with the confused Betteredge to bolster the sense of mystery surrounding the Stone in the early part of the novel. Through his testimonies, readers can understand the limits of Betteredge’s understanding as well as his prejudices.

In the next section, entitled “The Discovery of the Truth,” multiple narrators from different professional fields are included to transform the reader into a type of specialist along with Cuff and Jennings. The narrators in this section include Mr. Bruff (the lawyer), Franklin Blake, Ezra Jennings, Sergeant Cuff, and Mr. Candy. Acting as paradigms of legal, criminological, and medical thought, they collectively explicate the details of a mystery that was introduced by an idiosyncratic butler. Collins divides the narrative task of explaining the loss of the Stone between legal, medical, and detective perspectives to suggest that an interdisciplinary understanding is paramount to unraveling modern mysteries like that of the Moonstone. Furthermore, now equipped with very different professional points of view, the reader is endowed with a broad body of knowledge similar to that of specialists like Ezra Jennings or Sherlock Holmes. Although these narrators ultimately unearth truth within the plot, the constant shifting between different perspectives also disorients the reader from constructing a linear narrative of the crime as commonly seen in the Holmes canon. With each reporter in *The Moonstone*, the audience is forced to evaluate the accuracy and prejudices included in each new viewpoint - such as the evangelism of Miss Clack. Coupled with the inability of specialists to

explain Moonstone-related events like the possession of the English boy, the multi-narrator text forces the reader to question the validity of conclusions drawn as well as those drawing them. In Doyle's stories, Watson serves as the sole relater of events for each of Holmes' cases. As a doctor, he conveys an educated and empirical perspective that stably grounds each story at the expense of his personal or professional opinions. Beginning with Betteredge, the changing structure of *Moonstone* narrative causes the reader to question the authority of each storyteller, which colors the story, and its specialists, with uncertainty.

Inducing symptoms in its victims like a foreign pathologized threat, the Moonstone cannot be understood, diagnosed, or treated using normal medical methods. Traditional clinicians are represented as vain and petty individuals who care more about their social status than adequately treating their patients. Ultimately, discovery of the truth surrounding the loss of the Moonstone requires the application of progressive theories of medicine and detection by Ezra Jennings and Sergeant Cuff. As one of the earliest detective novels, the specialists in *The Moonstone* emerge from the colonial and intellectual periphery to help solve the crime. Ezra Jennings appropriates medical concepts and techniques but trusts his unconventional theories to treat Dr. Candy and vindicate Franklin Blake. In this way, he upsets the Foucauldian progression of clinical discourse, which ties observation of a patient's symptoms to entries within the established medical canon. With the support of his unproven theories, Jennings works without connecting his observations to any canon and uses his intuition to guide him. While they are able to solve the mystery, neither specialist character is able to contain the foreign treasure, which is returned by the Brahmins to its proper place in India. Although the human aspects of the mystery are solved using novel techniques, the supernatural phenomena surrounding the stone cannot be rationalized using any theory or method – thereby suggesting the inability of

science to account for all aspects of the natural world. The idea of the specialist is also questioned in the later works of Arthur Conan Doyle, where individuals who possess advanced knowledge become medical threats by virtue of their training. Nonetheless, these progressive individuals are always defeated in the presence of Sherlock Holmes, who, as the definitive specialist, is capable of locating any and all occurrences within logical schema.

“The Air of the Pathologist”: The Presence of Medical Specialists in the Sherlock Holmes Canon

Although characters from *The Moonstone* like Ezra Jennings and Sergeant Cuff are early examples of specialized characters that use medical concepts in detective fiction, the “medico-criminal” expert appears most extensively and famously in the Sherlock Holmes canon. Collins introduces characters who work within the traditional frameworks of their fields but expand their observational and scientific capacities through advanced theories and methods – much like Sherlock Holmes in Doyle’s later stories. The prevalence of the specialist in the Doyle’s stories is likely derived from the improved role of the medical specialist in English culture in the late-nineteenth century, where new technologies enabled scientists to study and overcome disease with unprecedented efficacy. For the first time, disease was linked to tangible microbial pathogens rather than vague etiologies like miasma. From this new perspective, all diseases, however small or foreign, could be studied, categorized, and defeated using new techniques. Empowered by the growth of specialized medicine in English culture, Doyle writes his legendary sleuth with an insuperable skill set capable of explaining all situations.

As seen with the clairvoyant possession of the young English boy by the Brahmins in *The Moonstone*, mid-century specialists are unable to describe all phenomena included in the plot because they lack the technology and methods to do so. While events go unexplained in Collins, Sherlock Holmes later in the century eliminates any element of uncertainty with his extensive body of the knowledge. His method mirrors the traditional diagnostic techniques of a clinician; however, it is amplified by his exceptional knowledge base of many subjects ranging from pharmacology to comparative anatomy. As a specialist, Holmes is capable of rationalizing any event regardless of its apparent supernatural origin. In “The Adventure of the Sussex Vampire,” the detective proves that the Peruvian wife of an eminent tea broker is not vampirizing her young

son but sucking the poison out of his neck from darts shot by his older brother. In “The Adventure of the Devil’s Foot,” Holmes identifies the “Cornish Horror” as an uncategorized pharmacological agent from Africa. While the Moonstone eluded its would-be English owners and is ultimately returned to India, no foreign pathogens or threats ever escape the legendary sleuth. Additionally, unlike Collins, Doyle employs the specialist as a malevolent force in his stories, where uncategorized knowledge and progressive techniques can escape traditional legal and medical forces. Holmes is able to triumph over his fellow specialists by channeling a wider breadth of knowledge and deductive methods - thereby assuaging the fears of the English body politic.

The Holmes short stories and novellas utilize their title character as a countervailing authority to the dangers and skepticism surrounding specialist knowledge. In these texts, specialists negotiate foreign threats as well as English cultural and medical standards. While they are effective in dealing with emerging situations, medical specialists in the Holmes canon are also portrayed as characters capable of marring self-transformation, murder, and obsession with financial gain. Many characters, including criminals, possess specialized knowledge; however, none can outshine the expansive understanding and interpretive ability of the famous sleuth himself. Kept in the periphery in *The Moonstone*, the specialist becomes a functional part of society in Doyle’s stories and is frequently positioned as a very real threat to the English homeland, medical knowledge, and even the natural course of human evolution. In this way, the nascent skepticism of specialist knowledge displayed in *The Moonstone* expands to encompass those who possess this knowledge in the Holmes canon. I am analyzing three types of specialists in this chapter: the rogue Eastern specialist who uses unethical treatments; the Western doctor whose knowledge becomes hybridized with Eastern experiences; as well as the English doctor

who is too blinded by the pursuit of professional success to properly deal with his area of specialty. First I will look at “The Adventure of the Creeping Man” to show how Eastern medicine and specialists are conceived as threats to the English medical canon and civilization at large. “The Adventure of the Speckled Band” demonstrates how Western doctors can become “infected” with Eastern knowledge, which leads them to commit heinous crimes at home and abroad. Finally, I will use “The Adventure of the Resident Patient” to display the ways in which specialists can lose their ability to diagnose and treat through their desire to gain a prominent social and scientific reputation. Each of these three sections will also chronicle the ways in which Holmes uses his knowledge to combat these specialist characters to solve crimes.

The Threat of Eastern Medicine in “The Adventure of the Creeping Man”

“The Adventure of the Creeping Man” revolves around the odd behaviors of an esteemed English professor. Prior to this episode, Professor Presbury, the “famous Camford physiologist,” led a life without “a breath of scandal” and developed a “European reputation” for his academic achievements (602-3). Holmes was alerted to the story when Jack Bennett, the professor’s assistant and fiancé to his daughter, came to him after the family dog attacked the older man on two separate occasions. A widower of sixty-one, the elder Presbury wooed another professor’s daughter in a “passionate frenzy of youth” despite their considerable age-difference (603). Although his daughter and Bennett protested, he continued in the relationship and suddenly made a mysterious trip to Prague without informing anyone. After this trip, Bennett describes to Holmes that his behavior changed to something “sinister and unexpected,” as if some “shadow which had darkened his higher qualities,” but left his renowned intellect unaffected (604). The assistant reported that these strange behavioral aberrations occur in nine-day cycles and that the

professor periodically receives packages from London which he is forbidden to touch. During this time, he closely guards a “little wooden box...one of those quaint carved things which one associates with Germany” and even scolds Bennett when he touches it (604). As time passed, the professor’s behavior became increasingly erratic to the point where Bennett discovers his teacher crawling through the halls of his house at night. Arriving late to her fiancé’s meeting with Holmes, Miss Presbury elaborates on a strange instance where she awoke late at night to find her father staring at her through the window of her second-floor room (606-7). Inexplicable though they were, the behavioral and physical transformations of the professor have given him “more energy and vitality” and made him “stronger than I (Bennett) have known him for years” (605, 611). The remarkable progression of such a respected academic piques the curiosity of Holmes, who immediately takes the case. The odd transformation is ultimately found to be caused by an injected monkey serum prescribed by an ostracized scientist to restore vitality, which allowed him to continue his relationship with the younger woman.

The physical transformation of Presbury’s body using drugs derived from animals reveals the fears of the British body politic when interacting with foreign medicine. In *Anxieties of Empire and the Fiction of Intrigue*, Yumna Siddiqi highlights the dual presentation of Western imperial bodies as “indomitable...over thirst disease, injury, and exhaustion” as well as “unstable and fragile – bodies that change color, that shrink, that bleed and bend and break” (Siddiqi 78). While it has succumbed to age, Presbury’s body remains essentially “indomitable” prior to his drug use due to his scientific knowledge. Although he gained a mastery of academic physiology, the professor loses control of his own body and mind in his attempt to regain vitality. Interestingly, the drug does not originate from Asia or Africa but from Eastern Europe – suggesting a distinct superiority in the medical practices of more westerly nations like England

and France. He returns as a “different man” who is physically and behaviorally marked for subscribing to non-traditional medical techniques.

The physical and behavioral effects of the langur serum prescribed by H. Lowenstein suggest a Darwinian degeneration of the respected professor. The physiologist is observed by Bennett to be “crawling...on his hands and feet, with his face sunk between his hands” while under the influence of the serum (605). Later, he is observed by Holmes, Watson, and Bennett, who watch as the older man climbs an ivy-covered wall and begins to swing “from branch to branch...sure of foot and firm of grasp, climbing apparently in mere joy at his own powers” (613). Formerly, Presbury embodied civilized scientific progress and now only represents regression because he took non-canonical treatments. Siddiqi links the anxiety surrounding colonial disfigurement to “a troubled political unconscious, upon which the original and repeated violence of colonization has left its traces” (Siddiqi 81). In this story, the “violence” of the medical consciousness is embodied by the physical transformation of Presbury after straying outside the English medical tradition to which he formerly subscribed.

Presbury’s use of Eastern drugs would seemingly attest to their rightful place within the European medicine; however, the negative effects associated with this treatment cause it to remain in the medical periphery. Even as an expert of human physiology, Presbury readily chooses the langur serum to make him younger, which, by virtue of his academic reputation, should legitimize the treatment with the English medical corpus. Lowenstein becomes an equal of the European doctors who ostracized him when the professor begins to take his formula (614-5). Like a patient following a prescription from a normal doctor, Presbury religiously takes the drug “under definite directions” from Lowenstein, which “regulate this ninth-day system” of strange behavior (612). The acceptance of the serum into the professor’s view of the European

medical canon is metaphorically represented by his placement of the “little wooden box” carrying the drug in his “instrument cupboard” (604). The cupboard houses the many tools that Presbury had used to decipher the mysteries of the human body. Like a doctor’s stethoscope or white coat, these instruments have been encoded into the cultural iconography of that profession and have grown to become synonymous with scientific progress. Thus, the placing of the box, a “quaint carved thing...which suggested a Continental tour,” into the receptacle that symbolizes his work suggests that Presbury has added it to the tools of his profession. Collins sets a precedent for the placement of a foreign object in an English container as seen when Rachel Verinder places the Moonstone in her “Indian cabinet (that) has no lock” on the night of her birthday (Collins 92). In *Pleasures and Pains*, Barry Milligan suggests that the “Indian diamond’s mysterious influence will not be contained” in a “leaky Indian cabinet,” which implicitly positions Indian institutions below their safer English counterparts (79). Like the Moonstone, the effects of the serum cannot be maintained within the English structure into which it has been placed (i.e. the English medical canon), as manifested by Presbury’s untreatable physical transformation. The main difference in the significance of containment in *The Moonstone* versus “The Resident Patient” is that the animal-derived drug in Doyle is actually safer within the instrument case of the prominent English scientist, which elevates it from a scorned Eastern alternative to mainstream medical treatment. Despite his belief in the drug, Presbury cannot elevate it to the level of Western medicine because of its degenerative effects.

Virginia Richter argues in “The Civilized Ape” that Presbury does not represent a “border figure, but a literal biological hybrid” in which the difference between man and ape “is no longer a cultural practice...but physical transformation” (122). The loss of this distinction is

especially disturbing to the English colonial body which places distance between itself and degenerate indigenous peoples – essentially saying that “some humans are aligned with animals; in fact some humans are not human at all” (Fudge qtd. by Richer 115). Richter’s argument focuses extensively on the physical fear of an ape-man hybrid but neglects that a significant part of the horror of the scene lies in the fact that Presbury was a scientific specialist. Watson, a scientific professional, is aghast at the sight of the ape-like Presbury and says that he had never “seen a more strange sight than this impassive and still dignified figure crouching frog-like upon the ground” (613). Watson’s reaction is linked to the disfigurement of the professor’s “dignity” as both a native Englishman and scientist. As previously discussed, Europeans have no qualms about framing indigenous peoples as non-human entities; however, when a respected intellectual transforms, the fear of evolutionary regression is magnified. The loss of biological boundaries between humans and non-humans also affects the European medical community, which relies on categorization to understand pathology and label diseases. The mysterious drug cannot be pathologized or located within any medical text – thereby representing a direct threat to the English medical body.

The alternative treatment prescribed by Lowenstein threatens the English medical establishment. Although he was ostracized from mainstream medicine for not revealing the composition of the drug, the “obscure scientist” from Prague nonetheless prescribes the “wondrous strength-giving serum” to a highly-regarded English scientist (615). Lowenstein’s use of unconventional theories and techniques undoubtedly positions him as a medical specialist like Ezra Jennings; however, he uses his knowledge irresponsibly to combat nature’s elemental processes. In a letter to Presbury, Lowenstein states that “the serum of anthropoid would have been better” since the animal “walks erect and is in all ways nearer” to humans; even so, he

dispenses the langur serum with hopes of proving his overarching theory to the “esteemed” Englishman (614). By giving a treatment from a less-than adequate specimen, Lowenstein is placing his patient at risk to achieve scientific acceptance within the European medical canon. The Eastern doctor suggests that his langur-derived treatment is safe for humans based on questionable evolutionary analysis of the similarity between the species (614). The drug is synthesized from the serum of a langur, the “black-faced monkey of the Himalayan slopes” that is characterized in a zoology text found in Presbury’s office as the “most human of climbing monkeys” (615). Presbury likely consulted that text prior to taking the treatment and accepted it based on this highly-dubious species comparison, which reflects that even the most respected and knowledgeable scientists can disregard their knowledge to appease a personal whim. Doyle uses the zoology manual to define the langur species and conceive of Lowenstein’s treatment using terms that are understandable within the English mind. By placing a treatment with degenerating effects outside of the European medical corpus, Doyle implicitly criticizes the techniques and ethical standards of non-traditional, non-English medical understanding.

Since his drug transformed a leading scientist into an experimental subject, Lowenstein is condemned by Holmes as a threat to the evolution of modern civilization. Bennett, who attests that he “learned method among other things from his great teacher,” feels that it is his scientific and personal “duty to study his (Presbury’s) case” (604). Through this statement, the assistant seems to be suggesting that some viable scientific truth could be derived from observing the doctor. In contrast, Holmes regards the odd case as a “very real danger to humanity,” where “the material, the sensual, and the worldly would all prolong their worthless lives” (615). The inspector asserts that the use of these treatments will alter the evolutionary progress of the species, leading to the “survival of the least fit” (615). Through this lens, the manipulation of

natural processes like aging is not a personal whim, but a real threat to the survival and propagation of the human species. Richter argues that the danger feared by Holmes is actually Presbury's of choosing alternative medicine, which allows for the "resurgence of buried animal characteristics" and makes "those who are able to access their animal side" the most physically and mentally "fit" (Richter 122). In her estimation, this would lead to a world "ruled by brute strength" where "ethical and cultural refinement would have been abandoned" (Richter 22). Undoubtedly included in this "cultural refinement" is clinical medicine, which helps those who are "less fit" to survive for much longer than predicted in Darwinian theory. The juxtaposition of foreign medicine with evolutionary degeneration exalts Western thought as a means of progress and evolutionary advancement. Despite this, traditional physicians like Watson cannot diagnose or treat the professor's condition – thereby making the presence of an omniscient specialist like Holmes necessary for the story.

As a traditional doctor, Watson attempts to diagnose the peculiar physical symptoms of the Professor's condition but cannot locate them within his understanding, which belittles his medical skill set. Following Bennett's testimony that he saw the Professor "on his hands and feet" late at night, Holmes and Watson have the following exchange (605):

Holmes: "Well, Watson, what make you of that?" asked Holmes with the air of the pathologist who presents a rare specimen."

Watson: "'Lumbago, possibly. I have known a severe attack make a man walk in just such a way, and nothing would be more trying to the temper.'"

Holmes: "Good, Watson! You always keep us flat-footed on the ground. But we can hardly accept lumbago, since he was able to stand erect in a moment."

Like most doctors with traditional training, Watson connects the strange contortions to lumbago – defined by Jack Tracy as "rheumatic pains affecting muscles of the loins" in the *Encyclopedia Sherlockiana* (Tracy 230). He gravitates toward this disease because of own clinical

background, where the disorder has been defined and extensively pathologized. With his specialized body of knowledge, Holmes severs Watson's connection with this established medical corpus – as indicated by the “air of the pathologist who presents a rare specimen” with which he asks Watson to diagnose the situation. The “air of the pathologist” noticed by Watson serves as an implicit acknowledgement by the clinician of the limitations of his professional knowledge. The “rare specimen” aligns with the previously-described condition of lumbago; however, since it cannot be situated within any medical precedent, the clinician Watson is essentially paralyzed to act. Through the sarcasm of his question, Watson perceives that Holmes is not only looking to challenge his ability as a detective but as a doctor. Lawrence Rothfield expands on this idea in *Vital Signs* where he notes that, in the Holmes canon, “clinical medicine, once queen of the human sciences, becomes subordinated as a form of knowledge to the more exact sciences” due to the “hardening, in clinical diagnostics, of the distinction between symptoms (verbal indications given by patients) and signs (“objectively” observed)” (Rothfield 141). In the discussed exchange from “Creeping Man,” the divide between “symptoms” and “signs” is manifested in Watson's diagnosis based on “indications” given by Bennett, whereas Holmes uses the “sign” of the professor immediately standing up to disprove it. The great sleuth coyly compliments his companion on “keep(ing) us flat-footed on the ground” and proceeds to reveal the weaknesses in Watson's professional opinion as if he had planned to use his specialist knowledge from the beginning. Holmes' characterization of Watson's opinion as “flat-footed” also suggests that the clinical viewpoint is deformed or unsuited for dealing with novel threats. “As a medical man,” Watson later suggests that the case would be better handled by an “alienist” (a psychiatrist) since “the old gentleman's cerebral processes were disturbed by the lover affair” (606). Of course, no “alienist” is called since Holmes' extensive knowledge is enough to solve

the case; nonetheless, Watson highlights the limits of his generalized knowledge by deferring to a specialist. Watson does not use his medical acumen again in the story until he treats the hemorrhaging the Professor's "torn throat" when he is nearly killed by the family dog. He explicitly states that "sharp teeth had passed dangerously near the carotid artery, and the hemorrhage was serious" – as if he were trying to bolster the reader's faith in his medical skills by exercising his medical vocabulary (614). In this way, Watson's role as a general practitioner shifts from diagnosis to treatment of tangible injuries throughout the story. As in *The Moonstone*, clinical practice is rendered as a simplistic forebear of specialized medicine that is inadequate for dealing with situations where modern science outstrips evolutionary progress.

Holmes uses his eclectic base of knowledge to diagnose the Professor's condition outside of the parameters of standardized medical knowledge. Compiling the clues of the Professor's mysterious trip, his strange packages, and the regular schedule of his odd behavior, Holmes suggests that the culprit is some non-canonical pharmacological agent. He establishes a "provisional theory" that the professor takes a strong drug with "highly poisonous effect(s)" every nine days, which "intensifies" his "naturally violent nature" (611). He knows that the drug is from the East based on Presbury's trip to Prague as well as packages from "A. Dorak," which he identifies as "a curious name...Slavonic, I imagine" (610). The nine-day cycle of the behavior and its correspondence with the dog attacks alerted Holmes that a drug was involved; nonetheless, it is his medicalized inspection of the Professor that ultimately reveals its identity. In an attempt to physically observe the professor, Holmes and Watson pretend that Presbury made an appointment with them – only to find the professor physically confrontational with "furious passion" when their deception does not work (609). In his rage, the professor shakes his hands at his unwelcomed visitors - alerting Holmes to his "thick and horny" knuckles (612).

Combined with his primate-like behaviors, the changes in the professor's knuckles point Holmes "in one direction" - that the drug caused Presbury to develop symptoms of the donor animal (612). In this way, Holmes pathologizes a condition that has no known etiology or connection to the medical canon. His deductive process in "The Creeping Man" functions in parallel with the medical diagnostic techniques. Like a doctor, he begins his investigation through observation of the patient and proceeds to extrapolate from their physical symptoms. Unlike a general practitioner, the key to Holmes' diagnostic success in this case lies in his extensive knowledge of comparative anatomy – specifically the similarity of the Professor's knuckles to those of different ape species. Empowered through his extraordinarily broad understanding, Holmes appropriates the basic components of medical diagnosis to conquer a non-canonical medical condition. While he epitomizes the idea of the specialist, the detective is also different from his advanced peers in that his specialty is based in the breadth of his knowledge rather than a single focus. In this way, Holmes is a specialist in synthesizing and processing of varied forms of knowledge to produce remarkably accurate conclusions.

The Rise of the Colonial Doctor in "The Adventure of the Speckled Band"

Like "The Creeping Man," "The Adventure of the Speckled Band" features a medical specialist whose body of knowledge threatens Englishmen and the European medical corpus. The case is brought to Holmes by Helen Stoner, who lives with her step-father, Dr. Grimesby Roylott, at his decaying ancestral estate called Stoke Moran. Despite their pedigree as "one of the oldest Saxon families in England," generations of Roylotts made poor financial decisions that ultimately led to Dr. Roylott's father living the life of an "aristocratic pauper" (145). The young Roylott pursued a degree in medicine and had a successful practice in India. After he beat his

“native butler” to death, Dr. Roylott was sent to prison and “returned to England a morose and disappointed man” (145). He married Helen’s mother, the daughter of an English officer in the Bengal Artillery, and returned to his ancestral seat (145). When Mrs. Stoner died, she left a portion of her estate to Helen and her twin sister Julia to be dispersed when they married. After the death of his wife, the doctor developed many eccentric habits like keeping a cheetah and a baboon on the estate and allowing gypsies to camp on the grounds. Upon her engagement to a major in the British army, Julia Stoner began to hear a “low, clear whistle” in her room at three o’clock in the morning, which she attributed to “those wretched gypsies in the plantation” (146). Later that week, Helen awoke to the screaming of her sister, who emerged from her room with “her face blanched with terror” (147). After writhing and convulsing, Julia collapsed to the ground and exclaimed “Oh, my God! Helen! It was the band! The speckled band!” (147). The coroner could not discern the cause of death for Julia, whose door was locked and windows were shuttered with iron bars at that time (147-8). Helen Stoner is hysterical after hearing the same whistling sound while sleeping in her sister’s room the night before consulting the inspector (143-4). Suspecting foul play, Holmes and Watson take the case and promptly leave to inspect Stoke Moran. At the rotting house, they inspect Julia’s room, which is next to Dr. Roylott’s own quarters, and find a “dummy” bell rope tied to a conspicuously-modern ventilation shaft to the doctor’s room (152). The culprit is eventually discovered to be none other than Dr. Roylott himself, who led a poisonous Indian swamp adder through the ventilation shaft and down the bell rope to eliminate his step-daughter from receiving her mother’s inheritance (154-5).

The social decay of the Roylott clan is explained as a deleterious hereditary condition linked to the concept of moral contagion. Despite its long history in the England, the Roylott family went into ruin in the eighteenth century due to the “dissolute and wasteful disposition” of

its heirs (145). Narrating the family history through Helen Stoner, Doyle positions this marring “disposition” as if it were a contagious or congenital character defect passed from generation to generation of Royslotts. They are seemingly unable to overcome this hereditary mantle of financial carelessness, with no mention of any efforts made to recover their name. The vertical transmission of the “disposition” through the Royslott lineage echoes the idea of “moral contagion” used by doctors in the eighteenth century to describe the spread of dangerous ideas through interconnected groups of people. In *Moral contagion and the will*, critic Christopher Forth chronicles ideas of the “corpuscular” dispersal of moral contagion put forth by French doctor Philippe Hecquet in 1733 (Forth 62-3). “Corpuscles” were theorized to be miniature bodies that emanated from people that “were imprinted with the mark of that person’s temperament and physical condition” – meaning that “individuals in close proximity to one another transmitted psychological states through the skin” (63). Although the corpuscular theory of moral contagion had been widely discredited for some time, Stoner positions the Royslott’s financial carelessness as if it were transmitted from heir to heir (145). Rhetorically, Royslott’s step-daughter uses scientific constructs to displace blame from the careless heirs who squandered her family’s fortune. Through the lens of moral contagion, the decline of the Royslotts was unavoidable and continues to affect Dr. Royslott when he goes to India and, eventually, kills his step-daughter to preserve his capital.

Troubled by the decay of his family in England, Grimesby Royslott ventures to the colonies to re-fashion himself only to find his genetic predisposition intensified by the foreign climate, which transforms him into a murderer. Initially, he tries to escape his ruined financial legacy by becoming a physician and moving to Calcutta (145). Despite his best efforts in his colonial home, Royslott cannot escape the ugly inheritances of his family. Having asserted that

bad decisions were transmitted between generations of Royslotts, Stoner tells Holmes that there is a heritable basis for her stepfather's obtrusive temper. Although he was successful as a physician due to his "professional skill and his force of character," Stoner argues that his "violence of temper approaching to mania...has been hereditary in the men of the family" and was "intensified by his long residence in the tropics" (145). This genetic predisposition for temper directly contributes to his downfall when he "beats his native (Indian) butler to death" after he suspects him of theft, resulting in a long-term imprisonment abroad (145). The "intensification" of his endowed character traits by the tropical environment further displaces blame from Royslott, whose "violence of temper" would have presumably been contained in his native England. In "Pathological Possibilities," Susan Cannon Harris suggests that "India becomes a laboratory in which England's hereditary criminals are identified" – meaning that the negative aspects of Royslott's personality would "never have been detected" had he remained at home (Harris 459). Like John Herncastle in *The Moonstone*, who stole the supposedly cursed diamond, Royslott's natural tendencies are exaggerated by his time in the colonies and subsequently impel them both to commit murder. Also like Herncastle, Royslott leads a life of social isolation from his fellow Englishmen – only interacting with the "wandering gypsies" who he allows to camp on his familial grounds (145). The murder itself is directly linked to the colonies since he employs the swamp adder - "the deadliest snake in India" – to accomplish his task (145). Like the murder of the Indian butler, the deadly snake is a frightening relic of Dr. Royslott's time abroad and his subsequent decline. Ultimately, dark colonial influences mark the end of Dr. Royslott, who dies "within ten seconds of being bitten" by the snake when Holmes repels it from Stoner's room (157). When he is discovered by Holmes and Watson, they notice the "the squat diamond-shaped head and puffed neck of a loathsome serpent" still alive with

within the hair of its “master” (157-8). The revolt of the snake as a colonial subject against its English master showcases the lack of control that the doctor had over the animal, which he attempted to domesticate as “imperial weapons, agents of control and coercion” (Harris 459).

Combining his colonial experiences with his medical knowledge, Dr. Royslott orchestrates a murder that was undetectable using normal English methods – rendering him as a type of malevolent medical specialist. The former doctor represents the potential threat posed by the specialized medical knowledge from abroad. Despite the “notorious...conduct” of Dr. Royslott in the area, the local coroner cannot “find any satisfactory cause of death” for the murdered Julia Stoner (147). The inability to pathologize the murder causes sheer panic in the minds of English doctors and laypersons alike - as seen with Helen Stoner, who suggests that her sister died from the “wild talk of delirium” (148). Although the dummy bell pull and the mock ventilation system were essential to his sinister plan, Royslott is only able to elude the local medical establishment through his use of the swamp adder snake venom, an unclassified pharmacological agent. Local doctors “examined her for it (the poison), but without success” due to the limitation of their techniques (147-8). Harris notes that murder by poisoning is only present in five of Holmes’ sixty cases – thereby attesting to “the nineteenth-century perception that criminal poisoning was ‘relatively uncommon’ in England...(as) a crime peculiar to the tropics” (Harris 449). Furthermore, it is relevant that Royslott, as an Englishman, is performing this act using a foreign agent, what she refers to as “the infection (moving) closer to home” (Harris 452). I would further add that Dr. Royslott’s first name, Grimesby, includes the word “grime,” which carries its own connotations of the filthy and infectious nature of the colonies. In this way, Royslott’s foreign experience transforms him from a symbol of English medical prowess to an uncanny meshing of foreign and domestic. This uncanny nature stems from his mixture of

English and colonial education, both of which contributed to a new form of medical knowledge capable of committing an undetectable murder.

To identify Roylott as the culprit, Holmes uses his knowledge of modern building methods as well as Eastern animal handling to analyze the layout of Helen Stoner's room. Having checked that no one could enter through the windows or the locked door, the inspector initially notices "one or two very singular points" about the modern adaptations within the "homely little room" (152). First, he discovers that the bell pull is a "dummy... fastened to a hook just above where the little opening for the ventilator is" (152). Next, he notes that the builder must have been foolish "to open a ventilator into another room, when, with the same trouble, he might have communicated with the outside air!" (152). This observation about the ventilation system showcases Holmes' specialized understanding, since the setup was "quite modern" and could have eluded a less-trained eye. Proceeding into Roylott's quarters, Holmes notices a saucer of milk and a "loop of whipcord" on top of his safe (153). The inspector asks Watson what he thinks of the loop but he cannot understand "why it should be tied" (153). Holmes implements his "knowledge that the doctor was furnished with a supply of creatures from India" to postulate that the cord and milk are used to care for a foreign animal of some type. When juxtaposed with Holmes, Watson lacks the ability to connect these seemingly unrelated clues due to his lesser deductive ability and foreign knowledge. Because his mind is rooted solely in European thought, the general practitioner cannot conceive of what type of animal could crawl through a ventilator opening "so small that a rat could hardly pass through" (154). For Holmes, the presence of the dummy bell pull tied to the ventilator shaft caused "the idea of (a)" to "instantly occur" to him (158). Thus, Holmes' specialized knowledge of the East supersedes the experiences of Watson's European mind.

While most malevolent specialists like Lowenstein exist solely outside of European thought, Grimesby Roylott is both a European doctor and a foreign-training specialist, which places him in a unique position to get away with the crime. Holmes acknowledges Roylott's unique position, saying that "the idea of using a form of poison which could not possibly be discovered by any chemical test was just such a one as would occur to a clever and ruthless man who had had an Eastern training" (158). The characterization of Roylott's time in India as "Eastern training" connotes an area of specialization, as if the originally-English doctor went abroad to expand his skill set rather than practice within his training. Through this lens, Doyle is demonstrating that the great diversity of colonial pathogens presents an opportunity for new types of knowledge that could completely overturn Western thought as a paradigm of advancement. The inspector also notes that, beyond its unclassified chemical effects, the snake was not physically detected since the English coroner "could (not) distinguish the two little dark punctures which would show where the poison fangs had done their work" (158). Therefore, the diagnostic secret of the swamp adder is hidden in plain sight, but eludes the trained eye of an English practitioner. The failure of the "coroner's gaze" to detect the bite marks upsets the Foucauldian idea of pathologization, where physical manifestations can be traced to a known etiology using medical knowledge. In this case, the physical symptoms of the snake bite are present on the victim; nonetheless, the diagnosis fails because the coroner cannot locate the symptoms within his medical experience. Through this lens, the inability to determine the cause of death represents the failure of clinical procedures and Western medical thought. When Holmes calls for a "sharp-eyed coroner" to notice the bites, he is implicitly asking for a specialist who can judge the physical symptoms of unusual foreign conditions rather than a professional with keen eyesight. While he is sure to highlight the limitations of medicine, Holmes also states

that “when a doctor does go wrong he is the first of criminals...he has nerve and he has knowledge” (155). Even though he acknowledges the threat of medical knowledge, Holmes fails to include the fact that Dr. Roylott had a specialized form of understanding from his time in India. For this reason, the specialist, rather than the traditional doctor, is the true “first of criminals” due to his ability to mesh divergent knowledge. Armed with his hybrid knowledge of East and West, Roylott the specialist emerges as just as much of a threat as the uncategorized pathogen used for the murder.

The Failure of the Specialist’s Gaze in “The Adventure of the Resident Patient”

While “The Speckled Band” showcases how Eastern-influenced specialized knowledge can be used to outsmart Western practitioners, “The Adventure of the Resident Patient” reveals how criminals can manipulate specialists by pandering to their desire to gain scientific acclaim and financial success. The specialist in question is Percy Trevelyan, a rising young doctor focusing on “nervous lesions” involved in catalepsy (158). Faced with financial difficulties when trying to establish his practice, Trevelyan was approached by an obese man named Blessington who invests in the young doctor because “it’s just like any other speculation, and safer than most” (160). The reclusive sponsor promises to purchase a fully-furnished house in which Trevelyan will begin his practice in return for “three-quarters of what (he) earn(ed)” (161). Although he is not directly in danger, Trevelyan approaches Holmes and Watson after a series of bizarre events at the house that he shares with Blessington on Brock Street (160). The nervous specialist receives a letter from a cataleptic Russian nobleman and his son, who both acknowledge him as an “authority” on the rare condition (163). When Trevelyan meets the Russians, the son of the nobleman refuses to remain with his father during his consultation and

instead leaves the room. As he records the symptoms of his patient, the elder Russian becomes frozen in an apparent cataleptic fit. After he left to procure a treatment for the man, Trevelyan returns to find both the father and son gone. The pair returns the next day, claiming that the father loses consciousness of “all that has gone before” when he goes into his fits (164).

Returning from his daily walk, Blessington becomes hysterical when he notices footprints on the stairs leading to his room. Throughout the next day, the mysterious sponsor becomes increasingly nervous. Holmes travels with Trevelyan to the house and, upon hearing the story of the sponsor, tells Blessington “to speak the truth” – an assertion founded upon his ability to “read in a man’s eye when it is his own skin that he is frightened for” (167-8). Blessington is found the next day as an apparent suicide; however, Holmes deduces that he was murdered. As usual, Holmes’ theory is revealed to be true when it is found that Blessington was actually “Sutton,” the leader of the Worthingdon bank gang, who betrayed his accomplices to avoid a prison sentence. He changed his identity to avoid the remaining members of the gang, who, when they were released from prison, gain their revenge on him by pretending to be patients of Dr. Trevelyan and murdering him at night.

Trevelyan’s drive to attain the status symbols of his practice signifies the acceptance of the medical specialists within mainstream British culture and subsequently allows him to be duped by the criminals in the story. After his graduation from London University, the rising doctor took a position at King’s College Hospital, where he generated “considerable interest” from the medical community for his “research into the pathology of catalepsy” (159). Despite the “general impression” that a “distinguished career lay before” him, the young doctor cannot gain footing in the professional community because of his lack of “capital” (159). This capital is not intended to purchase new laboratory equipment or new literature in his field, but a costly

house in the “Cavendish Square quarter” and a “presentable carriage and horse” – both of which Trevelyan identifies as necessities of a “specialist who aims high” (159). In *The Moonstone*, specialists are somewhat liminal characters employed by protagonists rather than acting on their own accord. Juxtaposed with the ragged existences of Dr. Roylott from “The Speckled Band” or Ezra Jennings from Collins, the impressions of a medical specialist have clearly evolved from its original place on the cultural periphery. Rather than living surrounded by their work and frequently in squalor, specialists are living in homes traditionally reserved for clinical physicians. Even as the consummate specialist detective, Holmes experiences a similar transition from the outer borders to society to gain acceptance. In *The Adventures of Sherlock Holmes: Detecting Social Order*, Rosemary Jann astutely observes that in “A Study in Scarlet,” one of Doyle’s earliest stories, Holmes is “an unestablished outsider, unable to afford comfortable rooms without Watson’s partnership and happy to get a motley assortment of nondescript people as his clientele” (41). This social transformation would suggest an acceptance of specialized medical sectors into the larger medical community. In the case of Trevelyan, his reputation is predicated on making discoveries as well as looking the part of the specialist. Unfortunately, his desire to gain acceptance leaves him vulnerable to characters like Blessington who, when he initially approaches him, sarcastically comments that the young man has “more in (his) brains than in (his) pocket” (160). Percy is so driven to gain these possessions that he willingly forfeits three-quarters of money made in his practice to a man that he barely knows. Blinded by his desire, Trevelyan accepts Blessington as his “resident patient” without any suspicion of his proposal. In this way, the young doctor sacrifices his common sense to preserve his “specialist’s gaze” in an effort to gain the status symbols of his profession. Although medical knowledge usually serves

as a form of agency in the Holmes canon, Trevelyan's specialized focus weakens his judgment and leaves him vulnerable to exploitation by criminals.

Rather than properly diagnosing catalepsy, Trevelyan's main goal throughout the story is to gain a prominent scientific reputation. As he arrives at Baker Street to consult with Holmes, Trevelyan becomes "flushed with pleasure" when Watson, a "brother medico" who is already culturally and financially established, acknowledges his work on nervous lesions in cataleptics (158). When the disguised members of the Worthingdon bank gang ask for a consultation with Trevelyan, they explicitly mention that they contacted him because, "as is well known, Dr. Trevelyan is an authority" on cataleptics (162). Like his reaction to Dr. Watson, Trevelyan is excited to meet his newly-found Russian clients because their recognition of his authority shows the spread of his reputation throughout the world. As he interviews the elder Russian nobleman, the acclaimed specialist looks up from his notes to see that the man "was sitting bolt upright in his chair, staring at me with a perfectly blank and rigid face...in the grip of his mysterious malady" (163). Trevelyan's reaction to this cataleptic fit is two-fold: first, he feels "pity and horror" for the man; then, he notes his "professional satisfaction" with the fit since the "the chief difficulty in the study of catalepsy is the rareness of the disease" (162-3). Thus, the medical "rareness" of the situation pushes the ascending specialist to treat the man as a case study to enhance his diagnostic repertoire. He examines the older man's "pulse," "temperature," "reflexes," and "rigidity of the muscles" hoping to gain some groundbreaking knowledge of the condition (163). Dissection of these parameters renders "nothing markedly abnormal" about the man's physiological state, which Trevelyan notes "harmonized with (his) former experiences" (163). In reality, the man is enacting a cataleptic fit to distract the doctor, "a fraudulent

imitation” which Holmes claims that he had performed himself on previous occasions (167). In his attempt to gain new knowledge, Trevelyan loses track of diagnostic reality.

In his professional delirium to catalogue another case of the rare disorder, Trevelyan loses the ability to properly diagnose his patients with his “specialist’s gaze.” Like the country doctors in *The Moonstone* who refuse to treat Dr. Candy after their treatment is surpassed by Ezra Jennings, Trevelyan has become consumed by the socially-mandated pressure to maintain his reputation. Hoping to convert his diagnostic knowledge into effective action, he leaves the frozen man alone in the consultation room to find a “nitrate of amyl” in his laboratory, which had produced “good results in such cases” previously (163). The mere suggestion of disease causes the specialist to try to reenact traditional Foucauldian progression of diagnosis and prescription, without recognizing that the man was a fraud. This occurrence represents a unique inversion of the idea of “neuromimesis” put forth by Sir James Paget in 1875 (Vrettos 83). As explained by Athena Vrettos, neuromimesis was a medical term used to “designate a state of suggestibility in which viewing, hearing, or reading about a disease aroused corresponding symptoms” (Vrettos 83). Through his extensive study of the disease, Trevelyan displays a similar “state of suggestibility” to diagnose and treat when presented with a new cataleptic case. In this instance, Trevelyan mimics traditional clinicians with the hope of canonizing his emerging field of research. Limited by the medical technology and theory of the time, a doctor hoping to make nervous disorders his “absolute specialty” would need to amass a large number of patients to gain any respect in the community (158). In this way, the specialist would be more prone to “see” disease in his patients so that he could build his spectrum of understanding. The inability of the specialist to recognize a true cataleptic case also reflects the difficulty of pathologizing a “nervous disorder” whose physical manifestations do not lead to the discovery of their causes.

Holmes acknowledges this difficulty when he states that catalepsy is “a very easy complaint to imitate”; nevertheless, he chooses not to mention this to Trevelyan – presumably to preserve the young doctor’s confidence (167). In this story, Trevelyan’s attempt to gain a new foreign patient only blinds him to the deception. While this practice is culturally and financially necessary for an emerging doctor, it does not successfully accomplish the goals of the specialist to understand, diagnose, and treat unusual pathogens and disorders.

Holmes uses specialized observational techniques based in medical diagnosis to recreate Blessington’s murder, which exceeds the eye of the specialist Trevelyan. The inspector first identifies three men – “the young man, the old man, and a third to whose identity I have no clue” – who took part in the murder from the “super-imposing of the footprints” on the stairs leading to Blessington’s room (172). In this manner, Holmes transforms physical symptoms of the crime scene into tangible conclusions like a clinician. Next, Holmes deduces that they forced themselves into the room from the “scratches on this ward” of the door “where the pressure was applied” (172). From different patterns of cigar ashes found in an ashtray and on the floor, Holmes extrapolates that the murders held “something in the nature of a judicial proceeding” before killing Blessington (172). Miscellaneous screws and a screwdriver found at scene suggest to him that the murderers sought to manually hang the older tenant but instead used the hook in the room to do the deed (173). From these symptoms found at the scene, he is able to chronologically pathologize the happenings of the crime like a specialist would do for a new malady. Critic Rosemary Jann echoes this medicalized reading of Holmes’ deduction, saying that the “marks (of a crime) are the product of predictable laws of behavior, just as specific medical symptoms are the product of specific diseases” (56). Jann is correct in saying that Holmes operates in a medicalized manner; however, I would go farther to say that he actually

outstrips medical practitioners by simultaneously reading clues from several different bodies of knowledge like the significance of cigar ash distributions or the depth of footprint impressions. Watson recognizes that Holmes is operating at another observational level, saying that his conclusions were “deduced from signs so subtle and minute that, even when he had pointed them out to us, we could (Watson and Trevelyan) could scarcely follow him in his reasonings” (173). Despite their considerable medical skills, Holmes surpasses both a traditional practitioner and an advanced specialist by diagnosing a situation using several concurrent forms of knowledge.

The development of the specialist character from a peripheral character in *The Moonstone* to a functional societal character and threat represents a historical shift in the cultural understanding of new forms of knowledge. Holmes is a criminological specialist informed by medical practices who triumphs over all threats using his multifaceted expertise. Although Holmes is an indomitable figure in the text, the proliferation of specialized medical and scientific techniques in the late-nineteenth century allowed characters like Grimesby Roylott to use this knowledge to achieve a malevolent end. As evidenced by the simian transformations in “The Creeping Man,” even respected academics like Professor Presbury can fall prey to specialized practices that endanger their own health as well as the wellbeing of civilization. Driven by greed in “The Adventure of the Speckled Band,” Roylott employs his specialized colonial knowledge to murder his step-daughter in her sleep. Similar to their clinical forebears, specialists can also be blinded by their desires to attain social and professional standing. “The Resident Patient” shows that Dr. Trevelyan is not able to diagnose a false case of catalepsy, which allows murderers to enter his house and perpetuate their revenge. In these ways, the powers of specialist knowledge can be transformed and even diminished by characters in the Holmes stories.

Coda

Although they extrapolate information from physical observations like Foucauldian clinicians, medical and detective specialists often rely on theory to solve crimes that are too modern or foreign to be dealt with using traditional techniques. Foucault argued that a standardized medical language had to be formulated before the medical canon could be established. While specialists use physical observations and medical language to generate conclusions, they must rely on different bodies of knowledge than their clinical counterparts. In certain instances, such as Ezra Jennings' experiment from *The Moonstone*, these characters use unproven theories supported by traditional medical concepts. In others, the specialist creates a language of their own outside of any discernible canon, as seen with Holmes' reading of the cigar ashes and footprints in "The Adventure of the Resident Patient." Holmes is a distinct type of detective who specializes in synthesizing information from several theoretical constructs at the same time. In these ways, characters like Jennings and Holmes work from theory to derive truth. In Foucauldian terms, the use of theory before precedent would suggest an inversion of the historical progression of medical knowledge, which moved from superstition and theory to canonical understanding. Nevertheless, the presence of the specialist and specialized techniques is necessary to confront novel threats emerging from the colonies. Traditional doctors and detectives cannot decipher mysteries whose circumstances have never been previously encountered – namely because they cannot be located within a standardized canon. Thus, in unearthing innovative theories and finding new areas of understanding, specialists like Holmes and Jennings are uniquely suited to deal with foreign-borne threats.

The growth of the specialization in the nineteenth-century generated many advances in medicine and criminology; however, Doyle and Collins both question the authenticity and safety

of these advanced individuals and their knowledge, signaling that English society was uneasy about the rapid expansion of medical science. These detective authors recognized that this knowledge could be inadvertently mishandled or deliberately used for wicked purposes to become a threat to the civilization which bore it and supported its growth. Frequently, European specialists fumbled their progressive techniques at the expense of supposedly inferior colonial people. For instance, as part of the 1897 Epidemic Diseases Act that promised to showcase European medical superiority, Waldemar Haffkine developed a plague vaccine that was discarded after a tetanus-tainted batch killed nineteen teenagers in 1902 (Harrison 132-3). While Haffkine did not have murderous intentions like Grimesby Roylott, his treatment was founded on sophisticated microbiological and immunological principles but nevertheless killed those that it was intended to treat. Through his mysterious clairvoyant episode, Collins foreshadows the inability of future specialists to accurately diagnose, treat, and pathologize all situations. Doyle pushes the frightening potentialities surrounding this new knowledge to a new extreme, where criminals use it to bypass traditional medical and criminological bodies. Using these examples from *The Moonstone* and the Holmes canon, this work shows the complex relationship between the English body politic and the specialist, who is conceived as both a promise to advance civilization and a threat to weaken it.

Works Cited

- Caldwell, Janis McLarren. *Literature and Medicine in Nineteenth-Century Britain: From Mary Shelley to George Eliot*. New York: Cambridge University Press, 2004. Print.
- Collins, Wilkie. *The Moonstone*. New York: Barnes and Noble Books, 2005. Print.
- Doyle, Arthur Conan. "The Adventure of the Creeping Man." *The Complete Sherlock Holmes, Volume II*. New York: Barnes and Noble Books, 2003. Print.
- Doyle, Arthur Conan. "The Adventure of the Resident Patient." *The Memoirs of Sherlock Holmes*. London: Longman Group Limited, 1980. Print.
- Doyle, Arthur Conan. "The Adventure of the Speckled Band." *Electronic Text Center, University of Virginia Library*. University of Virginia. Web.
- Driscoll, Lawrence. *Reconsidering Drugs: Mapping Victorian and Modern Drug Discourses*. New York: Palgrave, 2000. Print.
- Forth, Christopher E. "Moral contagion and the will: The crisis of masculinity in *fin-de-siècle* France." *Contagion: Historical and cultural studies*. Eds. Alison Bashford and Claire Hooker. New York: Routledge, 2001. Print.
- Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Pantheon Books, 1973. Print.
- Harris, Susan Cannon. "Pathological Possibilities: Contagion and Empire in Doyle's Sherlock Holmes Stories." *Victorian Literature and Culture*. 447-466 (2003): Cambridge University Press. Web.
- Harrison, Mark. *Disease and the Modern World: 1500 to the Present Day*. Maiden: Polity Press, 2004. Print.
- Jann, Rosemary. *The Adventures of Sherlock Holmes: Detecting Social Order*. New York: Twayne Publishers, 1995. Print.
- Law, Graham and Andrew Maunder. *Wilkie Collins: A Literary Life*. New York: Palgrave MacMillen, 2008. Print.
- Milligan, Barry. *Pleasures and Pains: Opium and the Orient in Nineteenth-Century British Culture*. Charlottesville: University Press of Virginia, 1995. Print.
- Richter, Virginia. "The Civilized Ape." *Embracing the other: addressing xenophobia in the new literatures in English*. Ed. Dunja M. Mohr. Amsterdam: Rodopi, 2008. 113-124. Print.

- Rothfield, Lawrence. *Vital Signs: Medical Realism in Nineteenth-Century Fiction*. Princeton: Princeton University Press, 1992. Print.
- Siddiqi, Yumna. *Anxieties of Empire and the Fiction of Intrigue*. New York: Columbia University Press, 2008. Print.
- Talairach-Vielmas, Laurence. *Wilkie Collins, Medicine, and the Gothic*. Cardiff: University of Wales Press, 2009. Print.
- Tracy, Jack. *The Encyclopedia Sherlockiana*. Garden City: Doubleday & Company, Inc, 1977. Print.
- Vrettos, Athena. *Somatic Fictions: Imagining Illness in Victorian Culture*. Stanford: Stanford University Press, 1995. Print.

TIMOTHY BOBER

ACADEMIC VITA

EDUCATION

The Pennsylvania State University, University Park – Spring 2012
Schreyer Honors College
Bachelor of Science in Biology (Vertebrate Physiology Option)
Bachelor of Arts in English with Honors

RELATED PAPERS

English 302M (Spring 2011) – “The “Pearly Cell” and The “White Nerve”: The Use of Science to Displace Monstrosity in *Dracula*, *Dr. Jekyll and Mr. Hyde*, *The Picture of Dorian Gray*, and “Carmilla”

English 302M (Fall 2010) – “The “Unspeakable Dweller Upon the Threshold”: The Decay of the English Imperialist Body in *Sherlock Holmes*”

English 302M (Fall 2009) – “Inverted Tradition and the Pursuit of Modernity: The Question of Devolution in *Ulysses*”

AWARDS

2010 Fulbright Summer Institute at Newcastle University, 07/2010-08/2010

- Received full scholarship from the US-UK Fulbright Commission to study at Newcastle University (UK)
- Performed experiments in genomic and proteomic analyses

Phi Beta Kappa, Lambda Chapter of the Pennsylvania State University (Spring 2011)

Moore Scholarship in English (Fall 2011)

The President’s Freshmen Award (Spring 2009)

Dean’s List (Fall 2008 – Fall 2011)

ACTIVITIES/VOLUNTEERING/LEADERSHIP

Lecture Teaching Assistant, Biology 230W – Biology of Molecules and Cells, 09/2011-12/2011

- Presented cell and molecular biology concepts weekly in office hours

Assistant Teaching Assistant, Biology 142 – Physiology Laboratory, 09/2011-12/2011

- Assisted in pre-lab presentations, specimen preparation, as well as quiz and lab report grading

Actor, No Refund Theatre, Spring 2009 - Present

- Performed and constructed sets for nine different productions

St. Clair Hospital Volunteer, Upper St. Clair, PA, 06/2011-08/2011

- Performed over 80 hours of volunteer work in the emergency department and hospital auxiliary

FTCAP Mentor, Schreyer Honors College, Summer 2011

- Assisted incoming Schreyer Scholars in course scheduling

Tour Guide, Penn State Lion Ambassadors, Spring 2010

- Assisted in giving tours and organizing activities on campus