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Introduction

From the time the word *hallucination* entered into English usage in the late sixteenth century, it has walked hand in hand with ghosts. Robert Harrison’s 1572 translation of Ludwig Lavater’s demonological treatise *De spectris* defines *hallucinations* as “ghostes and spirites walking by nyght and…sundry forewarnynges, which commonly happen before death” (1). Intriguingly, Lavater’s Galenic, humor-based notion of psychopathology underpins his additional claim that “menne…full of melancholie” are more likely than others to witness demons, ghosts, and other such “miraculous and strange things” (9). Medicine and the study of the supernatural world would continue to intersect in discourses about the origins of hallucination for centuries to come as their association with one another was taken up in the works of physicians, psychologists, philosophers, theologians, and literary authors.

Contributing to the persistence of the association between hallucinations and ghosts was the fact that both raised similarly urgent questions concerning epistemological and theological authority. *Hallucinate* ultimately derives from the Latin *alucinari*—“to speak idly” or “to wander in mind.”¹ Buried in any allegation of hallucination, then, lies a latent moral accusation; to hallucinate is not simply to see what might not be there “in reality,” but potentially also to enter into official discourse as one who blabbers, errs, and misleads.² In the context of post-Reformation England, the potential existence of ghosts presented a far more specific—and more explosive—set of problems. Among the Catholic teachings shunned by the Church of England was the doctrine of Purgatory.

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¹ See the *OED* entry for *hallucinate*. The 1646 edition of Thomas Browne’s *Pseudodoxia Epidemica* defined “hallucination” as vision that is “depraved and receive[s] its object erroneously” (3.18).
² Fiona Macpherson’s 2013 collection surveying the philosophical and neuropsychological implications of hallucinations illustrates these anxieties and indicates their persistence. She also provides a vast bibliography of philosophical and psychological work conducted in this area.
Stephen Greenblatt’s *Hamlet in Purgatory* has examined how the Protestant rejection of Purgatory—which was long thought to be the home from which the spirits of the dead returned to haunt the living—made the theatrical representation of the ghost a potential theological problem for the Shakespearean stage. Absent the liminal space of Purgatory, the existence of human ghosts was more difficult to justify theologically. Indeed, Protestant teaching commonly treated the entities once known as “ghosts” as demons from Hell, who assumed a false form in order to lure Christians into error and damnation. As Greenblatt observes, the survival of the ghost testifies to the emotional and intellectual appeal of Purgatory, which guaranteed “the dead not to be completely dead—not as utterly gone, finished, complete as those whose souls resided forever in Hell or Heaven” (17). Official denunciations of Popish superstition notwithstanding, the ghost of Purgatory continued to haunt Protestant England in the widely held belief—perpetuated in both “high” and “low” cultural venues—that the restless spirits of the human dead could be seen wandering the earth.

The rift that the ghost introduced between official discourse and folk belief was never truly sutured. As it applied to ghosts, “superstition” preserved traces of its origins in anti-Catholic polemic, but by the eighteenth century, the pejorative term began to take on a new, more secular flavor. In 1776, Adam Smith declared the credence given to the existence of ghosts a “social poison.” In the 1870s, William Lovett lamented: “Notwithstanding the progress of knowledge among our people, by means of the press, the school, and the rail, the belief in ghosts is still widely entertained.” As Diane Long Hoeveler has shown, a mixture of Protestantizing and modernizing discourses animated

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3 For the quotations from Lovett and Smith, see Handley’s discussion of the role that the belief in ghosts played in the everyday life of eighteenth-century England (208).
the controversy surrounding the 1797 production of Matthew Lewis’ popular drama *The Castle Spectre*. By portraying a ghost on stage and refusing to offer any natural or theological explanation of its origins, Lewis reawakened heated debates about the public dangers of appearing to endorse for the masses beliefs that had been putatively discredited by religious, philosophical, and scientific authorities.

It was this polemical environment that gave rise to both the Gothic novel and its generic descendant, the literary ghost story. As is well known, a significant aesthetic and philosophical fissure shaped the early development of the Gothic novel, dividing its practitioners into two camps, normally represented by the figures of Anne Radcliffe and Matthew Lewis. Radcliffe preferred investigative plots in which hauntings and other apparently supernatural phenomena would ultimately be exposed as misperceptions or hoaxes. Lewis, as the controversy over *The Castle Spectre* attests, populated his works with “actual” ghosts and demons, without offering any systematic theological or scientific explanation of them. The opposing tendencies of these two authors—who proved central to the subsequent development of British horror fiction—constitute two different positions vis-à-vis evolving cultural debates that were, by the turn of the nineteenth century, several centuries old.

The grip that these debates continued to exercise over the public imagination helps illuminate an enigmatic feature of the modern British ghost story: the relative scarcity of actual ghosts haunting its pages. Unambiguous phantasms in the mold of Lewis’ Bleeding Nun do appear with some regularity in the ghost stories of the nineteenth and twentieth centuries, but many of the most famous examples of the genre shun the ghost in favor of fauns, satyrs, vampires, fairies, and—especially—demons.
Indeed, in many ghost stories, entities that initially seem like “proper” wraiths are given attributes that suggest that they are actually demons. The routine conflation of ghost and demon in these works should be seen, in part, as an accommodation to Protestant theology, a literary tradition that arguably began with the spectral appearance of the elder Hamlet in the very first scene of Shakespeare’s play.

The modern ghost story’s interest in scientific—and particularly medical—methods of investigation introduced a new zone of potential ambiguity in the treatment of the spectral apparition: the possibility of psychogenic hallucination. In the nineteenth century, debates regarding the genesis, treatment, and health effects of hallucinations unfolded within the broader context of medical discourses that were rapidly transforming public attitudes toward psychopathology. The intellectual and practical investments that motivated research into hallucinations were various, as were the methods and disciplinary affiliations of the researchers themselves. In a number of these disparate institutional contexts, inquiries into the nature of hallucinatory experience ventured into far older controversies about the existence of ghosts. At the same time that the work of eminent physicians such as Étienne Esquirol and Brière de Boismont promised that discoveries about the biological basis of hallucination might offer a rational explanation for ghosts, the Society for Psychical Research and the Hermetic Order of the Golden Dawn were conducting their own experiments and formulating their own spiritualizing theories about psychic phenomena and their possible links to ghostly activity. Edmund Parish’s 1897 study of *Hallucinations and Illusions* collected over 27,000 responses to a major census of hallucinatory experiences conducted by the Society of Psychical Research.⁴ Although

⁴ The American branch of the survey was administered by William James (Parish 82).
Parish argued that this data failed to turn up a single example of supernatural phenomena that could not be attributed to chance, psychic researchers associated with the Society—primarily Edmund Gurney, in his comprehensive *Phantasms of the Living* (1886)—used similar data to argue for the existence of a wide range of supernatural phenomena revealed by both ghost sightings and hallucinations.

Scholars have noted the mutually influential relationship between the ghost story and these ongoing scientific controversies. Throughout the nineteenth and twentieth centuries, the British ghost story exploited—and, at times, explicitly dramatized—unsettled debates about hallucinations and spectral apparitions. Frederick Burwick has highlighted the importance of the medical case study to the formal evolution of the ghost story and other genres descended from the eighteenth-century Gothic novel. Intriguingly, Burwick maintains that the relationship between the horror fiction and the case study was actually one of reciprocal influence, in which research physicians repurposed motifs from the very body of supernatural fiction that had been transformed by its engagement with the formal, evidentiary conventions of medical argument.5 Drawing on authors such as Robert Louis Stevenson and Henry James, Oliver Tearle has suggested that hallucination provided Victorian and Edwardian authors of the ghost story with a trope that enabled them to develop an aesthetics of indeterminacy that anticipated the more thoroughly theorized experiments of modernist fiction.6

5 “Among the effects of the rise of aberrational psychology,” Burwick writes, “was that medical doctors began to appear as characters in the Gothic novel. But to say that art imitates life is to tell but part of the story….The books on mental pathology published in this era present their empirical evidence in the form of the case study” (73). The writers of these case studies not only used narrative conventions originally developed in fiction, but also displayed their literary learning by quoting Burton, Shakespeare, and Milton.

6 After the first World War, Tearle argues, the ghost story’s “realist representation of unusual visionary experience came into its own in literature that was largely devised as a reaction against the realism of nineteenth-century fiction: modernism. Modernist literature and art would become one of the new homes of hallucination…as symptoms of the skewed perspectives and complexity of perception that are such
In the pages that follow, I argue that some of the most notable practitioners of the modern ghost story engaged the problem of hallucination in their works for reasons that cannot be reduced to the question of literary aesthetics or form. The three authors at the center of this study—Joseph Sheridan Le Fanu, Montague Rhodes James, and Arthur Machen—were, in various ways, deeply invested in the epistemological, theological, and scientific questions raised by ongoing efforts to account for hallucinations and ghosts. While these writers obviously exploited to chilling aesthetic effect the aporias and cultural tensions that had long attended ghostly and hallucinatory visions, their works also evince a keen interest in the intellectual and social stakes that continued to render the explanation of these phenomena controversial, in both religious and scientific spheres of knowledge-production.

To be more precise, the ghost stories of Le Fanu, James, and Machen share a common interest in the social repercussions of medicine’s increasingly bold claims to explanatory authority in matters related to hauntings, hallucinations, and mystical visions. The doctor-patient relationship is the archetypal dynamic through which these authors grapple with the implications of medicine’s ongoing struggle to offer definitive explanations for visionary phenomena that had formerly been the purview of theologians (and that somehow continued to evade its grasp). The standard scenario involves a doctor called to attend a patient who is suffering the negative effects of what is either a hallucination or a ghostly haunting. Often, the physician enters this scene as an egomaniacal pretender to theological or priestly authority who proves far more interested in reinforcing his existing philosophies about the natural (and supernatural) world than in

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continual themes of modernist fiction” (168). See also Shoshana Felman’s comparable argument about indeterminacy in Henry James’ The Turn of the Screw.
actually alleviating the suffering of those who have been placed under his care. At other junctures, the physician embodies the pernicious, disciplinary dimension of medicine—and the fear that perceived psychopathology will result in social stigma or institutionalization. If they are lucky, the patients of these fictional doctors will be issued a genteel (but useless) prescription of confinement to the home, or perhaps a restorative sojourn to the seaside. Much bleaker outcomes are, however, far more common. This emphasis on the pain, despair, and terror of the patient—usually an upper-class male—points to the therapeutic void that will eventually be occupied by the fields of psychology and psychiatry. While the ghost story is commonly thought of as a genre that opportunistically exploits cultural anxieties to sensationalist ends, this cannot be said of the fiction of Le Fanu, James, and Machen, which—with insight, compassion, and, occasionally, humor—probe the gap between medicine’s pretensions to knowledge and its actual capacity to understand and to treat those suffering from mental illness.

**Timeline and Chapter Overview**

The period of time I am considering runs from 1869, the year in which Le Fanu’s “Green Tea” was serialized, to 1925, when M.R. James’ final collection of fiction, *A Warning to the Curious and Other Ghost Stories*, appeared. The ghost story was taken in many different directions during this period, and the three authors at the center of this study represent many—but certainly not all—of these developments. Joseph Sheridan Le Fanu (1814-73) was an Anglo-Irish journalist and fiction writer highly regarded for his sensation novels, detective stories, and Gothic fiction. Born in Dublin, Le Fanu spent most of his childhood in the rural Irish village where his father, a clergyman, had been
posted. Working under the influence of Poe, Le Fanu is widely credited with introducing the medical investigator into the ghost story with Dr. Martin Hesselius, a character who paved the way for the likes of Bram Stoker’s Van Helsing and Algernon Blackwood’s John Silence. M.R. James (1862-1936) was one of the foremost academic medievalists of his generation—a scholar of biblical apocrypha and a bibliographer whose manuscript catalogues remain foundational to Medieval Studies. Throughout his life, James wrote and recited ghost stories to gatherings of friends, often—in keeping with British tradition—at Christmas, and often drawing on his scholarly background to develop the genteel antiquarian protagonists for which his fiction is known. James’ ghost stories, published in four collections between 1905 and 1925, are widely judged the greatest examples of the genre. Moreover, James was also responsible for the revival of interest in the supernatural fiction of Le Fanu, which had fallen into relative obscurity by the early twentieth century. Arthur Machen (1863-1947), whose work always retained a close connection to his specifically Welsh sense of origin, completed a number of fantastic and decadent novellas that engaged with orthodox and pagan religion. Later, he enjoyed careers on the stage and as a journalist, in which capacity he invented the World War I legend of the Angel of Mons, the angelic analogue of St. George said to protect British soldiers against the Germans. In contrast to M.R. James, Machen’s supernatural fiction engaged medicine and science in a manner indebted to Le Fanu.

Chapter 1 considers Le Fanu’s “Green Tea,” a ghost story that presents itself as a medical case study written by the German metaphysical physician Dr. Hesselius. With unsparing irony, the formal features of “Green Tea” deflate the overweening pretensions

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7 The four collections are *Ghost-Stories of an Antiquary* (1904), *More Ghost Stories of an Antiquary* (1911), *A Thin Ghost and Others* (1919), and *A Warning to the Curious* (1925).
of Hesselius, who not only fails to explain the possible haunting at the center of the plot, but who also allows his patient—the victim of that invisible persecution—to commit suicide on his watch. Chapter 2 discusses the marginality of medical jargon and medical practitioners to the stories of M.R. James. Rather than representing a lack of interest in the issues that interested Le Fanu, the peripheral status of the medical profession in James’ stories is leveraged to explore the harmful ways in which medical discourses are internalized by those suffering mental illness and appropriated by the general public to stigmatize the vulnerable. Chapter 3 turns to Arthur Machen’s 1890 novella *The Great God Pan*, which features a surgeon who deploys his cutting-edge research to induce a mystical vision in his legal ward, a seventeen-year-old named Mary. The novella traces the calamitous inter-generational consequences of this cruel experiment, and its plot is structured by two competing theological interpretations of the nefarious event that transpires in the operating theater. Ultimately, the enigma at the heart of *Pan* is never resolved. What is clarified, however, is the common disregard for the wellbeing of the human subjects at the center of the medical experimentation. In the Conclusion, I suggest that, in its humane and searching treatment of psychological disorder, the ghost story anticipates similar concerns in works of modernist fiction—an observation that demands a more general reconsideration of the intellectual and social engagements of horror fiction.
Chapter 1

“I Treated, and God Cured You”: Metaphysical Medicine and the Evasion of Medical Responsibility in Sheridan Le Fanu’s “Green Tea”

Joseph Sheridan Le Fanu’s 1869 Gothic horror story “Green Tea” assumes the guise of a posthumously published medical case study, putatively authored by the late Dr. Martin Hesselius, a self-professed ‘metaphysical physician.’ In his case study, Hesselius provides a first-person account of how he came to treat the disturbing and disabling visions of one Reverend Mr. Jennings, a parish priest and man of letters.¹ Not content merely to recount his experience with this unfortunate patient, Hesselius takes advantage of the case to expound his views on matters related to medicine and theology.

The story’s ironic stance toward its protagonist is suggested by the number of narrative conceits that distance the reader of “Green Tea” from Hesselius and his speculations. The notes that constitute the bulk of the story were written in the wake of Hesselius’ tour of England, which he had undertaken sixty-four years prior to the posthumous publication of his case—in the early years of the nineteenth century.² The physician’s account is framed by the commentary of an editor/translator, who claims that he is Hesselius’ former secretary. (For good measure, he adds that he is also a physician and surgeon, whose career was curtailed by a disabling infection that resulted in the amputation of his finger.) The text of “Green Tea” is, moreover, an English translation of

¹ In 1872, “Green Tea” was republished in Le Fanu’s collection In a Glass Darkly, along with four other stories linked by a common frame: each of the tales is presented as a case from Hesselius’ files, highlighting the importance of the case study form to the stories’ narrative construction and generic context.
² Sheryl R. Ginn notes that Le Fanu frequently has Hesselius use eighteenth-century medical terminology in keeping with the period setting. While this is true, Hesselius also employs a good deal of strictly anachronistic medical language. Even the depiction of green tea as a suspicious substance owes something to medical discourses that developed after the date of Hesselius’ visit to England.
Hesselius’ original multilingual manuscript, which was written primarily in German and French. If that were not enough, the editor confesses that he has excerpted those portions of Hesselius’ work that will interest an “unlearned reader,” leaving behind the hieratic medical language that allegedly saturates Hesselius’ professional prose (6). These framing devices complicate the reader’s relationship with Hesselius, and thus with his interpretation of the macabre events of the case.

Hesselius first meets Reverend Jennings at a dinner party hosted by the cleric’s patron, Lady Mary Haddock. Lady Mary tells Hesselius that the Reverend has long been unable to perform his clerical duties regularly. Whenever Jennings travels to his parish to officiate, his health breaks down in a “sudden and mysterious way” (7). Hesselius later learns that Jennings, while writing a book on the “religious metaphysics of the ancients,” had taken up green tea as his preferred beverage, using it as a stimulant to further his intellectual work (21). Before long, Jennings is haunted by a spectral and apparently demonic monkey, which comes and goes unpredictably and prevents him from carrying out his labors. Initially, the apparition is merely grotesque and disconcerting to the eye, but it eventually acquires the power of speech, which it uses to interrupt Jennings’ prayers with blasphemies and to encourage him to harm others and himself. Hesselius listens to Jennings’ curious account, dispenses consolations that sound more priestly than medicinal, and then withdraws to consider the clergyman’s case. While Hesselius is busy theorizing about Jennings’ visions, he receives a desperate note from his new patient; by the time Hesselius answers this plea for help, Jennings has cut his throat with a razor.

Oddly, the dramatic failure of Jennings’ treatment barely seems to faze Hesselius, who chalks up the patient’s suicide to a disorder seemingly beyond the ken of his
medico-spiritual expertise: “hereditary suicidal mania” (40). Tailored to exonerate Hesselius from blame and safeguard his theories about the case, this slapdash diagnosis casts even more doubt on the physician’s authority and competence. Hesselius’ unconvincing verdict on the suicide sits uneasily alongside the theoretical principles that underpin his account of the persecuting apparition and his claim that Jennings’ addiction to green tea opened a door that allowed the malevolent agency to manifest itself. Above all else, the explanation of the suicide raises damning questions about the ethical commitments of Hesselius and the speculative branch of medicine that he professes.

Material Substances and Spiritual Visions

At the end of “Green Tea,” Hesselius appends a conclusion to his case study that attempts to reconcile the events of the narrative with his metaphysical and medical system. In setting forth his theory about how green tea might open human sight to supernatural visions, Hesselius cites his own tract, entitled The Cardinal Functions of the Brain (38).³ In this fictional treatise, Hesselius speculates that, just as the arterial circulation of the blood centers on the heart, there is a nervous fluid whose circulation centers on the brain: the nature of that fluid is spiritual, though not immaterial…By various abuses, among which the habitual use of such agents as green tea is one, this fluid may be affected as to its quality, but it is more frequently disturbed as to equilibrium. This fluid being that which we have in common with spirits, a congestion found on the masses of brain or nerve,

³ Like Hesselius’ technical medical writings, this is another phantom text that Hesselius can use to bolster his own credibility but which the reader cannot consult. By citing himself, Hesselius also seems to lay claim to a continuity in his views that the story itself may not bear out.
connected with the interior sense, forms a surface unduly exposed, on which disembodied spirits may operate: communication is thus more or less effectually established…. The seat, or rather the instrument of exterior vision, is the eye. The seat of interior vision is the nervous tissue and brain, immediately about and above the eyebrow. (39)

For Hesselius, even though Jennings is the victim of an “authentic” spiritual assault, the unrestrained way that he consumes the dangerous substance is blamed for opening the door to such contact. When Hesselius speaks of the “habitual abuse” of agents such as green tea, he draws on moralizing discourses about the excessive or unjustified consumption of substances such as alcohol and opium—discourses that would become central to the literary genre of the ghost story (see Chapter 2).4 “The same senses that were activated in Jennings, Hesselius observes, “are opened in delirium tremens,5 and entirely shut up again when…terminated by a decided change in the state of the body” (39). When Hesselius first meets Jennings, he knows that the doomed cleric is a green tea drinker simply by looking at him from across the room. It is as though the reverend’s reliance on the substance has produced readable changes in his physiognomy that, in Dorian Gray-like fashion, disclose an unflattering inner truth about his character.6 Such a dim view of what is now considered a salubrious beverage might seem strange today, but at the time Le Fanu was working on the story, many medical professionals had

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4 Brenda Hammack situates Jennings among a large class of “chemically inspired intellectuals” who became prominent in Gothic fiction just as the dangers of substance abuse were shaping the biographies and autobiographies of writers such as Poe, Coleridge, Baudelaire, and De Quincey.
5 See Chapter 2 for background on delirium tremens and an analysis of the moral stigma attached to it.
6 Because the medical literature on green tea stresses that tea effects drinkers in different ways depending on the prior state of their bodies, the substance itself becomes a diagnostic tool for physiological qualities that can carry heavy moral stigma. See Newnham and “On Green Tea.”
voiced concern about the health effects of green tea consumption. This preoccupation, far from being confined to learned medical discourse, spread widely into popular culture, particularly in the 1840s and 50s, alongside mounting public fears surrounding the adulteration of tea by Chinese exporters. When Le Fanu’s Lady Mary discusses Jennings’ green tea habit with Hesselius, she notes that the beverage was “a subject on which we used almost to quarrel”; in doing so, she is giving voice (albeit anachronistically, given the period of the story’s setting) to a common cultural anxiety about the drink (11). In any event, these allusions to the private vices of the patient foreshadow the priestly, confessional orientation of Hesselius’ approach to treating Jennings, an approach that the conclusion of the story proves self-indulgent and lethal.

Indeed, a brief consideration of the medical literature that likely inspired “Green Tea” highlights the bizarrely theological investments that animate Hesselius’ account of Jennings’ troubling visions. Though scholars routinely stipulate that Le Fanu read “popular” medical literature, little effort has been made to identify specific sources for his works. In the case of “Green Tea,” a strong case can be made for Dr. William Newnham’s *Observations on the Medicinal and Dietetic Properties of Green Tea*, published in 1827. Newnham’s *Observations* includes a case study dated from 1811, roughly the same year as Hesselius’ fictional encounter with the Reverend Mr. Jennings. Just one county away from the place where Le Fanu’s characters first meet, Dr. Newnham shared a pot of green tea with one Reverend Mr. Jenkins. According to Newnham, Jenkins was experiencing the textbook symptoms of green tea poisoning:

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7 The existence of these medical and moral discourses surrounding green tea raises problems for Jack Sullivan’s reading of “Green Tea,” which claims that the tea, a basically absurd detail, simply signifies that Jennings is being punished despite having done nothing wrong.
8 See Ukers for a general history of the tea trade.
heart palpitations, sleeplessness, “incubus,”9 and a debilitating presentiment of impending death. Newnham’s explanation of how green tea produces such effects rests on the Brunonian binary of sthenic versus asthenic disorders—those that result from an excess of nervous stimulation versus those that result from a lack of nervous activity.10 Green tea, Newnham claims, is “a valuable remedy, in a state of sthenic vascular excitement of the brain,” but its influence is “baneful, where this condition is wanting—more particularly where the very opposite is found to exist” (9-10).

In effect, Hesselius revises Newnham’s materialist account of the symptoms and mechanisms of green tea poisoning so that the tragic case of Jennings can confirm a recognizably Christian mapping of the cosmos. The metaphorical “incubus” of Newnham becomes, in Hesselius’ case study, an actual demon from Hell, come to tempt, torment, and, ultimately, to damn Jennings. Likewise, the insomnia and obsession with impending death cited by Newnham are no longer reactions to metabolic stimulation, but rather to demonic temptations that incite Jennings to succumb to the mortal sin of despair.11

As Hesselius is well aware, in order to bear witness to Christian cosmology, Jennings’ experience must be construed as an authentic mystical vision, precisely the kind of revelation that had been called into question in different ways by the Protestant Reformation and the Scientific Revolution. In his zeal to defend his theological presuppositions, Hesselius posits the existence of an “interior vision” that parallels and

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9 Literally, sleep paralysis accompanied by vivid nightmares, but with lingering premodern associations with the sexual and the demonic.
10 Mary Lindemann’s history of early modern medicine situates the distinction within competing schools of physiology, and Ann Goldberg traces the remarkable influence of Brunonianism on psychology, suggesting how these categories became imbricated with gender and sexuality.
11 The Catholic Encyclopedia defines despair as the “voluntary and complete abandonment of all hope of saving one’s soul” (Delany) and distinguishes between those who commit suicide due to mental illness and those who, “impelled by despair or anger,” attempt their life…through malice or culpable cowardice” (Vander Heeren).
gives rise to bodily sight (40). Though the distinction between the corporeal senses and the interior sense predate Christianity, it was one that proved foundational to medieval Catholic rationalizations of mystical experience, which presumed the existence of a “spiritual eye” that could be open to divine and demonic revelation invisible to bodily sight. Thomas Aquinas, discussing the presence of Christ’s body in the sacrament, distinguishes between the “bodily eye” and the “spiritual eye,” suggesting that certain spiritual realities are “perceptible neither by the sense nor by the imagination, but only by…the spiritual eye” (ST 3.76.7). Hesselius’ theory of perception reproduces medieval theology’s attempt to preserve a domain accessible only to spiritual vision.

One of the strangest and most questionable claims made by Hesselius is the idea that green tea, a material substance, is responsible for opening the spiritual eye of Jennings. This assertion is supported in terms that seem to contradict the very premises on which it is made. Throughout “Green Tea,” Hesselius speaks in polemical terms about the “mere” materialism that has become dominant in the practice of medicine. Hesselius wants to see medical science “understood…in a much more comprehensive sense than its generally material treatment would warrant” (8). Early in the case study, Hesselius outlines this ambition in terms of his understanding of the relationship between spirit and matter:

I believe that the essential man is a spirit, that the spirit is an organized substance, but as different in point of material from what we ordinarily understand by matter, as light or electricity is; that the material body is, in the most literal sense, a vesture, and death consequently no interruption of the living man’s existence, but simply his extrication from the natural
body—a process which commences at the moment of what we term death, and the completion of which, at furthest a few days later, is the resurrection ‘in power.’ (8)

Here, Hesselius seems to suggest that the spirit is somehow substantive and at the same time *immaterial*.

As with the proposition that green tea—rather than divine dispensation—is responsible for opening the interior vision of Jennings, this oxymoronic characterization of spirit suggests the extent to which the gruesome suicide of Hesselius’ patient has dragged his theoretical speculations down into the muck of the physical. The theoretical cost of blaming the physical and spiritual ruin of Jennings on the cleric’s substance abuse is that Hesselius must subordinate the spiritual to the laws of the material, in a clear contradiction of the Neo-Platonic principles that supposedly guide every facet of his unique approach to medicine. Hesselius aims to salvage a spiritual reading of Jennings’ visions, but his final position seems to have given ground to his materialist opponents: in attempting to spiritualize the material, Hesselius runs the contrary risk of undermining himself by reducing the spiritual to the material.

Le Fanu not only foregrounds the internal contradictions of Hesselius’ speculations, but also stresses how the physician’s relentlessly circular logic blinds him to his responsibilities to his patient. The primary purpose of the shell game that Hesselius plays with the material and the spiritual is to preserve the integrity of his metaphysical and theological presuppositions in the face of a clinical outcome that ought to shake them to their very foundations. Rather than reevaluating the role that his penchant for abstruse speculation may have played in the death of Jennings, Hesselius dismisses the tragic
outcome of the case by resorting to yet another materialist explanation: “hereditary suicidal mania” (40). This term—to which I will return later in the chapter—is wielded in a way that attempts (unsuccessfully) to shield Hesselius’ theoretical and practical approaches to medicine from critique.

Among the many obvious hypotheses that Hesselius fails to entertain is the possibility that Jennings’ visions are psychogenic in origin. Intriguingly, Hesselius never uses the word hallucination to talk about the monkey-shaped demon that haunts his patient; Jennings, on the other hand, pleads to be “delivered from [the] dreadful hallucination” (29). 12 To consider a neurological or psychological explanation for the phantom monkey would obviously compromise the cosmological and theological assertions that Jennings’ case is called upon to prove. In circumventing neurology and what would soon be called psychology, Hesselius chooses to spiritualize, romanticize, and ultimately disregard the depths of Jennings’ suffering. The dereliction of duty that contributes to the untimely death of Hesselius’ patient is evident in the outlandish “treatment” of Jennings’ disorder, and perhaps nowhere more so than in the physician’s failure to seek meaning in the simian form of the apparition that drives Jennings beyond the brink of despair.

The Signifying Monkey

Whether the monkey that tortures Jennings is a hallucination or a demon, Hesselius’ reluctance to interpret the form in which it manifests itself is puzzling. One might argue

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12 Like the M.R. James characters we will consider in the next chapter, who have no physician figures to theorize their hauntings, Jennings thus self-diagnoses a psychopathology. Elsewhere, he half-heartedly attempts to convince himself that the demon monkey merely arises from “nervous dyspepsia” (26).
that such a criticism benefits from the hindsight provided by Freud, and that Le Fanu would not have expected his own readers to fault Hesselius for not considering the likelihood that the monkey might signify something—potentially something vital about his patient’s condition. However, Le Fanu stresses the fact that Hesselius fails to follow the lessons imparted by the medical and mystical authority that, to his own admission, has influenced him more than any other: the Swedish mystic and scientist Emanuel Swedenborg (1688-1772). While supposedly investigating the nature of the demon that plagues Jennings, Hesselius is left alone in the clergyman’s library, where his attention turns to his patient’s copy of Swedenborg’s *Arcana Coelestia*.

Hesselius is drawn, in particular, to certain passages concerning interior sight and the ontological status of spirit-beings, which Jennings has marked and commented on in the margins of the volume:

I…had arrived at a passage, the substance of which is, that evil spirits, when seen by other eyes than those of their infernal associates, present themselves, by “correspondence,” in the shape of the beast (fera) which represents their particular lust and life, in aspect direful and atrocious. This is a long passage, and particularizes a number of those bestial forms. (15)

The excerpt to which Hesselius alludes here is curious for a number of reasons. The other eight quotations from Swedenborg that appear in “Green Tea” are quoted directly, and each is readily traceable to its location in the *Arcana Coelestia*. In paraphrasing this passage, Hesselius introduces a syntactical ambiguity: does the possessive *their* refer to the demons or the humans to whose eyes they appear? That is, does the form assumed by
an evil spirit reveal the hidden secrets of its own “particular lust and life,” or of those of the human to whom it appears? While the latter interpretation, as we will see shortly, is the more damning of the two, the former is problematic in its own right. With an inexplicable disregard for the thinker to whom he claims “to owe a great deal” for inspiring his work on “metaphysical medicine,” Hesselius never pauses to ask what he might learn about the intentions and likely tactics of the demon (or about the vulnerabilities of his patient) by asking why the being has materialized in the form that it has (16).

As if to compensate for this lapse in Hesselius’ clinical judgment, literary critics have offered an astonishing number of interpretations of the monkey-demon. The monkey has provoked a range of intersecting and competing religious, sexual, psychoanalytic, colonial, anthropological, and intertextual explanations. Clare Nally has explored the colonialist resonances of the monkey by situating it alongside contemporary English caricatures of the Irish as a backward, simian-like race. Jochen Achilles sees the monkey in psychoanalytic terms as a reflection of the “irreligious sensuality…which Jennings sublimates in his studies of pagan rites” (34). Others have detected in the figure a number of other displaced or disavowed libidinal impulses. Some scholars have situated the monkey within the context of Victorian anthropological debates sparked by Darwin, while others have treated the simian menace as a creature native to the world of

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13 These colonial dimensions are both political and religious. Nally points out that the religious services the monkey interrupts are specifically High Church, suggesting links with Irish Catholicism. Le Fanu’s biographer W.J. McCormack has explored in detail the fear of Catholicism that Le Fanu seems to have developed as a Protestant youth growing up in an overwhelmingly Catholic parish. L.P. Curtis’ *Apes and Angels* traces the history of simianizing caricatures of the Irish.

14 See, for example, Peter Penzoldt. Daniel Lewis analyzes the monkey’s gaze in terms of the medical gaze, and thus of the sexual dynamics operating between Jennings and Hesselius.
the fable—an allegorical embodiment of a spiritual warning or cautionary tale. Critics have even advanced meta-literary interpretations, maintaining that the spectral monkey reveals how Le Fanu understood his story’s place within the history of Gothic horror and other popular genres. The great variety of these disparate readings suggests something of the enormity of the conceptual terrain that Hesselius passes over in the initial assessment of his patient’s affliction.

One is tempted to argue that the collective inability to produce a single, satisfying explanation for this enigma can be attributed to the fabric of “Green Tea” itself. Mark Wegley has noted the monkey’s tendency to escape the various systems of meaning posited to control it, all of which fail due to their “partiality” (70). The Swedenborg passage that Hesselius summarizes and fails to act upon suggests that Le Fanu may have deliberately overdetermined his sinister simian. Puzzlingly, the discussion of the significance of demons’ outward forms has no self-evident counterpart in the *Arcana Coelestia*. The possibly apocryphal passage attributed to Swedenborg is, like the “original” manuscript on which “Green Tea” claims to be based, ultimately inaccessible. Of course, only the most diligent members of Le Fanu’s audience would ever discover this fact for themselves. In their endeavor to comprehend the full significance of Jennings’ plight, such readers might take up the very research burden neglected by Hesselius, and the most persistent of them might even expend hours of their life poring

15 Sally Harris, for instance, sees the theme of spiritual struggle as fundamental to Le Fanu’s work, which thus seeks to vividly depict spiritual forces and issue dramatic warnings to skeptics. Harold Orel casts Jennings as a Marlowean Faust figure.

16 For R. Renee Branca, the monkey is an example of an “un-ghost,” a peculiarly Victorian apparition whose ontological status is never quite certain: the un-ghost, simply put, is the “ghost of the traditional ghost” (202). Gaëd Girard sees Hesselius as a detective, albeit a failed one, and Srdjan Smajic positions him as an occult detective, and thus a transitional figure between the ghost story and detective fiction.
over Swedenborg in vain pursuit of an answer. On the other side of such a futile request, one could be forgiven for marveling self-righteously at the comparatively feckless spirit in which Hesselius analyzes the testimony of Jennings.

As the plot of “Green Tea” develops, it becomes nearly impossible not to chalk up Hesselius’ lack of curiosity about the demon to professional neglect. Hesselius comments little on the details of Jennings’ description of the demon, apparently unaffected by these rather chilling particulars. Jennings confesses that he feels increasingly “drawn in…by the enormous machinery of hell”; as the demon slowly gains the power to speak to Jennings, the apparition “rocks his mind” with “desperation” and “dreadful blasphemies” (31-2). Hesselius, whose theoretical hobby-horses privilege the visual, displays no interest in the acoustic element of the haunting, even though Jennings is perfectly clear that the apparition wields its oratorical power to supremely devastating effect. It addresses Jennings “with perfect coherence and articulation,” in a voice that reaches him “not by [his] ears,” but rather by a form of telepathy that “comes like a singing through [his] head” (31). By these telepathic means, the monkey urges Jennings to commit crimes, to harm himself, and to commit acts of violence against others, all the while preventing him from praying, reading the Bible, and fulfilling his pastoral duties. Slightly later, when Hesselius receives word that the monkey has returned following a period of dormancy, he evinces no obvious interest in Jennings’ welfare nor in the dangerous content of the demon’s depraved utterances. Instead, Hesselius revels in the opportunity

17 John Faulkner Potts’ concordance to Swedenborg’s theological works reveals that apes or monkeys appear in a handful of locations, but never in Arcana Coelestia, and never in any list like that promised by Hesselius’ passage. These monkeys variously connote idolatry, the decadent luxury of the worldly church, the priapiac lechery of satyrs, and the brute nature concealed behind outward rationality. All of these could be brought to bear on “Green Tea,” but with the result of multiplying the monkey’s meanings rather than limiting or fixing them.
to observe his patient’s tormented reactions to the invisible and inaudible being: “I was profoundly interested, and very anxious to see and examine [Jennings] while the ‘enemy’ was actually present” (34). The scare quotes around enemy—it is not a technical term for Hesselius, nor does it appear anywhere else in the story—are puzzling. They seem to suggest either a trivialization of the apparition, or a playfully self-aggrandizing affectation on the part of the physician (both possibilities being tasteless to the extreme, given the outcome of the case).

It is certainly the case that, as “Green Tea” draws to a close, Le Fanu packs its final pages with narrative details and rhetorical flourishes that ironically deflate Hesselius’ heroic pretensions. When Jennings recounts a recent occurrence in which he narrowly avoided giving in to the monkey’s urgings to kill himself, Hesselius responds to the Reverend with pastoral platitudes. Hesselius assures Jennings that his preservation on this occasion “was the act of God. You are in His hands and in the power of no other being: be therefore confident” (33). Then, in inscrutable contradiction to what he has previously told his patient about the genesis of his affliction, Hesselius encourages Jennings to “regard his illness strictly [in terms of] physical, though subtle physical causes”—adding that he should always bear in mind “God’s care and love” (33). These priestly encouragements seem all the more hollow when Hesselius proceeds to leave Jennings unattended, ordering the servants to light some candles to make the patient’s bedroom seem “cheery and inhabited” (33). The only other precaution taken by Hesselius is to ask the valet to “make a point of frequently looking into [Jennings’] room” (33). The fictional editor interjects to note that he has suppressed the details of some of the other treatments Hesselius proposes, doubting whether they would “sufficiently interest a
reader of the kind I am likely to meet with” (34). He does, however, say that Hesselius has left a “careful note” that details “the habits, dietary, and medicines which he prescribed. It is curious—some persons would say mystical” (34). Considered alongside the vigilant (if often barbaric) measures taken to prevent suicide in Victorian asylums, these half-measures appear laughably negligent.18

The subversive deflation of Hesselius’ pretensions continues as he visits the scene of his patient’s harrowing suicide. With characteristic bad taste, Hesselius couches the account of his final journey away from the late Reverend’s home in self-aggrandizing, Byronic rhetoric. The resulting prose style bears all the marks of the trite Gothic set pieces that Le Fanu studiously eschewed in his ghost stories: “I passed from that terrible house, and its dark canopy of elms, and I hope I shall never see it more. While I write…I feel like a man who has but half waked from a frightful and monotonous dream. My memory rejects the picture with incredulity and horror” (37). The artificially elevated syntax and generic clichés make a just mockery of Hesselius’ world-weary pose. Self-indulgent to the last, his concern is not for Jennings, whom his negligence has slain, but for his own trauma, here rendered with hammish theatricality.

The sum of these observations suggests that Le Fanu’s debt to Edgar Allen Poe’s locked-room detective story “The Murders in the Rue Morgue” (1841) is far more complex and consequential than previous scholarship on “Green Tea” has realized. It has often been noted that the demon that haunts Jennings was inspired by the unlikely culprit of Poe’s tale. Set in Paris, “Rue Morgue” centers on a mysterious double-murder that

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18 See Sarah York’s article on the problem of preventing suicide in nineteenth-century asylums. Le Fanu’s wife was said to succumb to an “hysterical attack” (McCormack 128), and his family had been involved in a crisis surrounding a cousin whose “secret determination now was to put an end to herself” (McCormack 60).
turns out to have been committed by a fugitive, razor-wielding orangutan. In a failed attempt to imitate its master’s daily routine of shaving, the escaped orangutan accidentally slits a woman’s throat. When Jennings intentionally slits his own throat with a razor at the instigation of a simian demon, he imitates the disastrous imitation of Poe’s orangutan. There is another echo of Poe in the inhuman tone in which Le Fanu’s monkey addresses its victim, which recalls not only the “harsh and grating” speech that the Swedenborg excerpts assign to evil spirits (14), but also the ape-assassin of “Rue Morgue,” whose “harsh,” “shrill,” and “gruff” vocalizations lead ear-witnesses to the crime to conclude that the murderer had to have been a foreign-language speaker (408-10).
More importantly, Dupin provides an obvious foil to Hesselius, a failed investigator who is too busy confirming what he already believes to be true to make any revolutionary, or even remotely useful, discoveries. Poe’s Dupin, the incontrovertibly successful detective, solves the baffling double-murder by listening carefully and skeptically to other people’s accounts of their auditory sensations. As a result, he manages to divine the implausibly simian form of the murderer. In contrast to Dupin, Hesselius recklessly underestimates the lethality of the phantom primate at the center of his case, even though—unlike Dupin—he benefits from relatively straightforward evidence, an advantage he repeatedly squanders. If Hesselius has a mirror image in Poe’s story, it is the negligent, cowardly owner of the orangutan, who allows his dangerous pet to escape, who arrives too late to prevent its act of carnage, and who subsequently allows an innocent man to take the blame for the crime.

In the case of Hesselius, the final triumph of intellectual and professional bad faith occurs in his epilogue to the case study. Eager to exculpate himself and vindicate his dubious medico-philosophical system, Hesselius represents Jennings’ suicide as an inevitable—and theoretically negligible—feature of the case. Key to this rhetorical gambit is hereditary suicidal mania, a concept which Hesselius borrows from the very “materialist” physicians whom he derides, and which he wields in order to place the blame for Jennings’ tragic death squarely on the patient himself.

**Suicidal Mania and the Evasion of Medical Responsibility**

Hesselius introduces the idea of hereditary suicidal mania as a means of cordonning off his theories of visionary experience from the death of Jennings. The suicide is depicted as an
incidental detail with little bearing on the theoretical and practical implications of the case. Hesselius starkly distinguishes the “disease” that opened up the interior sense of Jennings from the inherited “complaint” that supposedly sealed the cleric’s doom:

Poor Mr. Jennings made away with himself. But that catastrophe was the result of a totally different malady, which, as it were, projected itself upon the disease which was established. His case was in the distinctive manner a complication, and the complaint under which he really succumbed, was hereditary suicidal mania. Poor Mr. Jennings I cannot call a patient of mine, for I had not even begun to treat his case, and he had not yet given me, I am convinced, his full and unreserved confidence. If the patient do not array himself on the side of the disease, his cure is certain. (39-40, emphasis mine)

These assertions kill two rhetorical birds with one stone. Hesselius hopes to preserve the cosmological and theological truth-value of Jennings’ visions, where they might otherwise be dismissed as the imaginings of a deranged mind. At the same time, the physician disavows responsibility for the fate of Jennings, whose congenital defect was apparently lying in wait for the perfect opportunity to enact itself. It is because of this hereditary “complaint,” argues Hesselius, that Jennings cannot but “array himself on the side of the disease” that has brought him into contact with the realm of demons. At some level, the hereditarily compromised patient consents to his inevitable undoing.

One implication of Hesselius’ postscript is that medical theory has much to contribute to the study of demonology and cosmology, and nothing much at all to say about the treatment of potentially fatal psychological disorders. This bizarre stance marks
an unbridgeable rift in the physician’s endeavor to synthesize medicine and metaphysics. In contrast to a concept such as the interior sense, hereditary suicidal mania does not originate in premodern mysticism, but rather in the mainstream medical discourse of the nineteenth century. Yet, in the reckoning of Hesselius, this recognizably contemporary medical term names a dead-zone of intellectual inquiry that no “serious” practitioner of medicine would waste any time thinking about, one that can be shrugged off as an inevitable, and uncommon, evolutionary evil.

It is easy to understand why Hesselius wields his borrowed term in this way. 

Hereditary suicidal mania emerges from a complex discursive field that connects suicide, hallucinations, and sometimes substance abuse in a line of argument that could potentially devastate Hesselius’ pet theories. The 1845 English translation of Étienne Esquirol’s Mental Maladies: A Treatise on Insanity ranked heredity as the highest-risk factor in cases of insanity in general and of suicide in particular. In a treatise On Hallucinations: Or, the Rational History of Apparitions, Dreams, Ecstasy, Magnetism, and Somnambulism, translated into English in 1857, the eminent French physician and psychiatrist Brière de Boismont noted that “[s]uicide is frequently the result of hallucinations, which exist in the form of apparitions, menaces, and chimerical fears” (542). Jennings’ addiction to green tea, meanwhile, assumes a different cast when placed alongside a physician’s 1865 letter to the Medical Times and Gazette which discusses the confessions of a murderer who admitted to the “‘use of ardent spirits,’ which are sometimes had recourse to by those who labour under hereditary suicidal mania” (“What Was the State” 165). The connections that nineteenth-century medicine drew among heredity, suicide, hallucination, and substance abuse offer a coherent and compelling...
alternative to Hesselius’ Christianizing spiritualist explanation of Jennings’ case; this counterargument also exposes the risks involved in treating a hallucinating, stimulant-addicted patient as some sort of tortured mystic.

Attempting to exonerate himself and his hypotheses by invoking hereditary suicidal mania, Hesselius achieves the exact opposite. Obviously, the hereditary component of this affliction presumes a prior suicide in the immediate family. In the nineteenth century, it was held that the circumstances surrounding such suicides were predictable, since they tended to follow a recognizable pattern across multiple generations. Esquirol, for instance, stresses that the hereditary mania of parents and children “manifests itself…often at the same period of life. It is provoked by the same causes, and assumes the same character” (7). He elaborates this claim with examples: three generations of men kill themselves around the age of fifty; a mother and daughter both become insane at twenty-five following childbirth, etc. If Jennings has any family history of this kind, the story does not reveal it. Indeed, to the extent that pressing details of the patient’s past remain obscure to readers of “Green Tea,” the fault lies with Hesselius, who neglects several opportunities to inquire into Jennings’ family history.

In retrospect, Hesselius appears especially obtuse in overlooking the small yet disquieting details that he learns about Jennings’ father. When Hesselius first becomes intrigued by the enigmatic Jennings, he asks Lady Mary about the Reverend’s parents. Lady Mary volunteers that “his father is only ten years dead” (11). Hesselius presses on, asking whether “his mother or his father—I should rather think his father, saw a ghost” 19

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19 In 1873, for example, *Miners’ Weekly News* reported the case of a coachman who hung himself, as a jury ruled, “whilst of Unsound Mind” (“Suicide” 3). The deceased, who suffered from lung disease, “had been low-spirited. In addition there was hereditary suicidal mania, as deceased father hanged himself ten years ago” (3).
Mary confirms this suspicion and goes on to paint an unsettling portrait of Jennings’ father. He was a “silent, whimsical man” who related long accounts of his dreams (12). On one occasion, he told Mary’s father “a story about a ghost he had seen and talked with” (12). She recalls having been “afraid” of Jennings’ “silent and moping” father (12). As a child, she “used to fancy there were ghosts about him” and was unsettled when he would “drop in sometimes…when I was alone” (12).

The sinister implications of Lady Mary’s reminiscences become clear later in the story, as Jennings describes the increasingly aggressive techniques through which the monkey-demon urges him to violence. Jennings is particularly troubled by an incident that occurred while he and his young niece were walking together in the woods. The niece—displaying more insight into Jennings’ suffering than his physician—refuses to heed her uncle’s plea to leave him alone during the walk, a request that he makes as the demon is urging him to throw himself down a mineshaft in her presence. The only consideration that gives Jennings the power to resist this command is his “fear lest the shock of the occurrence be too much for the poor girl” (32). He tries to send her away, but “the more I urged her the firmer she became. She looked doubtful and frightened. I suppose there was something in my looks or manner that alarmed her” (32).

The parallels between the haunttings of the older and younger Jennings strongly suggest that the suicide of the father is the unspoken basis of Hesselius’ diagnosis of hereditary mania. If so, then Lady Mary’s passing reference to the death of Jennings’ father is a decorous evasion of an outré topic. Such reticence is clearly consistent with the clinical disinterest that Hesselius evinces in the suicide of his patient, one that seems to originate in a moralistic revulsion. Even more devastating to Hesselius’ image, the
suggestion that both Jennings and his father were haunted to their graves exposes the true
depth of the negligence involved in disregarding the demon’s simian form. According to
the garbled version of Swedenborg that the reader receives via Hesselius, the spirit’s
shape encodes a truth about either its own disposition or about the particular weaknesses
of its victim. Either way, in materializing as a monkey, the apparition may portend the
bout of “hereditary suicidal mania” that snuffs out the life of Jennings. As an
overdetermined sign of the impulse to mimicry and—at the same time—the residual
primitivism that Victorians believed continued to haunt the less fully evolved members of
the human race, the monkey may very well be an omen of the intergenerational tragedy
that Hesselius will enable and, ultimately, dismiss.
Chapter 2

The Bones of Theory: Vernacular Psychology in M.R. James

Although M.R. James deeply admired Sheridan Le Fanu’s horror stories,¹ he departed from his predecessor’s willingness to foreground medical protagonists and to indulge in clinical language. James’ reluctance to employ the technical vocabulary of medicine extends to the word hallucination itself: the term never appears in James’ stories, even though hallucinatory phenomena are central to the hauntings they depict and to the suffering their protagonists experience. Many of James' characters question their perceptions and doubt their own sanity when confronted with the visual signs of the supernatural. In many instances, these suspicions are well founded, since hallucination is a tactic used by James' ghosts to torment the haunted. The suffering protagonist of “A Warning to the Curious” (1925) gives voice to this central motif of the Jamesian ghost story when he remarks that the vengeful spirit that haunts him does so by exercising “some power over [the] eyes” (2.153).

Whether or not James avoided the medical-sounding term hallucination on purpose, its absence in his ghost stories is consistent with his sparing use of medical and scientific jargon. In a preface to his second volume of ghost stories, James gently upbraids contemporaries who adopted medical and scientific terms to theorize the supernatural in their fiction. James criticized the twentieth-century ghost story for its “blatancy,” accusing writers such as Algernon Blackwood of dragging into their fictional entertainments too many of the “technical terms of ‘occultism’” (2.260). Rejecting such “quasi-scientific” language, James argues that the best ghost stories “allow us to be just a

¹ “I do not think,” James wrote, “that there are better ghost stories anywhere than the best of Le Fanu’s” (2.257).
little in the dark as to the working of their machinery. We do not want to see the bones of their theory about the supernatural” (2.260). For James, an aversion to technical, expert terminology is consistent with what he considered the central technique of the ghost story: “reticence” in the realm of explanation (2.259).

This does not mean that medicalizing explanations of the supernatural are absent from the Jamesian ghost story. Perhaps guided by James' overt statements on the topic, critics have overlooked the frequency and significance of physiological and psychiatric diagnoses (and self-diagnoses) in his fiction. However, rather than being wielded by physicians with a spiritual bent of mind, medicalizing discourses enter into James' stories as platitudes, common-sense statements, and folk wisdom, policing the standards of normalcy and stigmatizing psychopathology. For characters on the receiving end of vernacular diagnosis, the fear is often less about going insane than being thought insane, not by any particular institution or clinical gaze, but by the agents of rumor and gossip.

In James’ world, the rationalization of hallucination almost always entails social stigma. This, in turn, augments the despair of characters who doubt what they have seen, and even those who do not. The protagonist of “Count Magnus” (1902), awaiting his final encounter with the Scandinavian revenant that has hunted him down, recognizes the futility of the institutions that should, in theory, provide comfort: “Doctors, he knows, would call him mad, policemen would laugh at him. The parson is away. What can he do but lock his door and cry to God?” (1.80). Doctors might diagnose him—probably in far more specialized terms than he employs to diagnose himself—but no diagnosis would help him. By marginalizing the institutional and linguistic apparatus of medicine, James systematically deprives his characters of the structures of explanation that characters in
the supernatural fiction of other authors would use to account for their experiences. Primary among these excluded explanations is the concept of hallucination. Into this vacuum rushes the language (at turns dismissive and coercive) of vernacular diagnosis.

Recent criticism of James’ fiction has begun to embrace the conclusion that his works are thematically substantial, intellectually complex, and deeply informed by his vast scholarly knowledge. Much twentieth-century work on James, and on the ghost story more generally, focused on an arsenal of formal and technical tricks used to provoke cheap scares—a condescending mode of reading which James’ own criticism of the ghost story tended to endorse—and dismissed the possibility of a serious engagement with social or philosophical issues. More recent criticism has traced how James’ tales are shaped by his substantial background knowledge of history, religious controversy, and folklore. Ron Weighell has shown that James’ references to ritual magic draw on a broad familiarity with hermetic traditions. Simon MacCulloch argues for the social and psychological relevance of James’ concerns, and Rosemary Pardoe investigates the complex ways in which his works engage religious and theological issues. By exploring how James’ uneasy relationship with the language and apparatus of medicine shapes the intense psychological pain and trauma that afflict his characters, I hope to illuminate another dimension of James’ complexity and suggest the deep concern that his work evokes for his suffering protagonists who, cut off from any forms of institutionalized medicine that could help to treat them, are nevertheless vulnerable to the stigmatization that the suspicion of psychopathology sets into motion.

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2 See Julia Briggs, Jack Sullivan, or the early work of S.T. Joshi (who later became James’ editor).
3 See Jacqueline Simpson’s 1996 presidential address to the Folklore Society.
Guilt and Mental Illness: “Oh, Whistle”

In one of James' best-known stories, “Oh, Whistle, and I’ll Come to You, My Lad,” haunting assumes the form of being made to see what others cannot. First read at a King’s College Christmas party in 1903 (Roden 95), "Oh, Whistle" tells the story of Parkins, a young Professor of "Ontography"4 who takes an ill-fated golfing trip to the east coast of England. At the behest of a colleague, Professor Parkins investigates the seaside ruins of a Templar preceptory, where he unearths a whistle with a mysterious Latin inscription. “In fact,” the level-headed Parkins concludes after a cursory examination of the object, “it was—yes, certainly it was—actually no more nor less than a whistle” (1.88). This conclusion is proved wrong once Parkins blows on the trinket, an act that summons the malicious spirit that will haunt him for the remainder of the story and nearly bring about his death.

Even before this ghost appears on the scene, it is clear that the whistle is more than "just" a whistle, since its sound “seemed to have the power (which many scents possess) of forming pictures in the brain” (1.89). In the mental images set into motion by the whistle, Parkins sees two figures on a beach, a man fleeing his pale, tattered, lurching pursuer. Later that evening, Parkins cannot sleep, since every time he closes his eyes, he sees a more menacing version of these moving pictures. The language used to describe the images that torment Parkins positions him as a passive victim:

Parkins’s experience on this occasion was a very distressing one. He found that the picture which presented itself to him was continuous. When he opened his eyes, of course, it went; but when he shut them once more it

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4 One of James’ invented disciplines, like Ophiology in “Lost Hearts.”
framed itself afresh, and acted itself out again, neither quicker nor slower than before. (1.90)

The following night, the ghost from Parkins' vision will visit him in person and nearly cause him to plunge to his death from the window of his hotel room. Parkins survives his encounter with the ghost, thanks to the timely intervention of Colonel Wilson, an immensely practical and staunchly Protestant figure who “remembered a not very dissimilar occurrence in India” (1.100). According to Wilson, the specter could not have seriously harmed Parkins, and possessed "only" the power to frighten him through spectacle.

While Colonel Wilson encourages Parkins to focus on the supposedly negligible consequences of his visions, the story itself is interested in staging attempts to account for their causes, exploiting the absence of a professional authority capable of doing so conclusively. The unnamed narrator of the story offers the following analysis of the mental images that Parkins cannot help but see when he closes his eyes: “Experto crede, pictures do come to the closed eyes of one trying to sleep, and are often so little to his taste that he must open his eyes and disperse them” (1.90). The Latin axiom seems to refer to learned authorities ("experts" in the field of sleep research), but at the same time activates an archaic definition of the English word expert: one who has experienced. With this phrase, the narrator (who has known Parkins in some capacity) conflates professional expertise and the experience of the layman, suggesting that the former has little to add to an understanding of the latter. In fact, the “explanatory” comments of the narrator seem futile in themselves, since they simply re-describe Parkins’ experience without offering any tangible insight into it.
This commentary of the narrator has a counterpart in Parkins’ attempts to explain the origins of the visions that disturb his sleep, which ultimately prove no more decisive:

With many misgivings as to incipient failure of eyesight, overworked brain, excessive smoking, and so on, he finally resigned himself to light his candle, get out a book, and pass the night waking, rather than be tormented by this persistent panorama, which he saw clearly enough could only be a morbid reflection of his walk and his thoughts on that very day.

(1.91)

Despite this attempt to rationalize his frightful experience, Parkins cannot bring himself to follow through on “his resolution to keep his eyes shut” in order to see what happens when the specter approaches the second figure in his vision (1.91). Early twentieth-century psychology had a precise name for the experiences that Parkins describes here: hypnagogic hallucinations. In 1886, Edmund Gurney, a psychologist who conducted experiments for the Society of Psychical Research, even wrote about a form of hypnagogic hallucination in which “some object that has actually been seen during the day seems to reappear before the eyes” (1.390). Without using the kind of technical language deployed by Gurney and other psychologists, Parkins decides to manage his hypnagogic visions by attempting to go without sleep for the evening.

More importantly, as is characteristic in James’ ghost stories, Parkins’ speculations about the physiological roots of his “morbid reflection” ultimately take a moralizing and self-incriminating turn. Parkins first speculates that he is experiencing a literal breakdown of his vision, a physical pathology perhaps related to the strain of excessive academic labor. His second hypothesis explicitly foregrounds the possibility
that his over-application to his work is responsible, a pathological cause which, under
normal circumstances, would be morally laudable. His third theory suggests a different
and more guilt-inducing kind of overindulgence: overindulgence in tobacco, a form of
substance abuse. Parkins’ third, self-reproaching explanation for his woes is echoed by
the faceless community that tries to make sense of his experience at the end of the
narrative: “The Professor was somehow cleared of the ready suspicion of delirium
tremens, and the hotel of the reputation of a troubled house” (1.100). The popular
imagination flirts with diagnosing Parkins with a disease that had assumed a strong
moralistic valence.

In fact, this invocation of delirium tremens is one of the few times in James’
fiction that a current medical term is used. The phrase was coined in 1813 by an English
physician, Thomas Sutton, who introduced it as a new name for what had previously been
called “idiopathic phrenitis” (1). The Latin word delirium means, broadly, “insanity” or
“madness.” In medical discourse, delirium has been applied to psychic phenomena
ranging from memory loss and aphasia to nightmare and hallucination. Sutton’s case
studies include instances of all these symptoms. His neologism combines delirium with
tremens (“trembling, shaking”) to name the condition he investigated—one that he
(regrettably) treated with opium. Future physicians would see irony in this remedy, since
Sutton associated the disease with the moral lapse of substance abuse: “[A]ll cases of this
disease are connected with indulgences…I never found [it] to occur in a truly abstemious
character” (47). In 1819, the French physician Pierre Rayer concurred. His identification
of a “particular state of the brain and the nerves among drunkards, which can be regarded
as the predisposing cause of delirium tremens”\(^5\) illustrates both the rapid spread of Sutton’s designation and the moral stigma that attached to the disease (12). Temperance advocates quickly put the disease to rhetorical use in their arguments.

By the end of the nineteenth century, the association of delirium tremens with alcoholism and moral laxity was standard: the ninth edition of the *Encyclopaedia Britannica*, completed in 1889, defines the condition as “one of a train of symptoms…of acute alcoholism,” in which the patient is “constantly troubled with visual hallucinations in the form of disagreeable animals…He looks suspiciously around him…and ransacks his bedclothes for some fancied object” (“Delirium”). The article pauses to debunk a number of popular misconceptions on the subject, but the very fact that there were popular misconceptions shows the wide dissemination of the term. In James, this “ready suspicion” constitutes both a psychiatric judgment and a moral accusation on the part of the sufferer’s community. Parkins is “cleared” of the suspicion of disease in the way that he might be cleared of a legal charge. In the story, the diagnosis arises and is overruled without any reference to the institutional embodiments of psychiatry, given voice not by any medical practitioner but by popular gossip.

This flamboyant—by James’ standards— adoption of medical jargon might very well overshadow the other remarkable phrase in the same passage: *troubled house*. If *delirium tremens* gestures toward medical science, “troubled house” belongs to folklore and to scientific inquiries into the phenomenon of haunting. The *Edinburgh Annual Register* for 1810 recounts the history of a haunted house in Sampford, Devonshire. News of odd phenomena spread, attracting visitors: “two gentlemen, from Taunton,

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\(^5\) Rayer: “cet état particulier de l’encéphale et des nerfs, chez les ivrognes, que l’on doit regarder comme la cause prédisposante du Delirium tremens.” Translation mine.
attended the troubled house, and requested permission to pass the night in the haunted
room,” where their interest was repaid by the sight of a monster “very much resembling a
black rabbit, only wonderfully larger!” (156). An 1825 history of Boston notes that, upon
“discovering” in 1687 that four children had been bewitched, the “ministers…kept a day
of fasting and prayer at the troubled house” (Snow 194). Catherine Crowe’s 1848
collection The Night Side of Nature; or, Ghosts and Ghost Seers contains, in its chapter
on haunted houses, the account of a Mrs. L., whose new servant, hearing her name called
out by an unseen being, complained: “This is a troubled house you’ve got into, Ma’am”
(111). Like delirium tremens, the euphemism troubled house functions as a stigmatizing
instrument, vague in the popular imagination yet always ready at hand. Due to the events
of “Oh, Whistle,” the reputation of the hotel’s owner is at stake, just as much as Parkins’.
This reputation is tried in the court of popular opinion, which lacks anything resembling a
clear standard of proof. For James, the social body seems to engage paranormal activity
the same way that it does psychopathology: through rumor and condemnatory innuendo.

James stresses the irony that it is Parkins, of all people, who finds himself the
subject of such unlearned speculation. In keeping with his loudly and repeatedly
professed disbelief in the supernatural, Parkins decries folk explanation of natural
phenomena, such as the belief that those skilled in demonic lore are capable of “whistling
for the wind.” Parkins concludes that this superstition emerged when the “simple people”
of a fishing village would repeatedly see a person of “eccentric habits” on the beach,
followed by the rising of a fresh wind, which they then associated with the offbeat
person, who might, in turn, have “clutch[ed] eagerly at the reputation” for such talents
(1.94). In fact, Parkins bristles at “careless talk about…ghosts” because a “man in my
position…cannot…be too careful about appearing to sanction the current beliefs on such subjects” (1.83). The beliefs that Parkins espouses are based on social, rather than epistemological, criteria: people who wield professional authority must distance themselves from the common opinion of the masses. The ultimate irony is that Parkins, in attempting to account for why he is suffering from unwanted visions, internalizes and reinforces folk wisdom and the most moralistic, least scientifically rigorous dimensions of professional medical knowledge.

Both communal diagnosis and Parkins’ self-diagnosis explain his experience as a hallucination without using the term. The word hallucination has been in the medical vocabulary considerably longer than delirium tremens, so the fact that James does not use it here or in other stories is puzzling. Its absence is all the more curious when one considers that the etymology of hallucination suggests that moral accusation was built into the concept from the start. In 1604, hallucinate appeared in Robert Cawdry’s Table…of Hard Usual English Words, which gives the definition “to deceiue, or blind.” This transitive sense, along with an intransitive sense meaning “to be deceived, to be in error,” quickly began to appear in philosophical and theological discourse, especially in arguments about scriptural interpretation. Early medical uses referred to hallucination as a defect of vision, addressing the symptom in starkly moralizing and even theological terms. In 1798, with the Inquiry into…Mental Derangement of the Scottish writer Sir Alexander Crichton, physician to the Tsars, hallucination took its place in psychological discourse, denoting “[E]rror of mind, in which ideal objects are mistaken for realities…without general derangement of the mental faculties” (342-3). Parkins makes

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6 See the Introduction for more general remarks on the word’s history.
7 See, for example, John Smyth or Richard Clyfton.
the opposite mistake, taking a mental image that could alert him to danger and regarding it as the product of physical malfunction and moral pathology. The dubious medical assumptions that Parkins applies to himself fail to illuminate his situation, but *do* succeed in prolonging and augmenting his suffering.

**Hallucination or Illusion?: “Casting the Runes”**

“Casting the Runes” (1911) departs from much of James’ fiction in two particularly noteworthy ways. First, it takes place in modern London, not in the rural settings James generally prefers. Second, it has a human antagonist in Karswell, an amateur scholar who tries to publish academic papers with non-ironic titles such as “The Truth of Alchemy.”

In "Casting the Runes," it is Karswell, rather than a revenant spirit, who exercises power over the eyes of others. Through his studies in alchemy and magic, he learns how to “cast the Runes” on people, “either for the purpose of gaining their affection or of getting them out of the way” (1.174). Prior to the events of "Casting the Runes," Karswell has already used this power to kill John Harrington, a critic who wrote a scathing review of his first book on witchcraft. The new object of his fury is Edward Dunning, who, when the story opens, has declined to recommend "The Truth of Alchemy" for publication in the journal of a learned society. In the end, Dunning is able to reverse Karswell’s spell by tricking him into taking back the paper on which it is written.

By foregrounding the issue of hypnotism, “Casting the Runes” is able to discuss hallucination in a way that cannot be reduced to pathology. For Dunning, Karswell’s power over his eyes is effectual and potentially deadly regardless of whether it is the

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8 James attacked the comparative mythologists of his day for some of the same reasons that his characters criticize Karswell.
result of magic or—as the story repeatedly hints—of a cheap hypnotic parlor game. Dunning’s sympathetic friends initially dismiss his hallucinations as figments of his imagination, caused by Karswell’s cheap conjuring, and attempt to allay Dunning’s collateral symptoms, which include depression and paranoia. The plot arc of the story shows that this gentle and genteel approach to treating the effects, rather than the causes, of Dunning’s hallucinatory experiences would certainly have lethal results, regardless of the ultimate mechanism by which they are imposed on him by the nefarious Karswell.

The first insight we are given into Karswell’s history associates him with the power to manipulate vision through a nebulous combination of black magic and theatrical technology. The episode in question is narrated by the unnamed hostess of a lunch, who, in turn, leans heavily on the testimony of a clergyman named Farrer, because she was not actually present for the event that she recounts. Karswell had written to Farrer, offering to show the children of the parish some magic lantern slides in his manor house. The demonstration proves terrifying, not just to the children, but to Farrer himself, who suffers nightmares as a result of the spectacle. Karswell, the hostess reports, “had evidently set out with the intention of frightening these poor village children out of their wits” (1.160). One slide shows Red Riding Hood with a “dreadful” wolf, and another depicts a “horrible hopping creature in white” (1.161). The last slide seems to exceed the technical limitations of the magic lantern, showing “a great mass of snakes, centipedes, and disgusting creatures with wings” made to seem “as if they were climbing out of the picture” (1.161). Whether Karswell’s performance is supernatural or merely illusory in

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9 At the end of “Oh, Whistle,” the narrator fears a similar psychological fate for Parkins. If the Colonel had not intervened, he “would either have fallen out of the window or else lost his wits” (1.100).
nature, his ability to terrify by making things *seem* a certain way constitutes his special power over the eyes.

The magic lantern episode obscures the ultimate source of the power that Karswell wields against his academic adversaries, since it associates him with the optical illusions of the popular stage. A favorite tool of conjurers and confidence artists, the magic lantern was probably invented by Christian Huygens in the mid-seventeenth century. It was immediately put to use in order to generate terrifying images of “phantoms, devils, and other macabre subjects” (Barber 73). Illustrations from Athanasius Kircher’s 1671 *Ars magna lucis et umbrae* include slides that show a soul in

*Figure 1. This slide from Athanasius Kircher’s 1671 discussion of the magic lantern shows the macabre uses to which the projection device was already being put.*
the flames of purgatory and a skeleton carrying a scythe (768-9; Fig. 1). The eighteenth century witnessed a revival of interest in lantern presentations of supernatural or grotesque subjects, a tradition that culminated in Etienne Robertson’s phantasmagorial spectacles, which included a bidirectional projection of the Bleeding Nun from M.G. Lewis’s novel *The Monk* (Barber 76). Despite his apparent status as a practicing magus, Karswell uses this vaguely anachronistic technology to amplify his power over the minds of others. He can effect magic, making things *be* through supernatural means, but he can also make things *seem*, to equally terrifying and devastating effect.

During the magic lantern scene, the vocabulary of hypnosis appears for the first time in the story. To *make something seem*, as Karswell does in this episode, approaches the story’s idea of hypnosis. The children watching the frightening slides enter a trance, “mesmerized into complete silence” (1.160). Like a hypnotist, Karswell seems to want to affect the children’s behavior, specifically to dissuade them from trespassing on his land: the pale specter from one of the most frightening slides is, after all, pursuing “a little boy passing through [Karswell’s] own park” (1.161). His method and intention can both be described as hypnotic, and the word “mesmerized” drives home this association. The German physician Franz Anton Mesmer (1734-1815) developed the theory and practice of animal magnetism, for which he made grand medical claims, all thoroughly discredited by the time James was writing. The concept that Mesmer used to explain all manner of diseases and psychopathologies did, however, enjoy a less intellectually rigorous afterlife in the profiteering schemes of entertainers and confidence artists. In 1902, the stage hypnotist James Hawthorne Loryea (who performed as “Santanelli”) offered a

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10 In keeping with his doctrine of reticence, James regarded Lewis as “odious and horrible without being impressive” (2.254).
memorable visualization of the hypnotist’s power over the eyes. Figure 2 shows an illustration from his book—provocatively titled *Is Man a Free Agent?*—that compares ordinary perception to the state of hypnosis by analogy with two different imaging technologies. “Man,” he claims, is normally “like a camera taking a photograph of his surroundings” (30). Under hypnosis, however, “the process is reversed and he becomes like a stereopticon”—i.e., a magic lantern—“throwing out...pictures” (30). Loryea’s assertion that he can call forth at will any image to which the subject has previously been exposed shows the considerable powers that hypnotists claim to wield.

The vocabulary of hypnosis also enters the story as an explanation that reduces the supernatural to the psychological while absolving Dunning of the kind of moral accusations faced by the protagonist of “Oh, Whistle.” Conscious of the disquieting similarities between Dunning’s case and Harrington’s, Secretary Gayton, the head of the association to which Karswell submits his rejected articles, begins to consider that Karswell might be responsible for Dunning’s afflictions. But, like Parkins, the academic credentials of Gayton make him self-conscious about the kinds of explanations he is willing to venture. Notwithstanding the obvious similarities to the fatal experiences of Harrington, Gayton is extraordinarily hesitant in suggesting a “connecting link” to the plight of Dunning. With trepidation, the Secretary of the learned society suggests that Karswell may be behind both cases, “a difficult concession for a scientific man,” but one that “could be eased by the phrase ‘hypnotic suggestion’” (1.171).
Figure 2. Santanelli compares ordinary perception to hypnosis. Whereas the ordinary senses record the cow like a camera, the hypnotized senses project the cow in the manner of a magic lantern.
This term, entering Gayton’s consciousness in scare quotes, functions to arrest a dangerous train of thought. Gayton polices himself, reinforcing his commonsensical notions of sanity by injecting a phrase whose social purpose is to allow the discussion in scientific circles of phenomena that otherwise could not be broached, without stigmatizing the friend whose suffering is the result of volunteering his time as an academic referee at Gayton’s request. Interestingly, the Scottish surgeon James Braid had popularized the term “hypnotism” (or “rational mesmerism”) in the 1840’s as part of an attempt to place the idea of animal magnetism on more scientific footing at a time when it had begun to assume a disreputable aura. In an 1845 letter to the editor of *The Lancet*, Braid claimed that he had “adopted the term ‘hypnotism’ to prevent my being confounded with those who entertain…[such] extreme notions” (627). Secretary Gayton uses the term *hypnotic suggestion* in a way that shows little knowledge of the theory and practice of hypnosis, a relatively recently minted concept that—as James suggests—had been absorbed in reductive, pseudo-scientific ways into vernacular psychology.

Ultimately, the question of whether Karswell is really able to command occult forces to harm his foes or whether he is availing himself of “hypnotic suggestion” ultimately seems like a futile one, since the end result is no less dangerous in one circumstance or the other, as the case of John Harrington illustrates. Karswell gives John Harrington the rune-inscribed paper by slipping it into a concert programme. (Karswell tricks Dunning into accepting the runic inscription through a similar ruse, hiding it in a stack of papers in the manuscript room of the British Museum.) Harrington dies three months later. During the intervening period, Harrington receives by mail a promotional calendar with all of the pages after the date of his future death torn out. Adding to the
spooky effect is a woodcut illustration of “The Ancient Mariner,” which shows “a moonlit road and a man walking along it, followed by an awful demon creature” (1.175). Combined, these two features predict the date and the manner of Harrington’s death. Did Karswell send the calendar to taunt Harrington before his impending doom, or was this object perhaps part of a strategy to program him hypnotically? The calendar might even bring about Harrington’s death by whipping him up into a state of paranoia, in which he will overreact to quotidian events. The ambiguity regarding the immediate causes of the death of Harrington is achieved by James’ decision to narrate, once again, a key episode involving Karswell from a secondhand perspective. As with the tale of the magic lantern, this account is offered up by the host of a dinner party, who gives a vivid and detailed rendering of an event he did not personally witness. Harrington, pursued (or believing himself pursued), climbs a tree and then plunges to the ground, breaking his neck. It remains unclear whether some spectral creature chased him to his death, or whether Karswell forced him to hallucinate such a creature. In the end, whether his pursuer was “real” or not is immaterial. Even if the creature were illusory, Karswell remains responsible for Harrington’s death, by magic or by hypnosis, or (for all we know) by dressing up as a demon himself.

The story’s obsession with hypnotism and with power over the eyes extends to one other form of visual and psychological manipulation: advertising. In the commercialized urban spaces where Dunning lives and works, he is continually exposed to words and images intended to induce him to act. The advertisements in the electric tram that he takes from his suburban home to London are “objects of his frequent contemplation,” which is why he notices when a new display has been installed (1.164).
On the same day that he unwittingly accepts the Runes from Karswell, an advertisement—which turns out to be *inside* the glass of the window, rather than painted onto it—reads, “In memory of John Harrington…Three months were allowed” (1.164). This is his first encounter with Harrington’s name. Not long afterward, a man on the street who appears to be handing out leaflets—like the promotional calendar, yet another form of advertising—gives Dunning a pamphlet that also bears Harrington’s name. The advertising succeeds: Dunning takes action, asking Gayton who this John Harrington might be. The knowledge that Dunning gains from these inquiries plunges him into dread and despair.

There is a satirical element to this part of the story. In Dunning’s modern urban environment (so unusual a setting for a James story), one must learn to resist psychological manipulation. Because the increasingly ubiquitous presence of advertising already exerts psychic pressure on the city dweller, Karswell can capitalize on it to further his own purposes. His decision to do so is yet another way that “Casting the Runes” collapses the distinction between demonically aided hallucination and the emptiness of popular spectacle.

When Secretary Gayton drops the phrase “hypnotic suggestion,” he intends to arrest all inquiry into the causes of Dunning’s suffering, in an attempt to convince him to rise above and, in effect, keep a stiff upper lip in the face of adversity. Fortunately, Dunning does not take this advice, and instead speaks with Harrington’s brother, who encourages him to take Karswell’s claim to magical prowess at face value. With the help of Harrington’s brother, Dunning manages to trick Karswell into taking possession of the runic inscription a mere two days before the demonic curse is scheduled to claim the life
of Dunning. The magus dies right on schedule, crushed by a stone that falls from a scaffold while he is touring a French cathedral. To the end, it is not entirely clear whether the death of Karswell is a case of backfired sorcery or simply a coincidence.

Though this question is ultimately unanswerable, this much is clear: Gayton makes a mistake when he implies that hypnosis, because its operations are confined to the realm of the mind, is somehow less dangerous or less disconcerting than other, supernatural, possibilities. In the middle of the story, having just received the runic inscription from Karswell, Dunning experiences what we might regard as a tactile hallucination. The electric lights in his bedroom have failed. Reaching under his pillow in search of his watch, his hand slips into “a mouth, with teeth, and with hair about it…[and] not the mouth of a human being” (1.169). Whether or not the mouth is “there” does not matter, according to the logic of the story. The important truth is that Karswell has in some sense forced Dunning to perceive it, and Dunning suffers insomnia, paranoia, and depression as a result.

It is by heeding and learning from his visions that Dunning manages to survive. The most threatening psychological state that Dunning and Harrington encounter under Karswell’s influence is, ultimately, a feeling of relief as the supposed day of their death approaches, a “symptom” of dangerous complacency (1.176). In the months leading up to his death, Harrington had developed a crippling paranoia expressed in “the sense of being watched whenever he was alone” (1.175). Only at the very end of his life, “during the last ten days or so…he had been quite free from the sense of being followed” (1.176). This sense of safety is what induces him to go out alone, on a walk from which he never returns. Dunning, nearing the end of his own term, notes “that the cloud about him had
perceptibly been lighter,” but, thanks to the trail of visionary clues that leads him to Harrington’s brother, he recognizes that “relief was an ominous symptom” (1.176). In James’ world, the psychological power of images, whether hallucinatory, real, or hypnotically induced, is neglected at one’s peril.

Trauma, Stigma, and Treatment: “The Rose Garden” and “The Haunted Dolls’ House”

Unlike some of James’ protagonists, Parkins and Dunning survive, but they are not unmarked by their experiences. Parkins’ “nerves…have suffered: he cannot even now see a surplice hanging on a door quite unmoved, and the spectacle of a scarecrow…has cost him more than one sleepless night” (1.100). Dunning is troubled not only by lingering fear but also by guilt: “Had they been justified in sending a man to his death, as they believed they had?” (1.179). In James’ social world, even post-traumatic guilt and anxiety are pathologized and stigmatized, and no effective remedy seems to exist for them. The two stories I will examine in this section foreground the questions of trauma, stigma, and treatment. The protagonists of both tales suffer deeply unsettling, potentially hallucinatory visions. Although the content of these visions is eventually corroborated by external evidence—implying that they are not “pathological” by the standards of medicine—the trauma that arises from the visions themselves proves far more alienating and difficult to remedy.

“The Rose Garden” (1911) concerns a somewhat oblivious middle-class couple who have recently purchased a country estate from a family of downwardly mobile gentry. Mary Anstruther is a dabbling aesthete who desultorily applies herself to painting,
crafts, and, now, gardening. Unfortunately, the plot she has chosen for her projected rose
garden encloses a wooden post planted deep in the ground, the last remnant of a summer
house originally constructed, in accordance with folk legend, to contain or suppress an
angry ghost. For her, the post is only an obstacle. She ignores a series of warnings—
among them a bizarre shared dream—and has the post uprooted, but never plants her rose
garden. Walking out to the now-unprotected spot, she sees among the bushes a Guy
Fawkes mask that turns out, on closer examination, not to be a mask at all, but “a face—
large, smooth, and pink” (2.138). Fleeing to the safety of the house, she then
“collapse[s]” (2.138).

The second trauma Mrs. Anstruther experiences is even more crippling than the
first, and it requires medical treatment. A short time after her encounter, she receives a
letter from the Essex Archaeological Society recounting the trial of the judge buried in
what was to be her rose garden. The body of the judge had been so “troubled after his
death that the rector of Westfield summoned the parsons of all the Roothings to come and
lay him” to rest with the wooden stake (2.138). An enclosed photograph shows an
engraving of the justice in question. It matches the face Mary has seen in the garden. A
“severe shock” results: “It was decided that she must spend the winter abroad” (2.138).
The passive construction downplays the role that any clinician might have played in this
diagnosis and treatment. Pathologized, she is dispatched to some ostensibly salubrious
locale to recover in secret.

Yet the story’s most interesting instance of lay psychology is offered by Mary
herself. Early on in “The Rose Garden,” the estate’s former owner, Miss Wilkins,

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11 Apparently that of a Lord Chief Justice serving under Charles II. Joshi suggests identifying him with Sir
recounts a nightmare that her brother Frank experienced during his childhood. Young Frank Wilkins once fell asleep in the now vanished summerhouse and had a vivid dream in which a merciless judge (the one whose ghost will scare the wits out of Mary) put him on trial for some unknown capital offense. After Mary has the post that once belonged to that summerhouse uprooted, George Anstruther has the same dream. As George begins to describe his dream, Mary interrupts him, adding a detail: “Standing your trial, I suppose” (1.135). George, taken aback, asks, “Goodness…did you dream that too?” George senses the significance of the dream, for he is “quite certain there was such a man once, and a most horrible villain he must have been” (1.135). The dream functions as a historical narrative, somewhat like Parkins’ hypnagogic imagery, but more precise and revealing. It warns about the specter restrained by the post that has just been uprooted. Mary, however, regards the shared dream as “an instance of a kind of thought-reading” (1.136). The link she proposes is not between George and the other dreamer, for she is the mediating channel: “I suppose, from my brain it must have got into yours while you were asleep” (1.136-7).

Mary’s psychological explanation functions in the same way as Parkins’ self-diagnoses, preventing the Anstruthers from understanding the gravity of their situation. Mary does not use psychiatric vocabulary, but her line of thought resembles Gurney’s attempts in *Phantasms of the Living* to relate dreams (and ghosts) to telepathy. For Gurney, dreams supply a “considerable number of [telepathically] ‘transferred impressions’” (1.295). Like Gayton’s deployment of “hypnotic suggestion,” Mary’s vernacular diagnosis produces a delay in the recognition of the root problem.
In “The Haunted Dolls’ House” (1923), the revelatory potential of George Anstruther’s dream inheres in the object that gives the story its title. “The Haunted Dolls’ House” opens with one Mr. Dillet haggling over the price of a “perfect and attractive specimen of a Dolls’ House in Strawberry Hill Gothic” (2.80). Having brought the object home from the antique store, he goes to sleep with the house near his bed. He is startled from his sleep at one in the morning by the sound of a tolling bell. Sitting upright in bed, he watches as the house and its inhabitants play out a scene, reenacting a series of murders that occurred in the building on which the miniature structure is modeled. Dillet sees first an old man poisoned for his inheritance, then two young children killed by something like “a frog—the size of a man—with...scanty white hair about its head” (2.86). This specter carries out the old man’s revenge, and the dolls’ house itself enacts a more complex kind of revenge, a compulsive repetition. The house stages a hallucinatory play whose full consequences will not be understood until Dillet investigates further.

The dolls’ house, like Karswell’s magic lantern or Parkins’ panorama, forces Dillet to attend to it, and the vividness of the spectacle traumatizes him: “a quarter of a mile away it might be, and yet every detail was photographically sharp” (2.82). When the drama has played out, all Dillet can do is sink down in bed. In the morning, he calls for a doctor, who “found him in a disquieting state of nerves, and recommended sea-air” (2.86). Dillet repairs to the coast, where the social consequences of psychological trauma become clear. It is there that he meets Mr. Chittenden, the dealer who sold him the house, along with his wife. When they meet, Chittenden looks “somewhat askance upon

12 The architectural gesture toward Horace Walpole already associates the house with fiction, specifically Gothic fiction. Dillet later refers to the house as the “Quintessence of Horace Walpole,” noting that “he must have had something to do with the making of it” (2.81). The metafictional irony is that Walpole’s Gothic tradition had very much to do with the making of James’ text.
him…and not without cause” (2.86). There are two causes. First, he feels guilty for selling Dillet the house, because he knew full well what it would do at one in the morning. Second, he knows that Dillet knows that he knows. Everyone knows why everyone else is on the coast breathing sea air—because of the trauma they have undergone. This treatment is a genteel attempt to deal with trauma in an anonymous setting in order to avoid the stigma associated with psychiatric therapy.

Chittenden’s attempt to account for his actions is perhaps the single most telling description of how psychology works in James’ world:

But I put it to you, Mr. Dillet, one of two things: was I going to scrap a lovely piece like that…or was I going to tell customers: ‘I’m selling you a regular picture-palace-dramar in reel life of the olden time, billed to perform regular at one o’clock A.M.’? Why, what would you ‘ave said yourself? And next thing you know, two Justices of the Peace in the back parlour, and pore Mr. and Mrs. Chittenden off in a spring cart to the County Asylum and everyone in the street saying, ‘Ah, I thought it ‘ud come to that. Look at the way the man drank!’—and me next door, or next door but one, to a total abstainer…(2.87)

First, Chittenden fears what Dillet will think, but he goes on to illustrate how serious the casual, decentralized diagnoses that menaced Parkins can become when the “ready suspicion” that a society manufactures is not anticipated in advance. Chittenden himself takes part in the same line of reasoning, defending himself from the charge of psychopathology partly by pointing to how little he drinks.
Neither Dillet nor Chittenden worry that they have hallucinated, but they do fear that their post-traumatic symptoms will lead others to suspect that they have hallucinated at some earlier point in time. Mary Anstruther’s “shock” elicits the same pattern of treatment. Unfortunately, the available remedies do little to ease these characters’ suffering. The change of air is an ancient treatment, perhaps more suitable for banishing problematic individuals than for addressing the root causes of their conditions. If vernacular psychological reasoning fails to describe adequately the harrowing key episodes in James’ fiction, the treatments of medical professionals offer little solace to the characters who have suffered through these episodes.

As a result of their traumatic hauntings, James’ upper-class characters find themselves caught between an ineffectual, and generally absentee, medical establishment and a society ready to shame and stigmatize both their suffering and its outward manifestations. When working-class characters come into contact with the supernatural or the psychopathological, the social consequences are even more pernicious. For the innkeepers who run the hotel where Parkins has his ghostly encounter, “the reputation of a troubled house” would destroy their precarious livelihood (1.100). Mary Anstruther, whose social and financial status makes her eligible for the genteel non-treatment of the seaside retreat, does not face the same potential economic ruin that confronts working-class characters, such as the railroad employees that believe they see an entity shadowing Karswell, or those who—earlier in “Casting the Runes”—beg Dunning to tell their supervisor that he, too, saw the mysterious advertisement in the tram window, which has since disappeared. Mary Anstruther may have lost the site of her rose garden, but poorer characters, even those on the margins of hauntings, stand to lose everything they own.
Their plight is a rare instance in which James is not entirely condescending in his depiction of his social inferiors, and it illustrates the wider repercussions of the health-related issues that afflict his well-heeled protagonists.

All the characters discussed in this chapter suffer physically and psychologically as a result of their encounters with entities—spiritual or physical, malicious or unconscious—that force them to see what societal constraint renders “impossible,” unverifiable, and ineffable. Even if the supernatural elements of these stories were stripped away, or if James had left a more accommodating (in his words) “loophole for a natural explanation” (2.248), the psychological horror would remain intense. In the preface to his first volume of ghost stories, James writes that the tales “do not make any very exalted claim. If any of them succeed in causing their readers to feel pleasantly uncomfortable when walking along a solitary road at nightfall…my purpose in writing them will have been attained” (2.254). Yet the horror with which James depicts the alienation of those who hallucinate far exceeds this modest ambition.
Chapter 3

“A Great Pity”: Mysticism, Allegory, and Suffering in *The Great God Pan*

J. Sheridan Le Fanu and M.R. James depict haunted characters who stumble unintentionally into terrifying encounters with the invisible. Arthur Machen’s 1890 novella *The Great God Pan*, on the other hand, features an ambitious physician and surgeon, Dr. Raymond, who deliberately aims to induce visionary experience in other people. When the novella opens, Raymond has developed a still-untested surgical procedure. By operating on the brain, Dr. Raymond seeks to produce a spiritual encounter in his "patient," who he believes will witness the apotheosis of a deity that he identifies with the Greek god Pan. Raymond's first experimental subject is his seventeen-year-old ward, Mary. The experiment bears horrific fruit, destroying her mind and setting into motion a grisly series of events that claim a number of lives across England and as far away as South America.

The experiment is witnessed by Clarke, a friend of Dr. Raymond and the closest thing that *The Great God Pan* has to a reliable narrative perspective. Clarke, an armchair occultist, is traumatized by Mary’s physical reaction to the experiment: the expression of terror on her face, the physical spasms that convulse her body, and the state of “hopeless idio[cy]” that claims her after the procedure (7). The consequences of the sickening operation, however, extend far beyond Mary or Clarke. Over the next eighteen years, disturbing stories of suspicious deaths and sexual horrors are linked with the name of Helen Vaughan, who turns out to be the daughter of Mary, born nine months after her mystical encounter with “Pan.” Raymond, fearing the child’s infernal nature, sends the young Helen away. She spends her life traveling the world, leaving behind a string, first
of terrified and traumatized children, then of deceased husbands and aristocratic suicides. Clarke, whose compulsive collection of bizarre and occult narratives has enabled him to piece together Helen’s identity and the carnage she has wrought, accompanies the epicurean aristocrat Villiers\(^1\) to her residence, where they provide her with a hangman’s noose, offering her a choice between suicide or public exposure for her crimes. She chooses the rope. Then men look on in stupefaction as her dying body transforms into a series of different human and animal shapes before dissolving into jelly and then, finally, assuming a form described—or, rather, not described—as unspeakably terrifying.\(^2\) The story concludes with Raymond admitting his moral fault, but doubling down on the argument that his surgical procedure has permitted humanity to make contact with the deities of the pagan world.

Notwithstanding Dr. Raymond’s interpretive confidence, the central theological and scientific question of the story, the content and nature of Mary’s vision, presents a seemingly insoluble riddle. Machen’s densely constructed narrative alternates among a number of perspectives, without privileging the truth claims of any of its focalizing characters (many of whom are nearly indistinguishable from one another and none of whom possesses the authority to speak about Mary’s vision). The nested narratives that compose the middle sections of the novella go to great lengths to display how far removed they are from the events they recount, sometimes stretching the chain of

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\(^1\) Sage Leslie-McCarthy sees Villiers as the most spiritually positive character in the novella, an “amateur detective” who “becomes the ‘expert’, able to construct meaning in the urban spaces of a modernity whose spiritual dimension was no longer natural” (44).

\(^2\) Kimberly Jackson characterizes Helen’s dissolution as an instance of “non-evolutionary degeneration,” a motif she traces throughout Machen’s fiction (125). She notes that similar apparently negative transformations in Machen’s work often have positive, even sublime, implications. Jake Poller, on the other hand, argues forcefully against the frequently-defended claim that Machen’s work stages the degeneration theory of the alchemist Thomas Vaughan.
transmission to absurd (and potentially distorting) lengths. Moreover, the connections between these narrative fragments are unclear, and the story’s conclusion, far from tying them together neatly, raises as many interpretive questions as it solves. To complicate matters still further, the testimony of the characters frequently halts—restrained by decorum or stymied by horror—at the brink of revelations judged too terrible to utter. Their reticence, especially problematic in a text whose subject matter intimately concerns ecstatic revelation, leaves an interpretive vacuum at the center of *The Great God Pan*—one that makes a mockery of Dr. Raymond's certainty.

The text’s willingness to leave important details unstated and important matters unresolved does not lead to neutrality: on the contrary, the meaning of Mary’s vision and of its disastrous consequences becomes a bone of contention between the two observers, Raymond and Clarke, whose distinct and dissimilar philosophical and theological commitments offer radically incompatible ways of reading the story’s most crucial events. The scientific power of Raymond’s procedure, which undoubtedly produces remarkable (if terrible) results, is not in question, but the meaning of its result is deeply contested between Raymond’s Neo-Platonic mysticism and Clarke’s deep (but secret) commitment to orthodox Christianity. By refusing to guarantee a single interpretation unequivocally, the text’s formal devices stage a debate between these two perspectives at the level of the narrative itself. This debate is itself unresolved: the novella seems less interested in proving either Clarke or Raymond right than in showing how their theologically oriented perspectives fail to account for the horrors and excesses of its plot. Although Machen’s novella is riddled with ambiguities, it is ultimately clear about the damage that results from Raymond’s arrogance and cruelty. Neither the scientific nor the
mystical perspectives provided by *Pan*’s central characters can explain, contain, or justify the trauma and pain that Machen dramatizes: what ultimately calls both Raymond’s and Clarke’s theories into question is Mary’s inaccessible experience and the unthinkable suffering that follows.
The Transcendental Surgeon

Initially, *The Great God Pan* promises to be a story about Dr. Raymond, a physician and surgeon whose mystical interests place him outside the medical mainstream. Just as Le Fanu's Hesselius uses—however disingenuously—the label of "metaphysical medicine" to distinguish himself from the common run of "materialist" physicians, Raymond claims to have “devoted” himself “to transcendental medicine for…twenty years” (1). The criticism he receives from his mainstream peers—who refer to him as “quack and charlatan and impostor”—merely confirms to him that he is on the “right path” (1). Here, and elsewhere, Raymond describes the fruit of his labors in a manner reminiscent of the religious quest: “Five years ago I reached the goal” (1). Shunning his close-minded contemporaries and their “fanciful theories,” Raymond identifies himself with Oswald Crollius, the sixteenth-century alchemist whose work was instrumental in separating alchemy from chemistry. He characterizes Crollius as “one of the first to show me the way, though I don’t think he ever found it himself” (4). Raymond understands Crollius, however, as a scientist who did not comprehend the full import of his own work. The deep irony of this assertion will become clear only at the end of *The Great God Pan*, as Raymond strives conceptually to unite matter and spirit in his unconvincing commentary on the significance of the events that have transpired over the course of Machen’s novella (for which he has been almost entirely absent).

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3 Summarizing Crollius’ scientific importance, the historian of science Allen G. Debus also illustrates his significance for Raymond: “Crollius was convinced that no real medicine could be possible without an understanding of the true philosophy, a philosophy which encompassed a knowledge of the correspondence of the macrocosm and the microcosm…Chemistry—only true chemistry—would make this possible” (122).
Perhaps the most unconventional of Raymond's beliefs is that the surgeon can become a spiritual midwife through manipulating the matter of his patient's body. The inconsistent way that Raymond describes his experimental surgical technique is the first sign that there may be something amiss with the metaphysical assumptions that underpin it. In one breath, he characterizes the procedure as “a trifling rearrangement of certain cells” in the brain (2) and as “a perfectly simple one; any surgeon could do it” (1). In another breath, he lauds himself for mastering "a microscopical alteration that would escape the attention of ninety-nine brain specialists out of a hundred" (2). Statements of the latter kind tend to be couched in the religious-quest rhetoric of which Raymond is so fond, suggesting that the physician's charisma and intangible spiritual gifts have guaranteed the success of his experimental endeavors. Take, for example, Raymond's depiction of the moment of his scientific breakthrough:

   a pang of sudden joy thrilled my soul, and I knew the long journey was at an end…[T]he great truth burst upon me, and I saw, mapped out in lines of sight, a whole world, a sphere unknown; continents and islands, and great oceans in which no ship has sailed (to my belief) since a Man first lifted up his eyes and beheld the sun. (2-3)

Ultimately, however, even though Raymond fancies himself a solitary, ostracized seeker of forbidden truths, the medical procedure itself comes off as purely mechanical in nature.⁴

⁴ Elements of Raymond’s character recall shortcomings that Machen later critiqued in organized esotericism, particularly that of the Golden Dawn. Marco Pasi quotes one of Machen’s letters to his good friend and fellow Golden Dawn member A.E. Waite in which Machen critiques secret societies for claiming that their initiates possess information that is not available to non-members. Pasi also notes Pan’s particular popularity among the magicians of the Golden Dawn and his frequent appearances in their fiction.
This impression is reinforced by a structural paradox built into Raymond's experiment. Although he believes that he has discovered in his knife a bridge between the “unutterable…unthinkable gulf that yawns profound between…the world of matter and the world of spirit” (3), he himself must remain trapped on the banal and often-traveled side of that division. Exultant that the procedure he has invented "will level utterly the solid wall of sense, and probably, for the first time since man was made, a spirit will gaze on a spirit-world" it will be Mary, and not Raymond, who "will see the god Pan!” (4). This fact has unsettling implications for a would-be Platonist-mystic like Raymond, who must stop short of the final step into the unseen world of Form. Instead, he must access that higher reality through the observation of Mary’s experience, a Platonic shadow—a paltry, penultimate step toward transcendence.5

Machen exploits this impasse to great aesthetic and thematic effect. His novella's intricate nesting of partial perspectives enables him to connect the limits of narrative representation to the experiences of both mystical visionaries and those thought to suffer from psychological abnormalities. The conceptual terrain that separates narrative ineffability, apotheosis, and pathological hallucination is ultimately collapsed by the ensuing plot, in which some combination of trauma, epistemological paralysis, and suicide wracks every major character, regardless of his or her belief system or state of health. Characters find themselves unable to express their experiences verbally, even when their own lives—and the lives of others—depend on it. This collective aphasia renders ridiculous the overconfident pieties of Dr. Raymond who—as the only character

5 In an argument that links Machen’s work with modernist notions of epiphany, Nicholas Freeman shows that Machen was “prepared to admit the possibility of ecstasy being induced by an encounter with pre-Christian deities” (246). Pan seems to offer a darker version of spiritual contact, although the fleeting moment when Mary appears thrilled rather than terrified might offer a glimmer of salvific possibility.
untouched by personal tragedy—feels free to reassert wholesale his claims about the significance of his discovery, having learned nothing from the events that have followed from it and that should have given him sufficient reason to reconsider his assumptions.

Arguably, Raymond’s most dramatic divergence from the values of scientific inquiry is his manifest inability to learn from experience. In his concluding letter to Clarke, he admits that the experiment was morally wrong, but he maintains the truth of the underlying theory: “You did well to blame me, but my theory was not all absurdity. What I said Mary would see she saw, but I forgot that no human eyes can look on such a sight with impunity” (50).6 Raymond understands that he has failed ethically, but that his operation was nevertheless successful in its basic aims. His admission of fault rings somewhat hollow: as the etymology of impunity suggests and as the story has amply borne out, his transgression requires punishment, but unfortunately, like the vision he induces, the punishment afflicts not himself, but Mary. He admits that he “broke open…the house of life,” a pallid abstraction for the violence his procedure inflicted on Mary’s psyche (50).7 The self-vaulting surgeon performs contrition without incurring any real costs. Meanwhile, the repercussions of his actions fall upon Mary, Helen, and Helen’s chain of victims, whose fates do nothing to support the hypothesis that has given rise to their collective suffering. Mary is sacrificed, not to science, but to Raymond’s

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6 “I played with energies which I did not understand,” Raymond admits (50). The line is disturbing if his use of the past tense suggests that he now believes he does understand these energies.

7 This language stresses the status of Raymond’s operation as a psychic rape. Much criticism of Machen has addressed the anxieties about female sexuality that shape Helen Vaughan’s character, but the text’s critique of a violent male sexuality, associated with the figure of the doctor, seems almost as prominent. If Raymond’s mistreatment of Mary extends beyond the surgery itself to a specifically interpretive violence, then both Raymond and Clarke are involved in misreading her experience, and their projections onto her constitute a symbolic aggression. The text does not even completely preclude the possibility that Raymond literally rapes his patient. Either way, the horrific consequences that the text associates with female sexuality all emerge from this experimental act, connected with disturbing male desires.
theory. Unbowed, the barbarous surgeon sticks to the uncertain belief that he has enabled the mystical union of his experimental subject with the great god Pan.

**The Closet Theologian**

Somewhat surprisingly, Raymond and Mary (now seriously disabled) drop out of the novella after the first chapter, with the former reappearing only at the conclusion of the narrative, in order to rehearse the theories that he advances in the novella’s initial pages. Raymond’s convictions do not, however, go unchallenged. Although Clarke at first appears to be little more than a sidekick to the mystical surgeon, the narrative structure of the novella accords his competing perspective on the experiment and its aftermath a great deal of importance. Clarke is the only character present for the terrifying operation and for most of the mysterious occurrences that follow from it eighteen years later. Although he has the most complete knowledge of the plot's events, Clarke's understanding is nevertheless compromised by what he does not—and cannot—know. He thus exists in the novella as the chief counterweight to Raymond's epistemological overconfidence, but he fails in his own quest to make sense of what he has witnessed through his own preferred cosmological and theological framework.

Even a careful reader of *The Great God Pan* might reach the end of the novella without realizing that Christian cosmology is the intellectual framework that informs Clarke's interpretation of events. Whereas Raymond’s intellectual commitments mix alchemy, Greek philosophy, pagan mythology, and—putatively—modern medical science, Clarke’s worldview is deeply Christian. The reason why this is not immediately obvious is that the novella codes Clarke as an amateur—and seemingly non-
denominational—investigator of occult phenomena. The character himself feigns skepticism while covertly seeking to find in the horrific fate of Mary, Helen, and many others a confirmation of his doctrinal beliefs.

It would seem that Machen very much enjoyed engineering this bait-and-switch. The debate between Clarke and Raymond that precedes the horrific experiment is a comedic exercise in narrative misdirection. On the surface, the nature of the opposition between Clarke and Raymond would seem to be that of the scientific specialist and the layman. This is, at least, how the latter imagines their intellectual differences. In unintentionally hilarious tones of condescension, Dr. Raymond expounds his philosophy to his unschooled interlocutor, promising not to confuse him or “bother [him] with ‘shop’” (2). Nevertheless, Raymond has no other choice but to use “high-flown language,” and figurative speech, in particular, since “it is hard to be literal” about the content of his teachings, which can only be set forth by “analogy” (3). With obvious irony, the grandiloquent exposition that ensues contrasts with the sober, matter-of-fact, and—for lack of a better word—“clinical” way that Clarke will go on to treat this event in his memoirs. The most important insight to take from this exchange is that Raymond claims that his theories are difficult because they require scientific expertise to understand, yet their actual difficulty is the result of his gnostic mystification of them, rather than their inherent scientific complexity. Aware of this, the seemingly rational Clarke responds: “Are you perfectly sure, Raymond, that your theory is not a phantasmagoria—a splendid vision, certainly, but a mere vision after all?” (1). Although this exchanges stages a humorous inversion of the professional, learned skeptic and gullible layman, it quickly becomes clear that, whatever it is that polarizes the
worldviews of Raymond and Clark, the Scientific Revolution has had nothing to do with it. Contrary to the way that these two characters represent themselves, their positions vis-à-vis the visionary experience of Mary are defined by a long-dead theological turf war between Christianity and the Greco-Roman religions it aggressively suppressed.

Clarke, “chosen by Dr. Raymond to witness the strange experiment of the god Pan,” is, from the point of view of the Platonizing pagan surgeon, perhaps the worst of all possible choices (8). Clarke advertises himself as a suitably objective observer in esoteric matters, a skeptical and empirically minded collector of data, but all along he “secretly hugged a belief in fantasy, and would have rejoiced to see that belief confirmed” (8). However, the manner in which he collates and presents the results of his investigations makes it clear that the fantasy he wishes to confirm is nothing other than orthodox Christian doctrine. His chief intellectual project and “sole pleasure” is “reading, compiling, and rearranging…his ‘Memoirs to prove the Existence of the Devil,’” which he keeps in a secret compartment of his study, hidden from the rest of the world (9). Even the character’s name hints at his secret agenda. Clarke ultimately derives from the Latin clericus, a cognate of the English words clerk (scribe) and cleric (priest).8 As the compiler of the documents that make up the novella, Clarke embraces both the scribal and—more covertly—the theological activities suggested by his name.9

The competing theological loyalties of Raymond and Clark come not only with distinct doctrinal content, but also with disparate methods for accessing and explicating

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8 See the OED entry for clerk.
9 It should be noted that Raymond’s name—as the character himself is aware—connects him to the thirteenth-century Spanish saint Raymund Nonnatus, the patron saint of midwives. While he would much prefer to think of himself as the spiritual midwife described by Socrates, his justification in doing so is precisely what is contested by the presence of Clarke.
divine secrets. Both Raymond and Clarke want to pass directly from the body to the soul, but while Raymond seeks to do so by surgically inducing spiritual experience, Clarke does so by developing a style of interpreting experience in which physical relationships are read by means of allegorical resemblances. The extent to which Clarke's allegorizing drive colors his perceptions is first hinted at when the narrative focalizes the preparatory stages of the surgery through his perspective: “Clarke saw him cutting away a circle, like a tonsure, from her hair” (7, emphasis mine). While this is almost certainly a pragmatic surgical measure, Clarke looks at it and sees the hair-cutting ritual undergone by Christian monks during their consecration into monastic life.¹⁰ As Raymond sedates Mary, the narrative voice shifts from an omniscient standpoint to a perspective more closely aligned with Clarke’s consciousness, which, is tinctured by Christianizing allegory:

The girl closed her eyelids, as if she were tired, and longed for sleep, and Raymond placed the green phial to her nostrils. Her face grew white, whiter than her dress; she struggled faintly, and then with the feeling of submission strong within her, crossed her arms upon her breast as a little child about to say her prayers. The bright light of the lamp fell full upon her, and Clarke watched changes fleeting over her face as the changes of the hills when the summer clouds float across the sun. And then she lay all white and still… (7)

¹⁰ Machen may have something more mischievous in mind: some polemical late nineteenth century work on Celtic Christianity sought to distinguish the Roman tonsure from the Celtic tonsure and to associate the latter with witchcraft. In an 1897 history of The Celtic Church of Wales, for instance, John William Willis Bund recounts legends christening the Celtic tonsure the “Tonsure of Simon Magus,” which Welsh Christians were suspected of using to increase their magical powers (275). The tonsure, then, might have a secondary magical connotation more akin to Raymond’s paganism than Clarke’s orthodoxy.
The allegorical features of this passage prove far more systematic than their initially haphazard and associative appearance might suggest. In a manner that resists and subverts the heroic, self-serving, pagan-inflected spin that Raymond puts on the operation, Clarke interprets the scene according to the procedures of Christian typological reading. More specifically, the amateur occultist represents the surgical experiment as a horrifying, profane parody of the incarnation of Christ. Later, when Clarke first begins to understand that Mary's daughter Helen is linked to a series of mysterious deaths, he glosses his dossier of testimony to these tragedies with the Latin inscription: “ET DIABOLUS INCARNATUS EST. ET HOMO FACTUS EST” (14) ["The devil is become incarnate, and he is made man."]]. This clerical effusion is a rewriting of the Nicene Creed: “Et incarnátus est de Spíritu Sancto / Ex María Vírgine, et homo factus est” (Missale Romanum 220), which referred to the incarnation of Christ through the sexless union of Mary and the Holy Spirit. In choosing to rewrite this passage of the creed, Clarke is not just voicing a melodramatic and generically obligatory expression of horror: he is suggesting an allegorical, oppositional, and Christian way of reading Raymond’s experiment. In this alternative exposition of events, Raymond presumptuously and uncritically plays the role of false God, who oversees the impregnation of this second, less-fortunate Mary with the seed not of Pan, but of Satan. Nothing in any of the accounts collected by Clarke implicates the archfiend of Christianity, but this assertion allows Clarke to contain his supernatural testimonies within an orthodox Christian framework, in an effort to rebut the pagan triumphalism of Raymond.
The very title *The Great God Pan* advertises the theological polemic in terms of which its events will be viewed by Clarke and Raymond. The novella's title ultimately derives from Plutarch’s *The Obsolescence of Oracles*, which includes a legend that Christian writers would subsequently cite in celebration of their religion's triumph over the gods of the pagan world. In Plutarch’s story, a divine voice calls out from the heavens and commands a sailor to report far and wide that “the great God PAN is dead” (20). The omission of the phrase *is dead* from the title of Machen's novella is an absent presence that structures the conflict between Clarke and Raymond—one that dissembles itself as scientific, rather than theological. From the perspective represented by Raymond, the two words that are suppressed in this citation of Plutarch signal the revenge of paganity against its historical persecutor via the scientific genius of the surgeon. From the perspective of Clarke, the absent words are but a knowing, abbreviated reference to a pagan author who—through the same allegorical reading practices that he deploys through the novella—became a voice that testified to the irreversible victory of Christianity.

**The Pain of Others**

By the time *Pan* concludes, the toll of broken lives resulting from Raymond’s experiment has reached sobering proportions. A young boy traumatized by the sight of Helen with a satyr (or a demon) still “suffers from a weakness of intellect,” and another girl who knew Helen as an adolescent suffered such a terrible experience that Clarke cannot even bring himself to reread his account of it (12). One man who marries Helen winds up as a bankrupt beggar—“a ruined man, in body and soul”—before being found dead,
reportedly “Starved to Death” (16, 23). A painter who becomes involved with her in Buenos Aires dies, according to a letter from his physician, of “an utter collapse of the whole system” (45). When Helen returns to London, at least five aristocrats known to visit her home fall victim to a “terrible epidemic of suicide” that concludes only with Helen’s own suicide (36). Each of these tragedies is a direct consequence of Raymond’s experiment. As though to drive home the reality of the suffering engendered by that ill-advised procedure, the novella concludes by returning to dwell on Mary’s own fate. She “never recovered her reason,” Raymond tells us, and eventually died shortly after the birth of her child (50).

Ultimately, Clarke’s Christianizing stance on Mary's ordeal proves no more compassionate or just than the overtly sinister, egotistical position of Raymond. In the Neo-Platonic account of the Incarnation given in the gospel of John, what is incarnated is the Word, the divine Logos. The conception of the latter-day Mary parodically inverts the incarnation of the Word, for her vision renders her permanently incapable of speech. In The Great God Pan there is no account that even attempts to do justice to Mary’s experience. Both Raymond and Clarke project their fondest wishes onto the horrifying spectacle of the ecstasy/seizure that deprives her of reason, and neither approaches a position towards the young woman that could be called sympathetic, let alone empathic. Both are content to minimalize the intensity of her suffering and the role that they have played in it. Significantly, the logos doctrine represents a potential point of contact between Raymond’s Platonism and Clarke’s Christianity—between classical culture and Christian theology—that suggests what is lacking in both: a viable account of Mary and an account given by Mary.
Instead, readers of *The Great God Pan* are left with the description provided by the nameless, external narrator of the first chapter. This account makes no claims about the content of Mary’s vision—*if it is* a vision at all—and any speculations to that end must rest on the outward manifestations of her torment:

[H]er eyes opened. Clarke quailed before them. They shone with an awful light, looking far away, and a great wonder fell upon her face, and her hands stretched out as if to touch what was invisible; but in an instant the wonder faded, and gave place to the most awful terror. The muscles of her face were hideously convulsed, she shook from head to foot; the soul seemed struggling and shuddering within the house of flesh. It was a horrible sight, and Clarke rushed forward, as she fell shrieking to the floor. (7)

Raymond displays a shocking nonchalance toward her suffering:

"Yes," said the doctor, still quite cool, "it is a great pity; she is a hopeless idiot. However, it could not be helped; and, after all, she has seen the Great God Pan." (7)

Clarke, though initially traumatized by the same events, eventually shows that he is no different than Raymond. When he resumes his own theologically motivated research years later, “the face of Mary, shuddering and convulsed with an unknown terror, faded…from his memory” (8). In returning to his occult studies, Clarke shakes off the hypocrisy that has, until that point, clouded his presentation of his motives for accepting Raymond’s invitation in the first place. Heedless of the possible harm that will be visited on the inexperienced Mary, Clarke, the interested observer, views her trauma as nothing
more than a screen onto which he can project his theology of choice. Although both Raymond and Clarke advocate two competing systems of truth, both eagerly inflict unspeakable pain on another in order to "prove" theories they are already fully committed to, and which they will continue to defend regardless of what they can—and cannot—observe.

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11 Christine Ferguson, situating *The Great God Pan* against the background of the antidecadence attacks levelled against the novella in the 1890s, argues that even “after… the Great God Pan… has been put to ground, the surviving witnesses remain deeply traumatized, unable to return to and trust the familiar conventions of Victorian morality and meaning” (474). This version of trauma seems almost salutary, especially considering the gap between what the witnesses suffer and what Raymond inflicts on Mary.
Conclusion

Methods of reading that focus solely on the formal devices of the ghost story, as well as critical prejudices that dismiss the popular fiction of the supernatural as superficial or escapist, occlude the ways that these works engage with epistemological, spiritual, and psychological issues of immense significance to the culture from which they emerged. Far from being reactionary or conservative, the texts explored in this study reveal a concern for the social dynamics that shape—usually for the worse—the experience, treatment, and interpretation of mental illness. This abiding interest of the ghost story links it in surprising ways with nineteenth-century realism and naturalism—the very movements to which supernaturalism is often opposed.

Meanwhile, the manner in which the ghost story filters its depiction of psychic trauma and suffering through a consideration of significant theological and epistemological questions suggests even more surprising affinities to seminal works of modernist fiction. Virginia Woolf’s *Mrs. Dalloway* (published in 1925, the same year as James’ “The Haunted Dolls’ House”) takes up issues of hallucination, suicide, and medical malpractice. Septimus Smith, tormented by visions of a friend he lost in the Great War, seeks help from the complacent, genteel Dr. Holmes. Though Holmes may not share the spiritual commitments of Le Fanu’s Dr. Hesselius, he has certainly mastered the art of the alienating and unsympathetic medical gaze. Holmes’ platitudinous assertion that human health “is largely a matter in our own control” (91) recalls Hesselius’ hand-washing lament that Jenkins died because he could not help but to “array himself on the side of the disease” (40). In *Mrs. Dalloway* and other novels, Woolf probed the inhumanity of institutionalized medicine with the unflinching determination also
displayed by the late-Victorian and Edwardian ghost story. These works, with their focus on the problematic nature of experience, form a background to modernist fiction not only in terms of their interest in how narrative technique can be used to destabilize epistemological certainty, but also in terms of the troubling doubts and sincerely felt convictions that animated their formal experimentation in the first place.


Nally, Claire. “‘Protestant Suspicions of Catholic Duplicity’: Religious and Racial Constructs in Le Fanu and Yeats.” *No Country for Old Men: Fresh Perspectives*


