

Gothic Heterotopias: *Dracula's* Physical Space of Illusion and *The Dying Detective's* Penumbra Space of Compensation

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Abstract

This thesis utilizes notions of deviancy, madness, and degeneracy to conduct a heterotopic analysis of two fin-de-siècle Gothic texts: Bram Stoker's *Dracula* and Sir Arthur Conan Doyle's *The Adventure of the Dying Detective*. The analysis of each text's key inhabitants — Dr. Seward-Patient Renfield and Sherlock Holmes-Culverton Smith, respectively — reveal illusions of deviancy. I signal my heterotopic analysis of deviancy with the Asylum Space term, which adapts its form to reflect fin-de-siècle Gothic texts. *Dracula* contains a Physical Space and *The Dying Detective* contains a Penumbra Space. Analyzing the heterotopic components of these Gothic texts from the focal point of their key inhabitants create *spaces of illusion* and *compensation* that critique the illusions of real-world spaces and processes. In *Dracula*, the *space of illusion* exposes illusions of the asylum's cultivation of deviancy when a vampiric presence enters the space. In *The Dying Detective*, the *space of compensation* corrects the exposed deficiencies in controlling deviancy by presenting a figure with the required level of mastery.

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Introduction

Asylums and haunted houses often contain the transgressive individuals that embody a society's anxieties and fears. In fin-de-siècle Gothic texts, these sites critique the displacement of embodied Others. In Bram Stoker's *Dracula*, Dr. John Seward's asylum is a site of zoophagy and vampires. It is here that Patient Renfield, the madman connected to *Dracula*, is confined and observed by Seward. In this Gothic asylum, we will see madness in relation to Seward and Renfield. In Sir Arthur Conan Doyle's *The Adventure of the Dying Detective*, 221B Baker Street is transformed into a haunted house where Sherlock Holmes feigns illness to fool Culverton Smith into confessing to the murder of his cousin and the attempted murder of Holmes. This Gothic site of illness and decay will be understood through Holmes. The spatial analysis of these Gothic sites will reveal their functions as heterotopias of deviancy.

In *Of Other Spaces*, Michel Foucault describes the principles of heterotopias in relation to a range of real-world sites that "have the curious property of being in relation with all other sites, but in such a way as to suspect, neutralize, or invent the set of relations that they happen to designate, mirror, or reflect" (23-4). An explicit definition of heterotopia is not stated, but the functions of several real-world sites and objects are classified as types of heterotopias. An object that Foucault devotes a significant amount of time on is the mirror. Initially, Foucault claims that his image in the mirror is "a sort of shadow that gives my own visibility to myself, that enables me

to see myself there where I am absent: such is the utopia of the mirror" (24). A mirror, like a utopia, is a placeless place to Foucault (24). Yet it is also a heterotopia "in so far as the mirror does exist in reality, where it exerts a sort of counteraction on the position" (24) one occupies in front of the mirror by exposing the spaces in which they are absent behind them. In other words, utopias reflect imaginary, unreal spaces and heterotopias force their observer to rethink existing spaces in their reality.

Reading Gothic sites such as asylums and haunted houses is like looking through a heterotopic kaleidoscope at real-world spaces reflected in literature, particularly spaces that Foucault classifies as deviant heterotopias, such as prisons and psychiatric hospitals. Foucault classified heterotopias of deviation as spaces in which "individuals whose behavior is deviant in relation to the required mean or norm are placed" (25). Like their doppelgängers in reality, the dramatic and disturbing aspects of Gothic sites force the reader to rethink what is absent and what is present in spaces devoted to the displacement and suppression of the Other.

Following his first mention of heterotopias in *The Order of Things*, Foucault equates the history of madness and the history of the Other as "at once interior and foreign, therefore to be excluded (to exorcize the interior danger) but by being shut away (in order to reduce its otherness)" (xxiv). The scope of a medical archaeology, then, is seen by considering "disease the same as disorder — the existence of a perilous otherness within the human body — and a natural phenomenon of its own" (xxiv).

Having established the asylum as the site of madness and the hospital as the site of disease and disorder in the two archaeologies prior to *The Order of Things*, Foucault then suggests the sites of deviancies share a common function: suppressing the threat of otherness through confinement. The Other, then, lingers in the real-world spaces that confine madness, disease, and disorder: the asylum and the hospital. If the real-world asylum confines madness and the real-world hospital confines both disease and disorder, then their heterotopic reflections in Gothic literature expose the Other that real-world sites are meant to confine. It is in their Gothic doubles that the asylum and the hospital are critiqued as heterotopias. In this small-scale archaeology, we will see the Gothic spaces of Seward's asylum and Holmes' flat as heterotopias of deviancy.

My Foucauldian methodology for analyzing heterotopias of deviance within Gothic literature will be defined as the Asylum Space. Just as Foucault classifies several forms of heterotopias in real-world sites, I will classify two forms of the Asylum Space that reflect heterotopias of deviancy. In this thesis, we will see a Physical Space in *Dracula* and a Penumbra Space in *The Dying Detective* in relation to the deviancy embodied in their inhabitants.

The Asylum Space

In "The Dialectics of Outside and Inside," Gaston Bachelard claims that welding words together can unintentionally weaken the meaning of each word rather than creating a stronger, united word. The reduction of words to absolutisms "facilitates

imbalance and ontological conflict" (231) and unintentionally obscures meaning. Bachelard warns against taking binaries of "inside-outside, yes-no, here-there" in simple reciprocity (231). Welding together words to produce valuable and diverse nuances requires each word be defined and contextualized without relying on blanket assumptions. Otherwise, as Bachelard warns, "the welded words are thrown out of balance and one word inevitably weakens the other" (229). Heeding Bachelard's warning to contextualize and to balance welded words harmoniously, I will define each individual term — Asylum, then Space — before welding them together. I will define the Asylum using Foucault's notions of the asylum and madness in relation to his critics. Then, I will define the three components of Space: location, position, and place. Afterward, the two terms will be united as the Asylum Space and its components will be stated. In subsequent sections, the components of Physical and Penumbra Spaces will be defined from the focal point of each Gothic text's chosen inhabitants.

In "The Birth of the Asylum," Foucault analyzes the asylum's containment and classification of madness at the end of the nineteenth-century. Once in the asylum, madness is judged only by its acts, and no longer exists except as what is *seen* (487). The geography of the asylum actively disallows reciprocity, so classification through observation determines how madness is treated (488). The observers of madness approach the mad inhabitants for a clearer view, but they are unaware that their cultural assumptions of normalcy obscure their observations. Vision is further obscured

by the dismissal of their dialogue with the mad. Inhabitants both sane and mad converse, but not to cooperatively modify the treatment or understanding of madness. Foucault states that “it could not be that until psychoanalysis had exorcised this phenomenon of observation, essential to the nineteenth-century asylum, and substituted for its silent magic the powers of language” (487-8) that dialogue was allowed between observer and patient. With this change, dialogue influenced the classification and perception of madness. As we will see in *Dracula* and *The Dying Detective*, dialogue and observation are both distorted when mastering madness.

Foucault states that by the nineteenth-century, the absence of constraint in the asylum signaled a mastery over madness (488). Thus, “madness does not represent the absolute form of contradiction, but instead a minority status, an aspect of itself that does not have the right to autonomy” (489). Madness becomes a rationalization for dehumanizing and coercing a perceived, deviant Other. Classifying individuals as mad necessitates their confinement and control by self-proclaimed masters.

Champions of Foucault agree that his methodology, rather than his specific phrasing, is what is most valuable. For the Asylum Space, I reproduce Foucault’s archaeological cartographs in the realm of literature. Specific to *History of Madness*, Gary Gutting identifies confinement and isolation of the mad (and others who were deemed to have rejected reason) as central tenets to Foucault’s understanding of madness (54).

The question, then, is how were individuals deemed mad? Once deemed mad, where were they confined, and to what end?

Colin Gordon states that madness, for Foucault, has four categories —the critical (normative judgement: madness is different from reason or sanity), the practical (collective attitude: madness is deviant behavior that must be excluded), the enunciative (action: recognizing and identifying individuals as mad), and the analytic (reflection: analyzing the manifestation and nature of madness) — which are all defined, utilized, and treated depending on the time period and culture. Regardless of the category of madness in which an individual is placed, they are confined within the asylum. This space of correctional administrative internment is not dedicated to the care or treatment of the mad, though, and therefore the asylum mutates into a specialized institution accredited with morally determined curative powers (88). The condition and the space symbiotically define an evolving purpose. The status of the inhabitants determines the function and the formation of the space. Those controlling the asylum shape the space to the madness confined within; however, these adaptations reflect the needs of those confining and observing, not those suffering from madness. Though the mad are herded into the asylum under the guise of a cure, in reality their confinement is primarily for the betterment of their shepherds.

Another name for the curing asylum is hospital. Stuart Elden states that Foucault's hospital is "a place of observation and demonstration" identical to the

asylum, but it is also a place “of purification and testing” (122). If the hospital is a reception structure for disease and medicine, then madness is the asylum’s disease. The hospital, for Foucault, is “a place where disease should be stopped (for the purpose of cure) or cultivated (for examination and learning)” (Elden 122). Therefore, the asylum is the place to cure or cultivate madness. The cure-cultivation binary, though, is comprised of poles that actively affect each other. To stop disease, it must be cultivated; to completely master disease, it must be controlled.

The signals sent between each pole are measured by its practitioners; those combating and classifying disease exist between the two poles. For Foucault, although their goal is to terminate disease, medical practitioners paradoxically preserve it. Or, as Elden states, “physicians did not merely produce the truth of disease (i.e. an intellectual project of truth) but through ignorance of truth, had spread and thereby produced disease *itself*” (123). Medicine began as an opponent of disease but became intertwined with its enemy; an ouroboros blindly consuming its own truth to survive. For madness, the same holds true. Confined within the asylum under the guise of cure and rehabilitation, the asylum practitioners ironically breed the madness they call their enemy. To identify whether the space claims to stop or cultivate a condition, one must look at the space’s population. Jeremy Crampton writes, “for Foucault, a population is not just a sum of individuals, it is an object of inquiry in itself” (393), which holds true

in both external and internal spaces. The object of my inquiry — deviancy — requires consideration of its containing spaces. How is Space defined, though?

Space, in the Asylum Space, is a combination of location, position, and place. In “The Spaces of Autobiographical Narratives,” Sidonie Smith and Julia Watson define location as a concept inner- and extra-textually dependent on geography (286) and position as an implication of varying ideological stances (287). Location encapsulates the geographical and architectural placement of inhabitants (i.e. distance, displacement, separation) inside the text (characters are physically close to or apart from one another) or outside the text (the author’s identity, physical placement when writing, or the text’s genre either separating it from or connecting it to other texts). Smith and Watson’s use of location is expanded by Susan Stanford Friedman to include the effect of community and geopolitics on the construction and maintenance of identities produced in differing spaces (Smith and Watson 286). For Smith and Watson, position implies multiple and heteroglossic ideological stances (286-7). The relational displacement between bodies and minds is represented by location and position. This relational displacement defines an inhabitant’s place in relation to those located and positioned around them.

In *The Environmental Imagination: Thoreau, Nature Writing, and the Formation of American Culture*, Lawrence Buell defines place as a “perceived or felt space, space humanized, rather than the material world taken on its own terms” (253). Space is not an either/or conceptualization of geographic or sociolinguistic constraints, but both and

more: it is a responsive understanding of a population's relational interactions and displacement. Therefore, in the Asylum Space, the deviancy of inhabitants is defined in relation to their behavior's locational and positional displacement from a perceived standard.

In summary, the Asylum signals identifiable deviancy confined within a specific structure. Once inside, deviancy is observed and classified imperfectly, causing the inhabitants and the structure itself to deviate both in purpose and in practice. Idealized as healing structures, asylums and hospitals, along with their inhabitants, have deviated by repeating and reinforcing their imperfect procedures to manage the disease of the mind and body. Having convinced themselves that only they can understand and treat deviancy, many categories and classifications exist without adequate cure or treatment. Simply put, the Asylum signifies the management and production of deviancy. Its partner, Space, measures deviancy in relation to the location of the inhabitants and their positions away from normalcy in relation to one another. As a united term, the Asylum Space is a template for understanding the management of deviancy based on the practices and relational displacement of designated inhabitants in fin-de-siècle Gothic literature. As we will see, each text interacts with the Asylum Space to yield unique forms, which are evident in their names. For *Dracula*, it is the Physical Space. For *The Dying Detective*, it is the Penumbra Space.

Chapter One: *Dracula* and the Physical Space

The madman in the asylum is a familiar image of deviancy in Gothic literature. Unable, or unwilling, to abide by cultural normalcy, the madman is displaced to the asylum so the doctor can cultivate or cure their deviancy. This is the illusion that is exposed in Bram Stoker's *Dracula*. Confined within an asylum, Dr. Seward cultivates a zoophagy classification from the madman, Renfield. As we will see, zoophagy and the management of deviancy in the asylum both rely on misperceptions and rigidity. The illusions of their validity are exposed in the Gothic asylum and by the supernatural presence of Count Dracula.

Of the Asylum Space forms, the Physical Space is the most visible. This form directly manifests the asylum components excavated by Foucault: the asylum's defining doctor-patient relationship; the presence of fear; the confinement, observation, and classification of deviancy; and the subjugation of those deemed mad. In this chapter, we will see Seward's asylum as a Physical Space with four key components: 1) its defining inhabitants are Dr. Seward and Patient Renfield; 2) fear complicates classifications of degeneracy; 3) observations are intentionally distorted; and 4) madness vindicates its masters. The individual and collective analysis of Physical Space components in Dr. Seward's asylum reveals a *space of illusion* that exposes "every real space, all the sites, inside of which life is partitioned, as still more illusory" (Foucault 27). In doing so, illusions that mask deficiencies in the asylum's cultivation will be exposed.

The defining inhabitants: In the asylum, the defining relationship is between the doctor and the madman, and the doctor's cultivating method determines how the madman is confined, observed, and managed. The doctor-madman pair in *Dracula*, Dr. Seward and Patient Renfield, together embody the deviancy confined within Stoker's Gothic asylum. As evident in his diaries, Seward's classification of zoophagy from Renfield reveals his mistaken reading of fear as madness and degeneracy. This exposes the asylum's illusion of cultivation as a method prone to incorrectly classifying observations of deviancy, madness, or degeneracy even in relation to its own standards.

The Oxford English Dictionary defines deviance as "the departure on the part of participants from culturally expected rules of conduct" ("Deviance," n1) that is "allowed for and expected to occur in all cultures" ("Deviance," n2). Foucault demonstrates that madness at the end of the nineteenth-century became a deviation from reason that was confined within the asylum and then psychiatric hospitals. Within these sites, physiological and neurochemical aspects medicalized madness and, by extension, deviancy. Medical treatments of madness then overlapped its classification with "disease," and, by the twentieth-century, deviant individuals with mental or moral disorder became classified as degenerates. The OED defines a degenerate as "one who has lost, or has become deficient in, the qualities considered proper to the race or kind" and "as a person of debased physical or mental constitution" ("Degenerate," n). In fin-de-siècle Gothic, inherited degeneracies are genetic ghosts in the cells that haunt the

body with an invasive past. This classification displaces cultural anxieties of deviancy's causes into an unchosen past. A degenerate, then, embodies cultural and medical otherness that invades the body from within itself. In *Dracula*, zoophagy is the sum of several degeneracies observed in Renfield. Inspecting Seward's diaries, though, reveal his mistaken interpretations of Renfield's degeneracies and fear ultimately define zoophagy.

In *Degeneracy: Its causes, signs and results*, Eugene S. Talbot connects nineteenth-century mental and moral disorders to central nervous system deformities with categories of cerebral, ethical, and intellectual degeneracy. Of Talbot's classified degeneracies, Renfield embodies idiopathic acute insanity, physiological stress, crime, and inebriety. In Renfield, idiopathic acute insanity becomes his zoophagy classification; physiological stress becomes unequal mental balance and hysteria, which are observed as violent fits and drastic mood changes; crime is observed in his attempted murder of Seward to consume his vitality; and inebriety is observed in his increasing appetite for blood and life.

Degeneracy pervades Seward's diary and in one entry Renfield acknowledges the degeneracy of his crimes:

'At times I held the belief so strongly that I actually tried to take human life. [Dr. Seward] here will bear me out that on one occasion I tried to kill him for the purpose of strengthening my vital powers by the assimilation with my own body

of his life through the medium of his blood — relying, of course, upon the Scriptural phrase, “For the blood is the life.” (Stoker 218)

Although Renfield intends to demonstrate clarity of thought, he inadvertently rationalizes his attempt to commit two great crimes — murder and cannibalism — as “mere transgressions of some arbitrary order” (Talbot 324). However, Seward does not attribute these crimes to either existing degeneracy, because he does not see their vampiric inspiration. Instead, he contributes to the real-world trend of creating a new disorder.

In *The Cambridge Illustrated History of Medicine*, Roy Porter discusses the fin-de-siècle trend of psychiatrists creating new disorders of insanity and failing to cure them. Porter claims that psychiatrists had become victims of their own opinions and warned of hitherto unknown psychiatric disorders — which they alone could treat — which formed categories such as “monomania” and “moral insanity” (296). Aberrant conduct that was traditionally classified as vice, sin, and crime became medical disorders and were confined within asylums (Porter 296). This trend is reflected in the zoophagy classification, because it rebrands Renfield’s criminal degeneracies as a new disorder that is not cured. Similarly, the glaring absence of Dracula from zoophagy exposes Seward’s imperfect cultivation of Renfield’s condition.

In addition to revealing his mistaken cultivation of Renfield's behavior, Seward's diaries also expose him as a degenerate. Of Talbot's classifications, Seward exhibits inebriety and hysteria. In "Doctors, Drugs, and Addictions: Professional Integrity in Peril at the Fin de Siècle," Debbie Harrison writes that Seward's diaries indicate depression self-medicated by the sedative and hypnotic drug chloral — "the modern Morpheus — $C_2HCl_3O.H_2O$ " (Stoker 96) — in a portrait of a man "who increasingly gives way to confusion, uncertainty, and the fear of insanity" (58-9). Seward's degenerate status reveals the relational definition of deviancy within the asylum, since his behavior in comparison to Renfield's seems less deviant. Exposing the asylum's perception of deviancy also exposes its illusion of cultivation. Rather than cultivating deviancy to develop a cure, the illusion of cultivation justifies the subjugation of inhabitants deemed more deviant than those in control of the asylum.

Fear complicates classification: Fear, an integral presence in Foucault's asylum, is potently felt in Seward's diaries about Renfield. Early on, his observations of Renfield portray a patient whose focus on their ritual is only broken by violent fits when the ritual's supplies are withheld. It is not until Dracula enters the asylum that Renfield becomes afraid, but admitting the source of his fear would be perceived as a sign of mental degeneracy and, thus, disregarded. One diary entry demonstrates that Renfield is too afraid to admit why he must be moved from the asylum:

'Let me entreat you, Dr Seward, oh, let me implore you, to let me out of this house at once. Send me away how you will and where you will; send keepers with me with whips and chains; let them take me in a strait-waistcoat, manacled and leg-ironed, even to a goal; but let me go out of this. You don't know what you do by keeping me here. I am speaking from the depths of my heart — of my very soul. You don't know whom you wrong, or how; and I may not tell you.'

(Stoker 230)

Another example occurs when Renfield's fear is misperceived again when Seward offers to supply rituals again. Consumed by his fear of Dracula, Renfield tells Seward, "Oh no, oh no! I want no souls. Life is all I want," which Seward perceives as "his madness foiled his reason" (Stoker 250). Seward misattributes Renfield's behavior to zoophagy instead of recognizing his genuine fear.

Again, Seward correctly identifies that Renfield is "undergoing some process of mental disturbance," but then forms an inaccurate conclusion that agrees with his previous misinterpretations (251-2). This repeated pattern of misattributing his otherwise accurate observations indicates that Seward is unable to distinguish between fear and degeneracy. His medical deficiency inadvertently permits Renfield's death when Seward is told by an asylum staff member that "after midnight [Renfield] was restless and kept saying his prayers somewhat loudly" (251). Renfield's loud prayers were a response to fear, not an act of degeneracy, as Dracula entered to claim his life.

The man charged by Seward to observe Renfield overnight extends the practice of misperceiving fear onto the asylum itself, as the doctor's deficiencies are reflected in his staff.

Misperceived observations are internally rationalized: In Seward's diaries, the rationalization for his misperceptions is evident alongside his observations. Rather than justifying his conclusions or bringing attention to other information, the diaries reveal Seward's inability to consistently evaluate Renfield's behavior. In other words, the diaries expose Seward's repeated inaccurate and inconsistent cultivation of zoophagy.

Seward's Texan ally, Quincey Morris, finally collects a list of Renfield's behaviors, which finally connects to Dracula, but does not effectively cure zoophagy. Since Morris is one of the few characters who does not keep any written record of the struggle against Dracula, the list is contained in Seward's diaries:

Will not mention 'drinking.' Fears the thought of being burdened with the 'soul' of anything. Has no dread of wanting 'life' in the future. Despises the meaner forms of life altogether, though he dreads being haunted by their souls. Logically all these things point one way! he has assurance of some kind that he will acquire some higher life. (253)

While Morris' list of observations eventually leads to Seward's recognition of the previously absent vampiric influence on Renfield's behavior, it does not correct the illusion of the asylum's cultivation. Rather, it further exposes the illusion of the

asylum's cultivation by recognizing the list's collector, Quincey Morris, is only temporarily located in the asylum and is not a figure or a product of the asylum. That is, instead of the asylum rectifying the conclusion of misperceived observations, the correct classification is reached *in spite* of the asylum.

The inconsistent rationalizations of misperceived observations are repeatedly recorded in Seward's diaries prior to Morris' contribution. One inconsistency is evident in Seward's perception of Renfield's speech. Seward's diaries reveal conscious misinterpretations of Renfield's speech to harmonize with an undefined notion of madness that also extends to his interpretations of deviancy, degeneracy, and fear.

One of Seward's early diaries reveals his belief that madness betrays Renfield's dishonesty and secrecy: "How these madmen give themselves away" (96). This indicates that Seward believes the truth will be revealed even when Renfield's speech attempts to obscure it. However, Seward later contradicts this belief by admitting that "Renfield had become, to all intents, as sane as he ever was" (117), suggesting either Renfield can fool Seward despite his madness or that Seward has misunderstood the effect of madness on honesty.

Another diary reveals his belief that madness reduces Renfield's capacity to reason: "How well the man reasoned; lunatics always do within their own scope" (69). However, Seward later observes Renfield's speech and manner, as well "as an understanding of himself, which was unlike anything I had ever met with in a lunatic"

(226). Despite reiterating his ability to perceive the truth through Renfield's madness, Seward's initial response to Renfield reveals his inconsistent understanding of madness:

For my own part, I was under the conviction, despite my knowledge of the man's character and history, that his reason had been restored; and I felt under a strong impulse to tell him that I was satisfied as to his sanity, and would see about the necessary formalities for his release in the morning. (227-8)

This entry also exposes Seward's rationalization when consciously misinterpreting his perceptions to cooperate with his notion of madness. Invoking Renfield's susceptibility to violent fits, "a growing conviction that this sudden change of [Renfield's] intellectual method was but yet another form or phase of his madness" (228). Seward effectively gaslights Renfield until his fear of Dracula appears. Once again, Seward mistakenly interprets it to confirm his notion of madness, which is evident in his statement that Renfield "like all lunatics, [would] give himself away in the end" (228). Overwhelmed by Seward's intentional cognitive rigidity and terrified of Dracula, Renfield desperately attempts to correct Seward's senses — "Can't you hear me, man? Can't you understand? Will you never learn? Don't you know that I am sane and earnest now; that I am no lunatic in a mad fit, but a sane man fighting for his soul?" (230) — but to no avail. Frighteningly, Renfield's death reveals the mortal consequence of incorrect and inconsistent cultivation in the asylum. The illusion of cultivation exposed in this Gothic

asylum is an uncanny and extreme reflection of consequences that Foucault warned against in his archaeologies.

Madness vindicates its masters: The illusion of the asylum's cultivation is directly exposed by Seward's mentor, Van Helsing. An unconventional doctor figure, Van Helsing acknowledges that madness is a culturally defined deviancy by admitting that "all men are mad in some way or the other" (112). Seward echoes this notion when he confesses that "I sometimes think we must all be mad and that we shall wake to sanity in strait-waistcoats" (255). These revelations from the two doctors in *Dracula's* Physical Space reaffirm madness' relational definition and also contradict the asylum's supposed curing or cultivating function. The doctors expected to enforce the reality of the asylum's curing or cultivating merit have unconsciously exposed this reality as an illusion. The hidden reality of the asylum's cultivation is exposed by its doctors as an accumulation of biased interpretations that maintain their control over their patients. Seward's asylum neither cures nor cultivates deviancy: it accumulates deviancy to preserve the power of those controlling the asylum.

Van Helsing directly exposes this illusion in one of Seward's diaries:

'And, my good friend [Seward], let me caution you. You deal with the madmen.

All men are mad in some way or the other; and in as much as you deal discreetly with your madmen, so deal with God's madmen, too — the rest of the world.

You tell not your madmen what you do nor why you do it; you tell them not

what you think. So you shall keep knowledge in its place, where it may rest — where it may gather its kind around it and breed. You and I shall keep as yet what we know here, and here.’ (112)

In this passage, the doctor shatters the illusion of cultivation through confinement in the asylum. Van Helsing encourages Seward’s misperceptions and clarifies that degenerate doctors and their patients are separated only by their positions of power that are maintained through their manipulation of deviancy, madness, and degeneracy.

In *Dracula*, the Physical Space creates a *space of illusion* that exposes the illusion of the zoophagy as a classification based on intentionally distorted observations that neither cures the patient nor cultivates an understanding of either deviancy, madness, or degeneracy. Instead, the manipulated perceptions reveal that the asylum enforces the control of patients by doctors who are comparably degenerate. Exposing this illusion emphasizes the consequences of selfishly alternating between deviancy, madness, and degeneracy, as well as their close relation to each other that can justify the maintenance and accumulation of power. Similarly, recognizing the loose separation between the three related classifications reveals how the spaces and inhabitants devoted to their cultivation or cure can reinforce imperfect or outdated processes.

As a *space of illusion*, the Physical Space in *Dracula*’s asylum reflects the consequences of real-world illusions exposed by Foucault to an uncanny and supernatural extreme. The flaws of the asylum’s cultivation are exposed by

exaggerating them in the presence of a vampire. As a Gothic creature that the asylum is unprepared to classify or control, the vampire antagonizes existing deficiencies until they are forced out from under its protective illusion. This is a uniquely Gothic indicator as the vampire in other spaces, either real or literary, would be dismissed as an illusion itself or as a sign of deviancy. A vampiric inhabitant in a *space of illusion* redefines the deviancy of other inhabitants by destabilizing their standard of normal. In doing so, the asylum's function and mechanism are also destabilized until they crumble. As an impossible scenario outside of the Gothic, the Physical Space in *Dracula* can only expose the illusion of cultivation without a realistic solution. Therefore, a heterotopic analysis of the asylum as a deviant Gothic space critiques the real-world space by forcing readers to consider how it would handle extreme, frightening, and unexpected circumstances.

Chapter Two: *The Dying Detective* and the Penumbra Space

In Sir Arthur Conan Doyle's *The Adventure of the Dying Detective*, Sherlock Holmes appears to be at death's door by a sudden disease. Culverton Smith, a botanist familiar with the disease, enters 221B Baker Street expecting to observe the detective's death, but instead confesses his intent to poison Holmes with the same disease used to murder his cousin. Smith's confession is a result of Holmes' masquerade of deviancy, which convinces Smith that his poisonous pathogen has infected Holmes. Mrs. Hudson and Dr. Watson, however, perceive the masquerade as a as pitiful and unexpected deterioration. An inspection of Holmes' masquerade reveals the criminal degeneracies and poisons under his control that he repurposes in order to bring Smith to justice. In Doyle's fictional London, the detective combats criminals with their own degeneracies. In doing so, Holmes exposes an inversely proportional ability to manage criminality in the real-world space of London at the fin-de-siècle.

The Asylum Space form reflects the heterotopic qualities found in fin-de-siècle Gothic literature to reveal how key inhabitants perceive, classify, and manage deviancy. If the Physical Space is the clear, illuminate form of the Asylum Space, then the Penumbra Space is its shade form: imperfectly between light and dark. While the Physical Space exposes illusions in the asylum through its defining inhabitants (the doctor and the patient), the Penumbra Space is not bound to a location or architectural

structure. Instead, the Penumbra Space is cast onto a location inhabited by two opposing deviants.

In this chapter, I will elaborate and analyze Holmes' method that creates a Penumbra Space within 221B Baker Street. In doing so, we will see this Penumbra Space as a *space of compensation*: an idealized image of an imperfect reality that emphasizes the existing deficiencies by correcting them. The Penumbra Space components are: 1) its opposing deviants are Sherlock Holmes and Culverton Smith; 2) poisons as medicine; 3) poisoned perceptions are validated; and 4) artificial deviancy augments mastery. By enveloping 221B Baker Street within a Penumbra Space, Sherlock Holmes creates a *space of compensation* that reveals the fin-de-siècle fantasy of a London inhabited by experts capable of cultivating deviancy and eradicating criminality.

The opposing deviants: Doyle's detective fiction adapts Foucault's doctor-madman pair from the asylum to the detective-criminal pair. The pair is not restricted to a singular location, such as the asylum, and in *The Dying Detective* they are located in 221B Baker Street. The opposing deviants are Sherlock Holmes (the detective) and Culverton Smith (the criminal), and their behaviors demonstrate acceptable and unacceptable deviancy. While the criminal's deviancy predictably threatens the normative status it has departed, the danger of the detective's deviancy is diffused by a devotion to upholding and sustaining normalcy. In other words, the effect of deviancy

determines whether it is tolerable or punishable by the text's "normal" inhabitants as well as the reader.

For Foucault, when madness became intolerable it would be confined within the asylum. As a deviancy that is often interchangeably classified as a departure from reason and as degeneracy (classified as mental or moral disorders), madness confined within asylums and psychiatric hospitals introduces a medical understanding of the three classifications. Through the lens of medicine, the related classifications of madness and degeneracy can also include the category of disease. As a deviation from health, disease can be seen as a biochemical and criminal Other that must be displaced from the body. In this context, the detective can be considered a healer specializing in the disease of criminality.

Sherlock Holmes' patient, the city of London, is infected by its criminal underworld's degeneracies. Solving cases, then, is comparable to treating individual symptoms, a notion expressed in Anna Neill's "The Savage Genius of Sherlock Holmes" claim that Holmes and Watson "actively help to cleanse Victorian England of its morally most unsavory and dangerous elements" despite the threat of contagious degeneration in criminal detective work (611). Neill echoes a similar notion in "Dreamy Intuitions and Detective Genius: Ezra Jennings and Sherlock Holmes," stating that Sherlock Holmes combats criminal degenerative traits in London's "murky criminal underworlds or other sinister settings" with intuitive and logical brilliance (136). The

homeostatic maintenance of the detective is also addressed in D.A. Miller's *The Novel and the Police*. Miller states that normality in detective fiction is defined "by *not needing* the police or police-like detectives" and that each successful investigation repairs this normality by deporting both the criminal and criminology itself elsewhere (3). Together, Neill and Miller demonstrate how displacing criminality is similar to displacing diseases and degeneracies from a patient that can be a body or a city.

Like the criminals he combats, Sherlock Holmes embodies degeneracy; however, he deviates from criminality by utilizing his degeneracies to heal the norm rather than to harm it. Of the degeneracies classified in Eugene S. Talbot's *Degeneracy: its causes, signs and results*, Culverton Smith exhibits degeneracies of exceptional intelligence and crime. In contrast to Holmes' expertise of degeneracy, Smith is unable to accurately gauge his ability and the gap between their expertise is exploited by Holmes in the formation of his masquerade.

Of Talbot's classifications, Sherlock Holmes embodies exceptional intelligence, eccentricity, unstableness, and inebriety. In *The Dying Detective*, Holmes artificially exhibits two more degeneracies, hysteria and acute insanity, in his masquerade of Tapanuli fever. While explaining his masquerade to Watson, Holmes acknowledges the effects of his degeneracies: "However, as you know, my habits are irregular, and such a feat means less to me than to most men" (444). His irregular habits, manifesting as several degeneracies, are plainly observable: brilliance and intuition, bohemian lifestyle

and profession, frequent mood swings, and habitual use of alkaloids (morphine, tobacco, and cocaine). In *The Dying Detective*, Holmes' utilizes poisonous alkaloid compounds as medicine against criminality.

Poison enhances deviancy: Sharing degeneracies with criminals allows the detective to recognize their opposition's behaviors and to modify criminal methods. In the Penumbra Space, fear functions as a poison that distorts its victim's perceptions, particularly when wielded by Sherlock Holmes. While pathogens and alkaloids can be biochemically classified as poisons, the Gothic literary space expands the classification of poison. In *Chemical Crimes: Science and Poison in Victorian Crime Fiction*, Cheryl Black Price defines Victorian poison "not by its chemical composition, but by its power to invade, react with, and transform the body" (17-8). In the Penumbra Space, Sherlock Holmes incorporates alkaloid and Victorian poison to control the targets of his masquerade.

One criminal method is poison, and poisonous alkaloid compounds regularly appear in Holmes' cases. His preferred trinity of alkaloids — tobacco, morphine, and cocaine — regulate his moods, facilitate his cognitive processes, and cause the degeneracy of inebriety. In *The Dying Detective*, Holmes reveals that his masquerade was the result of a three-day fast, Vaseline on the forehead, rouge on the cheekbones, beeswax around the lips, and belladonna (deadly nightshade) in the eyes (445). For his

masquerade, the alkaloid applied to his eyes is a widely used homicidal poison: atropine.

In "Plant poisons: their occurrence, biochemistry and physiological properties," Margaret Vickery states that atropine, found in the deadly nightshade plant, produces flushed skin, dilated pupils, convulsions, and delirium (197), which are observed in Holmes' masquerade. Vickery also states that plant poisons (such as atropine) protect plants from animal and insect attacks (182). When a predator consumes the plant's poison, the bitter taste ordinarily alerts the animal of toxicity; however, an animal in a strange or unfamiliar environment may not identify the bitter taste with toxicity (Vickery 182-3). Holmes utilizes the toxic alkaloid to protect the integrity of his masquerade against Watson's medical training and to match his appearance with Smith's expectation of Tapanuli fever. Inhabited by the dying detective embodying degeneracies atypical to his norm, the London flat becomes a strange and unfamiliar environment that can be classified as a Penumbra Space. Subsequently, neither Watson nor Smith can identify the bitter taste of Holmes' poisons emanating from his masquerade. While Holmes physically poisons himself with atropine, he employs a figurative poison to distort the senses of his allies and his enemy: fear.

Holmes' allies are intimately familiar with the flat as well as Holmes' irregular habits; however, having not experienced Holmes' in such an apparently poor physical and mental state, masks their ingestion of fear. Holmes first poisons Mrs. Hudson who,

intoxicated by fear, tells Watson that after deteriorating for three days without medical attention Holmes appears to be at death's door: "he's not long for this world, as you'll see for yourself the moment you set eyes on him" (434). Culverton Smith, on the other hand, has never before entered 221B Baker Street and confesses that he "only know[s] Mr. Holmes through some business dealings which we have had" (Doyle 440). Holmes later justifies poisoning his allies when he tells Watson: "It was very essential that I should impress Mrs. Hudson with the reality of my condition, since she was to convey it to you, and you in turn to him" (444). This explanation redeems Holmes' deviancy against his allies as a necessity to cure London of Smith's criminal degeneracy.

Poisoned inhabitants rationalize their distorted perceptions: The toxic effects of Holmes' poisons expose illusions of medical and scientific classification as evident in the Dr. Watson and Culverton Smith. In Watson, poison forces misperception. In Smith, poison encourages preconceived misperception. By manipulating Watson and Smith, a doctor and a scientist, Holmes exposes the illusion that experienced experts can correctly classify deviancy; however, this illusion is corrected by clarifying deviancy can be correctly classified and controlled by the appropriate expert. In *The Dying Detective*, this illusion is corrected by the expertise of Sherlock Holmes, who demonstrates his superior control of deviancy by exposing the insufficiencies in the allying doctor and criminal scientist.

Dr. Watson is a former army surgeon, so he understands the physical aspects of disease. Holmes admits that Watson would have recognized the physical symptoms absent from his masquerade had fear not kept him at a distance:

“Do you imagine that I have no respect for your medical talents? Could I fancy that your astute judgment would pass a dying man who, however weak, had no rise of pulse or temperature? At four yards, I could deceive you. If I failed to do so, who would bring my smith within my grasp?” (445)

Holmes also reveals gaps in Watson’s medical knowledge: “Shall I demonstrate your own ignorance? What do you know, pray, of Tapanuli fever? What do you know of the black Formosa corruption?” to which Watson admits, “I have never heard of either” (436). Watson, then, can sufficiently observe the signs of disease, but the correct classification is not guaranteed. Despite his medical expertise, Watson has no control over this form of deviance.

This is evident in Watson’s rationalizations of his observations in the Penumbra Space. Watson misperceives the artificial hysteria and acute insanity exhibited by Holmes. The gaunt, wasted face of the deplorable spectacle in the gloomy sick room sends a chill to Watson’s heart: “His eyes had the brightness of fever, there was a hectic flush upon either cheek, and dark crusts clung to his lips; the thin hands upon the coverlet twitched incessantly, his voice was croaking and spasmodic” (434-5). Holmes administers fear into the gaps of Watson’s medical knowledge, which prevent Watson

from classifying Holmes' masquerade as artificial or as a condition outside of his understanding. In other words, Holmes guides Watson's inaccurate classification of his degeneracies as a general disease through his control of poison and degeneracy. In doing so, Holmes reveals the illusion of disease or degeneracy as clearly distinguishable deviancies. Compensation occurs, though, in the implication of Holmes' mastery over the appearance and utility of deviancy that the correct or appropriate individual can indeed control deviancy.

In contrast to Watson's background in medicine, Culverton Smith is a botanist who became acquainted with Tapanuli fever during an outbreak in his plantation. His expertise in disease, he claims, rivals Holmes' mastery of criminality: "[Holmes] is an amateur of crime, as I am of disease. For him the villain, for me the microbe" (440). Holmes himself misleads Watson of Smith's ability by stating "It may surprise you to know that the man upon earth who is best versed in this disease is not a medical man, but a planter" (438). While Smith is introduced as the expert of this disease, suggesting he too compensates for the illusion exposed in Watson, his criminal degeneracy ultimately reveals his inferiority to Holmes. Relationally mediocre to the detective, the criminal exhibits an illusory control of deviancy.

Smith unwittingly confirms Holmes' superiority in his inability to perceive the artificiality of Holmes' masquerade. Despite being the expert of the disease and boasting an intellect superior to his adversary, Smith does not recognize the absent

symptoms that Watson would have noticed. He misperceives Holmes' condition even though he is close enough to shake him, to help him drink water, and to light cigarette for him (442-3). His misperception is an effect, in part, to the poison of fear.

For Smith, though, Holmes does not inspire fear in his victim. Instead, he emits the poison in order to disorient his target. Doses of poisonous fear are applied through Holmes' speech: "I can't think. My mind is gone. For heaven's sake help me!" to which Smith responds: "Yes, I will help you. I will help you to understand just where you are and how you got there. I'd like you to know before you die" (443). What Smith teaches Holmes, though, is how to effectively exhibit Tapanuli fever. Smith inadvertently enhances the masquerade by prompting Holmes' performance with symptoms, such as cramps — "Takes you as cramp, I fancy." (443) — which Holmes echoes. Further exposing Smith's inferiority, Holmes' echoing of symptoms reveals another degeneracy associated with criminality: "lively imagination and quick comprehension allows them to readily appropriate, develop, or transform the ideas of others" (Talbot 327). This exposes Smith's deficiencies in his intellect and his criminality, further subjugating him to the detective. Similarly, this also reiterates Holmes' ability to repurpose degeneracy to aid his opposition of criminality in accordance to his social standard.

For Watson, Holmes uses his speech to reinforce the misperception of delirium. "Malingering is a subject upon which I have sometimes thought of writing a monograph. A little occasional talk about half-crowns, oysters, or any other extraneous

subject produces a pleasing effect of delirium''' (445). His method for producing delirium demonstrates Holmes' understanding of delirium and exposes how manipulated perceptions can form inaccurate classifications. Watson's incomplete grasp of disease and degeneracy is also emphasized.

Both Watson and Smith misperceive Holmes' masquerade because of their ingestion of poison and their insufficient comprehension of deviancy. The medical and microbial experts in the Penumbra Space expose their deficiencies and reveal that neither has sufficient control of deviancy. In relation, Sherlock Holmes demonstrates his status as a master of deviancy who compensates for the exposed illusions.

Artificial deviancy augments mastery: The artificial degeneracies and the poisons that comprise Holmes' masquerade reveal the illusions that exist in their formation, but also reveal his mastery over them: "'The best way of successfully acting a part is to be it,' said Holmes. 'I give you my word that for three days I have tasted neither food nor drink until you were good enough to pour me out that glass of water'" (444). The revelation that Holmes can embody and discard degeneracy at will indicates comprehension of degeneracy sufficient for mastery.

Holmes' utility of degeneracy to augment his mastery over criminality as well as other inhabitants of the Penumbra Space reverses the subjugation of deviancy that is observed in the asylum. As a master of deviancy, Holmes manipulates the status of disease as he uses criminal methods to achieve his agenda. This is evident in Watson's

susceptibility of Holmes' poison and his unintentional confirmation of Holmes' mastery:

I have so deep a respect for the extraordinary qualities of Holmes that I always deferred to his wishes, even when I least understood them. But now all my professional instincts were aroused. Let him be my master elsewhere, I at least was his in a sick room." (435).

Despite his seemingly degenerative state, Holmes' mastery is enhanced. Like the poisons and degeneracies that he uses to heal rather than harm, Holmes demonstrates his mastery over deviancy by using it to augment, instead of surrender, power.

In "Pathological Possibilities: Contagion and Empire in Doyle's Sherlock Holmes Stories," Susan Harris states that the term "poison" in nineteenth-century Britain equally encompassed ingestible toxins, infectious agents, and habit-forming drugs (453). It is Holmes' understanding of poison that allows him to identify and neutralize the criminals using it, because, in the hands of a skilled professional, the poisons that Holmes deals with can work as medicine (Harris 458, 459). Similarly, Talbot states that "acute contagions and infections exert the same influence in regard to degeneracy" (121). Holmes corrects the loose classifications united under the term deviancy by utilizing them in support of the normalcy threatened by the criminally deviant.

If Holmes only exposed the illusions of deviancy, then this Penumbra Space would be a *space of illusion*. By manipulating those illusions in order to preserve or

achieve their idealized state, Holmes creates a *space of compensation*: “it is a space, another real space that is as perfect, meticulous, and well-arranged as ours is messy, ill-constructed, and jumbled” (Foucault 27). The *space of compensation* in *The Dying Detective* exposes illusions of conceptual mastery in individuals devoted to cultivating and curing deviancy by emphasizing the inadequacy of those presented as experts. Sherlock Holmes functions as compensatory figure capable of controlling deviancy. In relation to apparent experts, Holmes reveals their deficiencies by embodying the comprehension of deviancy required to master it. Similarly, the real-world spaces of cultivating and curing deviancy are critiqued by exposing how experts can cultivate artificial and manipulated data. This is corrected through Sherlock Holmes’ creation and understanding of deviancy by clarifying the correct expert is required. That is, the method of cultivating and curing deviancy is not flawed; instead, the practitioners are incompetent. Compensation for this real-world failure is embodied in competent and quantifiable mastery embodied in the degenerative detective.

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