

“Flesh of My Flesh, Blood of My Blood”

Monstrous Motherhood and Menstrual Pathology in Bram Stoker's
Dracula

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Foreword

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I wrote this dissertation with great joy and the hope that this marks only the beginning of what is yet to come. But, as my grandfather would say:

“Alles op z'n tijd, zoals de braambessen.” [“All in good time, like the blackberries.”]

—Rony Anseeuw

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Disclaimer

For this bachelor's dissertation, ChatGPT-4o was used in accordance with the guidelines on the use of AI tools for (writing) assignments. More specifically, it was not used to generate data or text; it only served as a writing aid to occasionally suggest synonyms and to provide inspiration to enhance sentence structure. The built-in Google Docs spelling check and Grammarly were also used to identify and correct spelling mistakes during the editing stage.

Abbreviations

TMG

Williams, Sara. *The Maternal Gaze in the Gothic*. Springer Nature

Switzerland, 2025, <https://doi.org/10.1007/978-3-031-70666-0>.

“The Infinitude of the Shrieking Abysses”

Williams, Sara. “The Infinitude of the Shrieking Abysses”: Rooms,

Wombs, Tombs, and the Hysterical Female Gothic in “The

Dreams in the Witch-House”. *New Critical Essays on H.P. Lovecraft*,

edited by David Simmons, 1st ed., Palgrave Macmillan US, 2013,

pp. 55–72, <https://doi.org/10.1057/9781137320964>

Introduction

In the final decades of the nineteenth century, blood was everywhere. It coursed through human veins, passed from hand to hand in case notes and periodical clippings, leaked from surgical tables, and seeped through childbeds into fiction. The expanding practice of blood transfusion—still regarded as “a novel remedy” (Kibbie 2) and not without its dangers then—forced physicians to reimagine the body not as self-contained, but as porous, unstable, and deeply vulnerable. Blood became both a “wonder-working elixir” (Kibbie 8), promising life and even immortality, and a source of intimate contagion, capable of binding strangers together or compromising one body with the living, vital substance of another. Literature, too, took up the same language of circulation, imagining bodies not as closed vessels but as sites of dangerous exchange, where blood crossed boundaries and the limits of the self no longer held. What should remain inside could leak out; what belonged to others might invade and take root, circulating through the body like an alien presence. In this tissue economy,¹ blood stood for connection as well as contamination—its exchange likened to “an act of surgical alchemy” (Kibbie 5), disturbingly similar to vampiric consumption (Kibbie 1-28). When *Dracula* appeared in 1897, it did more than reflect these anxieties—it entered the same circulation of blood and fears. On the day of its publication, *The Daily Mail* recorded how the story “had fairly got upon [the reader’s] nerves,” how “a creepy terror had seized upon [them],” and that “the recollections of this weird and ghostly tale will doubtless haunt [the reader] for some time to come” (3). Like the infected blood it describes, *Dracula* spread rapidly through the cultural imagination, becoming not just a story about contagion, but a contagion itself, and in doing so, securing its place as an enduring cornerstone of the literary canon.

The novel recounts Count Dracula’s journey from Transylvania to England, where his vampirism mimics contagion—invading, multiplying, and resisting containment. This metaphor of contagion is no coincidence in this paper as the novel, too, draws directly from the medical discourses of its time, embedding anxieties about blood transfusion, hysteria, and physical illness into its narrative

¹ Catherine Waldby and Robert Mitchell define a “tissue economy” as “a model of the body, and of relationships between bodies . . . [in which] one body can share its vitality with another through the redistribution of tissues, from donor to recipient, through biotechnical intervention” (Kibbie 5).

to explore how bodies become sites of both pathology and control.

It is within this context that I position my argument: I argue that *Dracula* portrays maternal bodies as unstable and threatening when they stray from maternal expectations—whether through the impossibility of producing offspring or the performance of parasitic maternity—framing monstrous motherhood as a site of horror in which reproduction and infection collapse, channelling Victorian cultural anxieties about menstruation, venereal disease, infanticidal women, and reproductive failure.

I use the term “monstrous motherhood” to describe forms of motherhood that deviate from expected norms. This paper identifies two primary forms: first, the perversion of the maternal bond, where the mother’s relationship with the child becomes possessive and parasitic, denying the child its autonomy; second, reproductive failure, where childless maternal figures mimic motherhood and turn their unfulfilled desire for a child into a dangerous, destructive force. Importantly, monstrous motherhood is not limited to female bodies: male figures, such as Dracula himself, enact maternal roles within this definition. While this concept may appear throughout Gothic literature, in *Dracula* it is uniquely shaped by its specific historical fears. Though often cast as inherently evil by the novel’s characters, the monstrous mother is more accurately understood as a figure of profound cultural anxiety rather than simple villainy.

Having stated the central argument and defined its terms, I now turn to the scholarship that informs this paper. Critical interpretations over the past five decades have followed distinct theoretical lines, each responding to the cultural concerns of its time. To clarify how my argument enters this conversation, the following overview traces key developments in *Dracula* criticism, particularly as they relate to the Gothic body and anxieties surrounding maternity and reproduction. Although Maurice Richardson (1959) offered an early application of psychoanalysis to the novel, it was not until the 1970s that *Dracula* became the focus of sustained academic inquiry. This renewed interest marked the beginning of a dominant psychoanalytic and symbolic critical framework shaped by Freudian and Lacanian theory, centred on desire, repression, and the figure of the symbolic mother. Phyllis A. Roth’s influential 1977 article exemplifies this turn, reading vampirism as a metaphor for repressed sexuality

and Oedipal anxieties. That same year, Stephanie Demetrakopoulos extended these concerns by examining the novel's subliminal sexual fantasies, while Carol A. Senf (1979) focused on the symbolic absence of maternal figures. Throughout the 1980s, this psychoanalytic perspective remained central in *Dracula* criticism. In a similar vein as previous criticism, John Allen Stevenson (1988) explores repression and desire, while Christopher Craft's seminal 1984 essay introduced a groundbreaking focus on gender inversion and homoerotic desire. Bram Dijkstra's *Idols of Perversity* (1989) expanded these concerns into a broader cultural critique of Victorian anxieties surrounding female sexuality and visual culture. This helped dilate the critical lens, opening space for a new focus. While informed by psychoanalytic insights, my approach resists the sexual clichés often imposed by this framework.

It is more in line with the critical turn of the 1990s, when attention shifted towards gender and queer theory. Influenced by Judith Butler's *Gender Trouble* (1990) and Elaine Showalter's *Sexual Anarchy* (1988), scholars questioned the stability of gender roles and examined identity as a performative construct within the Gothic. Anne Williams (1991), Jack Halberstam (1993), and Talia Schaffer (1994) foreground queer desire and gender transgression, interpreting *Dracula* as a site where traditional binaries dissolve. Pascale Krumm (1995) discusses themes of metamorphosis and identity instability, while Lisa Hopkins (1997) focuses on the intersection of monstrosity and motherhood, illustrating how maternal figures both embody and disrupt normative gender roles, transforming the maternal body into a site of transgression and instability within the Gothic tradition. Leila May (1998) transports these concerns to the domain of contagion, portraying women as frightening reservoirs of infection. My reading engages similar concerns—particularly those of the last two sources listed—but it shifts focus from symbolic gender disruption to concrete, historical anxieties centred on women who failed or refused to fulfil expected gender roles.

In this respect, my reading parallels the critical movement from the mid-2000s onward, when focus changed from abstract structures and boundaries to the material Gothic body, foregrounding illness, degeneration, and the anxieties projected onto gendered and maternal bodies. This period also saw the rise of the medical humanities and cultural studies of science, which shifted the focus from

universal psychoanalytic models to historically grounded fears and embodied experience, particularly as they manifest in *Dracula* through images of contagion, reproductive failure, and the threatening maternal body. Barbara Creed (2005) and Marie Mulvey-Roberts (2005) examine menstrual taboos and the monstrous feminine, while Maria Parsons (2006) directly addresses menstrual pathology in *Dracula*, a concern my research likewise addresses. Martin Willis's influential essay (2007) grounds the novel within nineteenth-century medical discourses, particularly germ theory, miasma, and Victorian fears of degenerative disease. Importantly, while Freudian readings persisted, they appeared more peripherally, in the works of Barbara Almond (2007) and Brigitte Boudreau (2009). Building on these approaches, my reading prioritises maternal deviance, where these historically grounded anxieties about reproduction and disease collapse into one another.

This interest in the material body continued throughout the subsequent years. Katherine Byrne (2011) addresses tuberculosis, Brandy Schillace (2014) syphilis, and Jens Lohfert Jørgensen (2015) historicizes this overarching fear of contagion. More broadly, Janine Hatter (2015) and Julie Smith (2015) analyse how the Gothic body serves as a site of narrative inscription and spatial control, respectively. From here, critical attention expanded outward to explore how anxieties surrounding the vulnerable body also reflected broader cultural fears of social disorder and surveillance. Ross G. Forman (2016) and Simon Bacon (2017) examine how Gothic narratives negotiate larger concerns with the policing of people, the spread of parasitic influence, and the fear of permeable, uncontrolled bodies.

In the aftermath of the COVID-19 pandemic, in the 2020s, instability and reproductive failure became central concerns in *Dracula* scholarship. This renewed focus emphasises themes such as maternal monstrosity, menstrual horror, and the maternal gaze. My reading contributes to this post-pandemic scholarship by focussing on monstrous motherhood as a site where bodily and social boundaries disintegrate. These concerns resonate with two dominant critical strands: one examining contagion as a manifestation of Victorian fears of bodily corruption; another exploring reproductive failure as a reflection of anxieties about the collapsing gender roles and family structures.

The first strand examines historical and medical anxieties surrounding contagion. Scholars such as Ann Louise Kibbie (2019) and Fran Pheasant-Kelly (2019) analyse how disease, particularly in relation to obstetrics, generates Gothic fear through the vulnerabilities of pregnant bodies. Similarly, Ioana Baciú (2021) redirects attention to how medical discourses shape Gothic masculinities. This concern with contagion extends into pandemic-era anxieties, as Octavia Cade (2021) questions the absence of vaccination narratives in *Dracula*. It is important to emphasise that *Dracula* has been read through various diseases, each offering insight into the novel's depiction of bodily contamination. For instance, Marion McGarry (2023) contextualizes the novel within its Irish historical moment, using the Sligo cholera epidemic to read the novel's treatment of contagion and the vulnerability of the body. Similarly, Muyuan Rong (2024) examines syphilophobia, a concern that straddles both strands—both disease transmission and sexual reproduction. While fears of contagion dominate one branch of recent scholarship, a parallel critical concern emerges around failed reproduction and family breakdown.

This second strand focuses on fears surrounding maternal failure and generational continuity. Works such as Eitan Bar-Yosef's (2021) examine the disturbing trope of babies in bags in *Dracula*, framing failed reproduction as central to the novel's anxiety about non- or anti-mothers. Terrie Waddell (2021) addresses fears of ageing maternal bodies, particularly postmenopausal figures, as sites of horror and expressions of societal discomfort with women losing their fertility.

So, while recent studies offer valuable insights into *Dracula*'s engagement with contagion and reproductive failure—two strands this paper also takes up—much scholarship over the past decades has been shaped by psychoanalytic frameworks, particularly Freudian models. This approach influences readings of maternal figures in *Dracula*. Freudian theory, after all, offers a powerful vocabulary for discussing desire, repression, and the uncanny. Boudreau, for example, argues that “Jonathan could be said to remember his mother in the bodily form of these vampiric seductresses” (4), while Almond links the novel's anxieties to “an intense and perverse orality,” casting the mother-child relationship in its most ambivalent form (219). Almond further observes that “the dark side of maternity is probably the most unacceptable of all ideas about human relationships” (233), and Boudreau likewise admits that

“the matriarchal vampires become the most fearful creatures in the entire novel” (4). Yet even as these scholars recognise the figure of the controlling and monstrous mother, their readings tend to remain confined to familiar sexualized tropes, rather than considering the mother’s full disruptive potential.

This interpretive framework has not only become overly familiar within Gothic scholarship but also increasingly risks imposing modern psychological abstractions onto a text deeply rooted in its historical and cultural moment. While this study draws selectively on psychoanalytic theory to frame anxieties about origin and dependency, it rejects the reductive emphasis on sexual perversion that has long dominated such readings. By reading the maternal body solely as a symbol of repressed desire, earlier criticism overlooks *Dracula’s* engagement with late-Victorian anxieties about menstruation, venereal disease, infanticidal women, and reproductive failure. My research resists this tendency by adopting a framework that emerges from within the Gothic tradition itself, specifically the fin-de-siècle Gothic, allowing for a reading that is both historically situated and attuned to the genre’s internal logic.

To that end, I draw on Sara Williams’ 2025 theory of *The Maternal Gaze in the Gothic*—a strikingly recent and significant contribution to the field. My choice to work with Williams’ framework is not simply because it is recent, but because it offers a genuinely original perspective on the maternal figure in Gothic literature. Rather than portraying the mother as either nurturing or evil, as has often been the case in earlier criticism (see, among others, Baciú 78; Cossins 63; Demetrakopoulos 111), Williams repositions her as a central and disturbing, complex force within the horror. The maternal, in her reading, is not passive or peripheral but actively devouring and possessive, exerting influence through what she terms the “maternal gaze” (TMG 5). Crucially, this gaze originates not in the eyes but in the womb, marking and controlling the child through the body itself—via symbolic acts of containment, physical dependence, and the threat of psychic annihilation. This idea is innovative as the gaze is not nurturing but possessive, and it functions as a tool of influence rather than care. Often, Williams argues, this maternal gaze culminates in “psychic filicide” (TMG 6), where the mother’s need to reclaim the child becomes destructive, driven by the impossible desire to fully reabsorb what has

been lost from her belly. In this reading, the maternal gaze is a generative force of horror within the Gothic, destabilising traditional narratives of motherhood and reproduction (*TMG* 1-15).

As previously mentioned, cultural anxieties about menstruation, venereal disease, infanticidal women, and reproductive failure—central to my reading—appear not only in fiction but also in medical discourse and periodicals of the time. While this study does not undertake archival research in the traditional sense, it engages closely with primary historical materials and secondary sources grounded in archival records on syphilis, wetnursing, baby-farming, and Victorian medical and moral debates about menstruation and motherhood. These sources allow me to situate *Dracula* within its cultural moment and, more specifically, to trace late-Victorian anxieties surrounding the maternal body. This historical grounding is essential to my argument which contends that *Dracula* does not simply corrupt maternal imagery, but compulsively re-enacts it in distorted, often violent forms that reflect the period's most urgent cultural fears.

To trace the circulation of these anxieties, the paper is divided into two sections, each addressing a different form of monstrous motherhood in *Dracula*. The first examines how *Dracula* perverts normative reproduction through its depiction of Mina as a symbolic child caught in a parasitic maternal bond with the Count. Analysing the infamous blood-sharing scene as a grotesque act of breastfeeding, I argue that Mina is marked by Dracula's maternal claim, psychically tethered through a metaphorical umbilical cord, and subjected to a form of contamination that mirrors late-nineteenth-century fears about syphilitic transmission. Her infection is not incidental but reproductive: it binds her to the monstrous mother and threatens to pass vampirism on as a hereditary, degenerative condition. Suspended in a symbolic womb space and denied separation, the bond between Dracula and Mina embodies a reproductive system that no longer produces new life but compulsively circulates infection and possessiveness through a parasitic relationship.

The second section turns to Lucy, who transitions from Dracula's vampiric offspring into a failed and monstrous mother. Her tomb becomes a symbolic womb where her undeath is gestated, and her predation on children mimics the maternal act of breastfeeding. This reversed parasitic

bond—where she feeds on children but does not pass on her vampirism—reflects anxieties about the figure of the fascinatrice and infanticidal women—specifically baby-farmers. Her staking at the end of the novel functions as a symbolic purification and a violent intervention that corrects her reproductive deviance and seals off the threat of further contamination.

This paper, therefore, reveals a deeper engagement with reproductive anxiety in the novel as previously argued, and repositions monstrous motherhood not as a peripheral motif but as a driving force in the horror of the novel and in articulating late-Victorian cultural and medical anxieties within the Gothic mode.

“Unclean, unclean!”: Perversion of Reproduction & Parasitic Mothers in *Dracula*

This first chapter argues that *Dracula* perverts normative reproduction by enacting a form of parasitic maternity, assuming the role of a monstrous mother and casting Mina as his dominated, symbolic child. In the infamous blood-sharing scene—framed as a grotesque act of breastfeeding—Mina is marked by Dracula’s maternal claim within the wombspace, tethered to him through a psychic umbilical cord, and subjected to a contamination that evokes both moral impurity and disease. Rather than generating new life, this inverted maternity reproduces infection, specifically echoing cultural fears of syphilitic transmission from mother to child. Although Mina survives, she emerges permanently altered, illustrating how, in Dracula’s perverse reproductive system, survival does not preclude subjection to his maternal control. This chapter examines the initial reproductive cycle of Dracula’s parasitic maternity, laying the groundwork for the next analysis of Lucy where she—as Dracula’s offspring—embodies the fall of this system of infection as reproduction.

This threat of infection and disease transmission provoked widespread fear in the period when *Dracula* was written. Late Victorians, as Jules David Law observes, “did not share fluids bodily or otherwise to a more spectacular degree than previous societies, but they did presume to understand and control such circulations more comprehensively” (162). However, this presumption of control came at a cost: a profound fear of bodily fluids as agents of invasion and submission. More specifically, written during, what Pascale Krumm calls, the “golden age of syphilis” (8), the novel taps into concerns about syphilis transmission, particularly through practices like wet nursing. Wet nurses, feared for their ability to transmit not only physical traits but also “invade” infants with moral corruption or disease through their milk (Klimaszewski 330), mirror the corrupting power of Dracula’s blood. Nowhere is this more apparent than in the forced exchange between Dracula and Mina near the end of the novel—an act that disturbingly mimics breastfeeding. This infamous scene has drawn significant critical attention. Almond and Roth read it as a violent regression to infantile oral desires (228); Schillace emphasizes its sexual perversity, describing the blood exchange as a symbolic “rape by fellatio” (293); and Creed argues that it functions as a metaphor for oral sex, feminizing Dracula by transforming his breasts into erogenous

zones (8). While these readings foreground the perverse sexualization of breastfeeding imagery in this scene, my analysis instead emphasizes the corruption of the maternal role itself: the perversion of the maternal body into a site of contamination and destructive nourishment—one that transforms the mother figure from life-giver to life-drainer. Like the milk of wet nurses, Dracula's blood symbolizes a contaminating force that shifts the maternal body from a source of nourishment to one of illness. Additionally, this shift is emphasised by the violence embedded in the blood exchange, marking it as a site of both contamination and control.

The mimicry of breastfeeding is unsettling from the outset of the scene, immediately drawing attention to Mina's helpless position. Dracula's forceful grip, as he "[holds] both Mrs. Harker's hands, [and keeps] them away with her arms at full tension," while he "[grips] her by the back of the neck, forcing her face down on his bosom" (Stoker 261) pushes her into a passive, submissive role within this exchange, akin to that of a child in a typical breastfeeding scene. While the word "bosom" evokes the maternal breast, typically associated with comfort and sustenance, the violent language in this description, particularly the verbs "grips" and "forces," and the description of her arms "at full tension," subvert this maternal imagery. Instead of tenderness, we witness control and violence. As the scene unfolds, Dracula's actions further emphasise his dominance. He violently "wrench[es]" Mina, "[throwing] his victim back upon the bed as though hurled from a height" (Stoker 261). Mina's subsequent reaction—"a scream so wild, so ear-piercing, so despairing" (Stoker 262)—further emphasises her vulnerability, as she lies "in her helpless attitude and disarray" (262), mirroring a child who has been harmed and rejected.

However, despite the violence depicted in these descriptions, there is a degree of tenderness transported into this scene by the breastfeeding imagery, the tension this creates is crucial to understand how this scene simultaneously evokes both the monstrous and the maternal. This tenderness is most aptly conveyed in one particular section of Dr. Seward's description. He describes how Dracula "tenderly and lovingly strok[es] [Mina's] ruffled hair" (Stoker 263), a gesture that, in another context, could be interpreted as a mother comforting a child. However, given the violence and

coercion that precedes it, this act feels strange and unsettling. This amplifies the tension between tenderness and violence, and in this way, emphasises the sense of monstrous motherhood.

Dracula's exposed chest functions as another key element that contributes to this evocation and subsequent perversion of maternal care. The description of his "bare breast" and "torn-open dress" (Stoker 261) at the beginning of the scene, allude to the image of an exposed maternal chest in the act of nursing, yet what flows here is not milk, but blood. The "thin stream" trickling down his chest (Stoker 261) can be read as a corrupted counterpart to the flow of milk, yet instead of symbolizing a life-sustaining liquid, it suggests a dangerous and infectious one, as it emanates from an open wound (267) rather than a clean nipple. Moreover, the use of the word "spurt" evokes not only the imagery of milk being expelled from the body but also a sense of urgency and uncontrollability, as if the blood carries an infection that cannot be contained. Symbolically, this moment recalls Victorian fears surrounding the spread of disease through bodily fluids, particularly syphilis, which was feared to be transmitted through intimate contact including intercourse, in which blood can be accidentally shared, and breastfeeding where milk is exchanged from the mother to the child (Krumm 4). Thus, in the Victorian imagination, both blood and milk are potentially contaminated fluids, each carrying the risk of infection.

Dr. Seward's analogy, which appears immediately after the scene of Dracula's assault on Mina, emphasizes the unnaturalness and monstrosity of the act by using a domestic, yet strongly unsettling image. He compares the exchange to "a child forcing a kitten's nose into a saucer of milk to compel it to drink" (Stoker 261). In this image, the kitten would normally seek milk from its mother, but here it is coerced into drinking from an unnatural source—a saucer instead of the maternal breast. Additionally, we may assume that the milk in the saucer is not that of a cat, but that of a cow. This detail matters: the shift in species, from maternal to foreign milk, adds to the grotesque inversion of the natural order, reflecting the perverse nature of Dracula and Mina's exchange. Just as cow's milk is foreign to the kitten, Dracula's blood—coming from a vampire instead of a human—is an unnatural fluid. Significantly, the analogy also connects to broader Victorian anxieties about bodily contamination. In

the late nineteenth century, anxieties about impure breast milk—linked to alcohol, drugs, or disease—were widespread (Law 148). Cow's milk, increasingly used as a substitute, was also viewed with suspicion and believed to have the capacity to transmit illness (Law 148). Seward's analogy thus reinforces the scene's emphasis on bodily contamination and the distortion of care into coercion.

The violence inherent in how Mina is forced to drink Dracula's blood is also reflected in Dr. Seward's analogy. A child, much larger and stronger than a kitten, forces the vulnerable animal's nose into a liquid that should offer comfort but instead turns into a source of dread and potential suffocation. This violence, in turn, mirrors Mina's own experience as she recalls, "[he] pressed my mouth to the wound, so that I must either suffocate or swallow some of the—" (Stoker 267). Although Mina does not explicitly name the fluid she is forced to ingest, it is clearly blood; yet, within the breastfeeding imagery, it parallels milk. In this reading, the explicit absence of the word mirrors the lack of care in the exchange, emphasising the subversion of the act of breastfeeding into an act of violence and its underlying implication of contamination. The deep sense of this contamination is evident in Mina's reaction after the exchange: "Then she began to rub her lips as though to cleanse them from pollution" (Stoker 267). The verb "cleanse" evokes ritual purification, suggesting her desperate attempt to rid herself of the contaminating trace left by Dracula. Her lips—marked by the forced intimacy—function synecdochically, linking the visible stain of Dracula's blood to the deeper, internal corruption spreading through her body. This impulse to purify echoes her earlier cry of "Unclean, unclean!" (Stoker 263), a phrase that frames her suffering through the language of contagion. The repetition of this language underscores how profoundly the exchange distorts the maternal role: what should resemble a nurturing bond is instead perverted into domination, enacted through Dracula's grotesque mimicry of breastfeeding. Thus, Mina's sullied lips become visible proof of Dracula's claim, symbolizing both her contamination and his possessive dominion over her.

Yet Mina's contaminated lips are only the initial manifestation of Dracula's monstrous maternal claim. Her body soon exhibits further marks—explicit symbols of Dracula's possessive gaze and parasitic maternity—which reinforce her subjection to this perverse mother-child relationship.

Dracula's branding appears most vividly in two bodily inscriptions: the bite mark upon Mina's throat and the searing imprint of the Sacred Wafer upon her forehead, embodying what Williams terms the "birthmark," an indelible sign of ownership left by "the womb's gaze searing into the child" (*TMG* 36). With this, Mina is physically inscribed with the trauma of Dracula's attempt at maternal reabsorption.

In this reading, the bite on Mina's throat functions not merely as a vampiric injury, but as a birthmark, signaling the start of her transformation and entanglement with Dracula's corrupted lineage. The act is disturbingly intimate and coercive: "With a mocking smile, he placed one hand upon my shoulder and, holding me tight, bared my throat with the other... He placed his reeking lips upon my throat!" (Stoker 265-266). I agree with Boudreau that Dracula's mouth in this scene evokes the folkloric image of the *vagina dentata*—a maternal orifice traditionally read as a threat to male sexuality: "the mythic image of the *vagina dentata* evident in so many folk tales in which the mouth and the vagina are identified [...] and pose the threat of castration to all men until the teeth are extracted by the hero" (4). While this interpretation centres male anxiety, I instead read the mouth as a symbolic portal to the maternal womb—its threat not castration of the man, but reabsorption of the child. Dracula's bite thus becomes an act of reclamation, marking Mina as his offspring and initiating her return to a monstrous maternal structure. As Williams writes, "any scar of the mother, birthmark, bitemark, or otherwise, is the shadow of the womb cast onto the skin which seals its return to her" (*TMG* 34).

This shadow stems from Dracula's inability to physically return Mina to his womb; instead, he enacts psychic filicide by remaking her in his image, eroding her humanity, and drawing her into his vampiric kinship. His consumption of her blood is the mechanism of this transformation. Traditionally a life-sustaining substance for the child, blood here is inverted; it becomes the means through which the mother figure consumes the child, reinforcing Dracula's parasitic maternity. As Law notes, "the body [is] literally convertible to other kinds of matter through processes of ingestion [...] [and] exchange" (7). Through this process, Dracula's mouth emerges as both a site of violation and a generative force—as simultaneously infectious wound-maker and agent of monstrous rebirth.

This symbolic violence is further compounded by the bite mark's visibility and placement, which embed it within the moralized nineteenth-century medical discourse of syphilis—a disease whose physical symptoms, such as pimples and sores, were closely associated with moral failure and social exclusion. Frith notes that these lesions “often extended into the mouth and throat” (50), with the most feared stage involving “severe debility, madness or death” (51). Additionally, Mina's visceral responses—crying when reminded of the wound, later collapsing at Van Helsing's mention of it—mirror contemporary descriptions of the disease's psychological and physical toll: “[P]atients are afflicted with pains sufficiently to draw from them cries of anguish” (Frith 50). In this context, the mark on her throat is not only a site of physical trauma, but a sign of defilement. As Frith explains, some sixteenth and seventeenth-century writers viewed syphilis as a divine punishment, believing sufferers “shouldn't be treated at all” (52). Similarly, Mina begins to appear beyond redemption, her purity erased by Dracula's maternal corruption. Even Van Helsing reinforces this fatalism, emphasising the finality of the mark: “[Y]ou are but a mortal woman. Time is now to be dreaded—since once he put that mark upon your throat” (Stoker 288). The implication is clear: her body is no longer her own. The bite is thus more than a wound—it is a shameful scar that seals her into Dracula's reproductive logic, a system of infectious, monstrous inheritance.

The perverse mother-child bond between Mina and Dracula becomes even more explicit in the branding of her forehead by the Sacred Wafer—an act that, rather than purifying as intended, operates as a second mark of possession, confirming her as Dracula's symbolic offspring. Williams briefly acknowledges this dynamic, noting how the maternal gaze unsettles the subject through the Wafer's scarring of Mina (*TMG* 34-35), but she stops short of fully acknowledging how this moment operates as a violent assertion of Dracula's monstrous maternity. Van Helsing's attempt to bless and protect her culminates in a moment of extreme physical and psychological rupture: “a fearful scream” escapes her as she “sinks on her knees on the floor in an agony of abasement” (Stoker 273). The act intended as salvation instead exposes the depth of her contamination. The Wafer sears her flesh, leaving a permanent wound “as though it had been a piece of white-hot metal” (Stoker 273). The violence of this

inscription is also symbolic. The branding evokes the marking of livestock, reducing Mina to dehumanized property—almost animal meat for the taking, eating—and, more specifically, to Dracula's claimed possession.

It also reactivates the maternal framework already established through the bite, layering the logic of infectious inheritance with that of irreversible shame, emphasising that infection and reproduction collapse in this marking. When Mina later sees the “red mark upon [her] forehead” and realizes she is “still unclean” (Stoker 295), the wound signifies a persistent bond with Dracula: an unerasable connection that continues to haunt her even in his absence. Her despair culminates in a visceral expression of bodily shame as she describes the mark explicitly as a sign of her disgrace (Stoker 273). Moreover, her exclamation of contamination—“Unclean! Unclean!”—is repeated and emphasised by the surrounding language of contamination, such as the reference to her “polluted flesh” (Stoker 273). In this moment, the mark takes on the conceptual weight of biblical leprosy—a disease historically associated with sin, maternal impurity, and divine punishment. As Williams describes, leprosy wounds are particularly abject “because they signal towards the rupturing maternal body, the wound of the vagina” (*TMG* 35). Like the vampiric bitemark, the wafer's burn becomes a scar of maternal corruption—one that renders Mina permanently marked, condemned, and symbolically unclean. Importantly, Mina's forehead scar mirrors Dracula's own—“the red scar on his forehead where Jonathan had struck him” (Stoker 267)—physically aligning her with her monstrous maternal figure. Dracula's declaration when infecting Mina, “flesh of my flesh; blood of my blood; kin of my kin” (Stoker 266), further confirms this bond, framing Mina as his offspring who is bound through blood contamination rather than biological reproduction.

Ultimately, Mina's branding—her throat punctured by Dracula's parasitic bite, her forehead seared by the Wafer—transforms her body into a text of maternal contamination. This aligns Dracula's vampiric maternity with anxieties surrounding maternal transmission of disease, particularly syphilis, a hereditary contaminant associated with sexual impurity and female bodies as sites of hidden corruption (Frith 51-52). Mina's branded body thus reflects Victorian fears of maternal transmission of infectious

impurity. This symbolic marking of her flesh, however, is not confined to the body alone; it extends into the very space she inhabits. Dracula transforms Mina's bedroom into a parasitic wombspace—an extension of himself—where life is suspended in cyclical womptime and Dracula threatens to reabsorb and trap Mina in his womb forever.

From the outset, the scene's sensory language reinforces the pervasive atmosphere of monstrous maternity. The scene opens with a description of the air growing dense, cold, and dank; the light fading to a sickly pallor; and Mina lying motionless on the bed (Stoker 241)—the padded, warm and enclosed centre of the room. As the “mist [grows] thicker and thicker,” it bypasses the expected boundary of the window and instead “pours in [...] through the joinings of the door,” before concentrating into a “pillar of cloud” (Stoker 241). This slow, sinuous movement—pouring, seeping, and concentrating—recalls the dilation of birth, but grotesquely inverted. Rather than opening to release life, the space fills and seals itself to incubate undeath, transforming the room into a closed, contaminated womb.

It is within this sealed enclosure that the mist takes on its most sinister function. While Forman identifies Dracula's mist as representative of Gothic miasma, teeming with infectious potential (936), he neglects to consider how, in this scene, the mist functions not merely as a sign of disease but as the maternal medium of Dracula's monstrous reproduction. The mist is not a backdrop to Dracula's arrival—it is his arrival. Like a polluted amniotic fluid, it saturates the room, transforming the very air into a medium of infection through which Dracula inseminates the space with his corruptive presence. This fusion of direct contagion and environmental miasma reflects what Willis identifies as the Victorian preoccupation with both contagionist and miasmatic models of disease (305). Contagion theory, focused on infection through direct bodily contact (Willis 305), has already been shown in this paper to materialize in this scene through Dracula's parasitic bite and the grotesque intimacy of the blood-sharing act. Yet even before this physical violation, the mist—the miasmatic twin of infection—seeps into the domestic space. As Florence Nightingale warned, stagnant, polluted air was “ripe to breed smallpox, scarlet fever, diphtheria or anything else you please” (qtd. in Willis 308).

This atmosphere of contamination extends beyond the air itself; even the light participates in the scene's corrupted maternity. The moonlight—often associated with purity and the natural rhythms of fertility—filters through the “thick yellow blind” (Stoker 261), but instead of a nurturing glow, it casts a stifling, jaundiced light that recalls the discolouration of diseased flesh and the taint of infected bodily fluids. Williams suggests that the Gothic wombspace often contains a dim, watery illumination reminiscent of the fetal experience (9), but here that glow is sickly and stagnant, its lifegiving potential turned foul. The bedroom becomes an amniotic chamber of decay, where the womb no longer shelters life but curdles it into something monstrous and unnatural.

Trapped within this corrupted space, Mina describes the suffocating stasis of the scene, confessing that “some leaden lethargy seemed to chain [her] limbs” (Stoker 241), that “[she] felt [her] strength fading away [...] [she] was in a half swoon” (266), and that “[she] know[s] not how long this horrible thing lasted” (241). Almond attributes this passivity to Mina's forbidden desire for the Oedipal father (228), yet the scene suggests an enforced dependence. What Mina describes mirrors the fetal condition: physical helplessness, loss of consciousness, and a suspended sense of time, drawing her deeper into the unnatural rhythms of Dracula's corrupted wombspace. In this moment, Kristeva's concept of “female time”—cyclical, suspended, and hypnotic (qtd. in *TMG* 23), like a baby being rocked to sleep—materializes through her physical paralysis and the oppressive, stagnant atmosphere of the room. Yet Dracula's blood does not comfort her but suspends her between life and death, inducing a state of undeath that must be violently interrupted before it reaches completion. As Williams argues, the Gothic wombspace holds its captives “far beyond the limits of gestation,” transforming maternal desire into a devouring, annihilating force (*TMG* 26). Mina thus becomes not merely the victim of Dracula's violence but his monstrous child, and the room around her a grotesque uterus in which she incubates his infection. Stoker's fascination with the horror of “live burials”—the living body trapped in the grave before death (McGarry 28)—finds its most literal expression here: Mina's bedroom becomes a sealed tomb-womb, a space suspended between life and death from which she must be forcibly extracted before her transformation reaches its monstrous conclusion.

It is this urgent need for rescue that compels the men to rush and save her, but what they encounter exceeds the familiar horror of patriarchal control. Baciú characterizes Mina's bedroom as a "private space of femininity" subjected to the surveillance and control of husbands and doctors (85). While this reading rightly identifies the patriarchal regulation of female spaces, it ultimately does not go as far as to confront the deeper horror that Dracula enacts here. The room is indeed shaped by masculine surveillance, but in this scene, it becomes something far more unsettling: a space where patriarchal control is actively displaced by a monstrous, maternal possession that operates beyond the reach of husbands and doctors. Here, the threat no longer comes from external male authority but emerges from within the maternal space itself, transforming it into a site of uncontrollable and corrupt reproduction. As Sara Williams argues, the Gothic wombspace often "prohibits paternal interference," preserving an "inaccessible maternal interiority" that resists the male gaze and denies entry into the mysteries of reproduction (*TMG* 11). This reflects broader Victorian anxieties about the womb as a hidden, unknowable space, one that even the expanding medical sciences struggled to penetrate. Despite advances in obstetrics, male doctors remained excluded from the intimate, embodied knowledge shared only between mother and child—what Kristeva terms the solipsistic consciousness of the Chora, where "no one is present to signify what is going on" (qtd. in *TMG* 37).

In this context, the men's forced entry into Mina's room enacts their frustrated attempt to cut into this closed maternal space. In her reading of another Gothic text, Williams interprets the locked door as an architectural hymen (*TMG* 29), a reading that seems to emphasise Freudian sexual transgression. In my interpretation, the door takes on the symbolic function of a cervix under duress, forcibly breached in a violent, almost surgical intervention: "[They] threw [themselves] against it; with a crash it burst open, and [they] almost fell headlong into the room" (Stoker 260-261). The phrasing "fell headlong" marks not a moment of heroic rescue but the collapse of their authority before Dracula's maternal domination. Rather than delivering Mina from danger, they are delivered into a space already claimed by Dracula, arriving too late to prevent the symbolic conception that has already occurred.

Yet even after this violent intrusion, the wombspace resists their authority, as the narrative ominously notes: “The door... had swung back to its old position” (Stoker 261)—as if the space itself attempts to reclose, determined to contain Mina until her monstrous transformation is complete, until she dies and Dracula executes complete psychic filicide. In this scene, Dracula’s maternal domination cannot be undone through masculine force; it is a physiological, psychic, and spatial possession that resists the very logic of patriarchal intervention.

This does not mean, however, that the men’s violent intrusion leaves Dracula’s control entirely unshaken; it momentarily disrupts his hold over the space, which makes him retreat, enacting the final trauma of birth. Mina’s “wild, ear-piercing scream” (Stoker 261), previously marking her contamination in this analysis, now becomes the final cry of her monstrous birth into Dracula’s lineage. The scream paradoxically signals a brief return of agency—momentarily breaking free from Dracula’s mesmerism, his womptime—while also recalling the newborn’s instinctive cry for nourishment. In this sense, it becomes a cry of both desire for severance and craving, exposing the addictive, inescapable bond now forged between them. Yet unlike a natural birth, this monstrous delivery brings no release; the symbolic umbilical cord remains uncut, leaving Mina psychically and physically tethered to Dracula even after the moment of birth.

Dracula’s declaration, “My revenge has just begun! I spread it over centuries, and time is on my side. Your girls that you all love are mine already; and through them you and others shall yet be mine—my creatures” (Stoker 282), crystallizes his role as a monstrous mother: he reproduces not biologically, but through infection, marking Mina and Lucy as vessels of unnatural maternity whose bodies threaten to perpetuate his contaminated bloodline. Yet while both stand marked as his “creatures,” not everybody proves capable of bearing his corrupted legacy.

“The Bloofer Lady”: Failure of Reproduction & Infanticidal Mothers in *Dracula*

The second chapter argues that Dracula continues his perversion of reproduction through Lucy, embodying both Dracula’s symbolic offspring and a monstrous mother. Before her death, her body is already marked by unnatural blood loss and symptoms historically coded as menstrual pathology, foreshadowing both her failure to achieve normative reproduction and her descent into monstrosity. After her infection and death, Lucy’s tomb becomes a grotesque wombspace, marking the site of her unnatural vampiric rebirth. In her undead state, she preys on children in a violent, frustrated expression of not becoming a mother, reversing the nurturing bond into one of dependency and predation. She exhibits trance-like seduction, embodying Victorian fears of the fascinatrice and infanticidal women—specifically baby-farmers. Although Lucy ultimately fails to spread Dracula’s infection and produce undead progeny, she remains a figure of monstrous motherhood that must be violently corrected. Her narrative culminates in a paternal intervention and symbolic purification, which seals off the danger of further contamination. In this way, Lucy’s life and afterlife embody the novel’s broader logic of reproductive horror, in which failed or perverted reproduction transforms the maternal body into a site of danger—one that must be contained or destroyed.

Critic Barbara Almond argues that when Dracula vampirizes women, he corrupts them into “non-maternal sexual predators” (222). Although Almond accurately identifies the predatory aspect of this transformation, her reading reduces Lucy to a familiar Feudian stereotype, flattening her into a one-dimensional figure of transgressive femininity. More crucially, it rejects the possibility of a darker, more complex understanding of her posthumous identity: that her maternal instincts survive death, albeit in a grotesquely preserved form. I offer a reading in which the novel does not marginalise motherhood but distorts and centres it. The horror lies not simply in Lucy’s failure to embody normative maternity, but in her continued performance of a twisted, sterile, and unproductive version of it which is driven by an insatiable, frustrated longing for a child that will never be fulfilled.

This dynamic is most clearly reflected in the way the children respond to Lucy. Even as she feeds on them—an undeniably monstrous act—her young victims neither resist her nor describe her as a threat. Instead, they affectionately nickname her “the bloofer lady”—with “bloofer” being a childlike way of pronouncing “beautiful”—and they even imitate her in play (Stoker 170). In the Victorian cultural imagination, beauty often signified not only physical attractiveness but also purity and maternal benevolence (Welter 163). Their response therefore exemplifies a dangerous confusion of care and harm, beauty and horror: Lucy is not perceived as grotesque but as alluring and safely familiar, her monstrosity hidden beneath the guise of maternal care. This confusion between comfort and threat lies at the heart of Victorian anxieties about the maternal figure and helps explain the cultural fascination with dangerous mothers.

One such fascinating figure is the fascinatrice, theorised by Williams as a maternal presence who exerts power through a captivating and disarming gaze (*TMG* 22-23), rather than through physical violence. A monstrous figure may appear beautiful or benign precisely because she does not assert herself through overt aggression. Instead, Lucy bewitches the children and distorts their perception of danger. The fascinatrice draws the child into a trance-like state, creating what Williams calls womptime which—previously defined in this paper as a looping, lulling temporal experience (*TMG* 22-23)—mimics the presumed safety of the maternal womb. While Dracula also draws his victims—especially Mina—into womptime, transforming the space around them into an extension of his own body, his is a calculated act of domination that leads to infection and transformation. Lucy creates no such physical enclosure; her gaze alone induces this suspended state. In this way, the threat she poses is more intimate and insidious, her comforting appearance concealing the horror of monstrous maternity more effectively than Dracula’s overt domination. This illusion of safety becomes more dangerous precisely because it offers no external boundary; the gaze draws the child directly into the consuming desires of the maternal body, where their autonomy dissolves entirely.

This dynamic first emerges in the local Gazette reports on Lucy. In her new role as the “Bloofer Lady,” Lucy is not feared by the children of the community; on the contrary, they actively seek her out (Stoker 170-171). One child, found weakened with puncture wounds on his neck, even asks the nurse if he can return to “play with the bloofer lady” (Stoker 170-171). This response reveals not fear but enchantment. Lucy warps the child’s perception of her so she can maintain the illusion of a warm maternal bond while feeding on him. Her repeated taking, predation and abandonment of children also directly recalls the Victorian baby-farmer², a woman condemned for taking in infants only to use and neglect or dispose of them, often under the guise of maternal care (Cossins 95-97).

As more children begin to show signs of pallor and weakness, the community continues to romanticise Lucy, casting her as a fairytale figure rather than a threat. The Gazette even references a recent incident where a wolf escaped, followed by children playfully reenacting *Little Red Riding Hood* (Stoker 170). This chilling detail subtly foreshadows Lucy’s role of a predator disguised in innocence. As noted earlier, the children also imitate Lucy (Stoker 170-171). Like the wolf in the fairytale, Lucy lures her victims through trust rather than violence, not seeking to kill but to consume—to feed under the guise of affection. Stoker’s inclusion of the Gazette echoes the Victorian press’s obsession with baby-farming scandals and child disappearances. As *The Times* warned in 1862, “infancy in London has to creep into life in the midst of foes” (qtd. in Cossins 95), exposing a society haunted by the spectre of infanticide and (anti-)maternal violence. Lucy becomes the Gothic embodiment of these fears, her predation transforming cultural panic into living parasitic horror.

The clearest expression of Lucy’s monstrous maternity occurs when her former suitors, along with her physician, discover her resurrected—undead and infected with vampirism—rather than lifeless in her coffin. When they confront her, they find her “[holding] something dark at [her] breast” (Stoker 201), an image that evokes breastfeeding but is immediately corrupted. Rather than milk staining the child’s mouth, it is Lucy’s lips that are “crimson,” slick with what we can assume is the child’s blood, which “trickl[es] over her chin” and sullies the purity of her white death-robe (Stoker 201). The child,

² The term ‘baby-farming’ originated in 1867 when Hart reported a case where a mother, unable to breastfeed, entrusted her children to a nurse; all four died, but the jury ruled the last death natural (Cossins 97).

however, is neither dead from the bloodsucking nor, more importantly, undead. Instead, Lucy releases him and abandons him (Stoker 201), as she does all her victims (see, Stoker 170, 171, 188). This scene is often interpreted as a rejection of motherhood. Gail Griffin argues that Lucy's horror stems from having "lost all maternal feeling" (Griffin qtd. in *TMG* 447). In a similar vein, Bar-Yosef asserts that Lucy experiences a perversion of maternal instincts (75). Dijkstra pushes this further, portraying her transformation as a descent into primal bestiality, preying on children with "determined blood lust" (345). While these readings acknowledge the disturbance in Lucy's maternal behaviour, they fail to recognise her maternal instincts—that her actions are still motivated by a frustrated longing. Her violence expresses not rejection but a desperate fixation on the possession of and the desire for a child she cannot produce. In this scene, she is sterile in every sense: she fails to generate progeny, rendering her reproduction barren and her womb symbolically—and literally—void. Unlike Dracula, whose vampirism spreads through infection, Lucy's feeding is sterile: her victims remain unchanged, neither undead nor infected. This marks a stark break in the vampiric chain. Consequently, her vampirism is reproductive only in horror, not in legacy.

Lucy's body language in this moment further emphasizes both her maternal longing and her failure. When the men attempt to intervene, she "[draws] back with an angry snarl, such as a cat gives when taken unawares," and is later described as "growling over [the child] as a dog growls over a bone" (Stoker 201). These similes also echo contemporary anxieties about child abandonment, when unwanted infants were "advertised for sale like cats and dogs" (Cossins 68). This foreshadows what Lucy does next: she clutches the infant "strenuously," refusing to release him until, in what I read as an act of frustrated despair, she flings him to the ground (Stoker 201). While some critics (Craft 121; Schillace 285; Hatter 8) interpret this specific gesture as a cold rejection of the child, I argue that it represents a reaction to her inability to nourish, infect and transform the child—to pass on her corrupted breast milk. In this moment, Lucy enacts a twisted parody of possessive motherhood: fiercely territorial, desperate to claim the child, yet ultimately incapable of nurturing or reproducing life.

Following this moment, the maternal gaze reasserts itself with terrifying force. When the men shine a light on Lucy's face, they describe her brows "wrinkled as though the folds of flesh were the coils of Medusa's snakes," and her eyes "throw[ing] out sparks of hell-fire" (Stoker 201). They remark, "if looks could kill" they witnessed it at that moment (Stoker 201). As Williams argues, the maternal gaze originates in the womb as a gaze of possession, of inward longing (*TMG* 22-23). However, in this scene, Lucy's gaze transforms into an external, defensive weapon, lashing out in a fury of resistance at those who seek to harm her. While Williams does not account for this possibility, I suggest that Lucy's gaze becomes not only defensive but also a rejection of the men's attempt to purify and correct her. This transformation is emphasised by the explicit reference to Medusa, a figure whose mythic associations reinforce the horror of monstrous maternity, as at her death, Medusa births Pegasus and Chrysaor (Wright 182) as a final act of monstrous creation. Medusa, too, is an early variation of the *fascinatrice*—a woman whose gaze holds the power to paralyze, petrify, and disarm men. Like Medusa, Lucy's gaze once used to entrance and lure the vulnerable, now turns violently on those who attempt to sever her bond to the child she claims as her own. Baciú reads this moment as a precursor to the men's triumph, when their "medical gaze" replaces her emasculating Medusan one (82). Yet before that, Lucy's maternal gaze briefly flares with defiant, monstrous power—an active form of maternal resistance that my reading foregrounds. In this instant, she embodies Victorian anxieties about the violent potential of frustrated maternal instincts and the cultural spectres of neglectful baby-farmers and the *fascinatrice*.

Among these spectres, the *fascinatrice* stands out not only as a figure rooted in monstrous mothers but also in ancient fears of infertile—or seemingly infertile³—women. As Williams explains, the *fascinatrice* originates in the witch, embodied by "menstruating women and 'angry or disturbed old women'" believed to harm children with their poisonous glances (*TMG* 23). Diane Purkiss further describes the witch as the "dark other" of womanhood, an antimother blamed for corrupting breast

³ This doesn't mean menstruating women were infertile, but that Victorians saw menstruation as a temporary sign of reproductive failure.

milk⁴ and causing stillbirths or miscarriages (qtd. in Williams, “The Infinitude of the Shrieking Abysses” 62). She expresses desires “other women must repress to construct their identities as mothers” (qtd. in Williams, “The Infinitude of the Shrieking Abysses” 62). In the Victorian imagination, menstruation thus hinted at the dangerous potential for maternal deviance.

Beyond this cultural mythology, medical discourse amplified such anxieties by obsessively pathologizing menstruation. As Parsons states, menstrual discharge was viewed both as a symptom and cause of dangerous mental instability, with any irregularity seen as degenerative and requiring invasive interventions that ranged from purgatives to leeches (67, 72). This paper already examined the fascinatrice in relation to Lucy’s sterility in undeath; reconsidering her origins, however, shows that these anxieties are inscribed not only on her undead body but already on her living one. Lucy’s unnatural blood loss, sleepwalking, and pervasive lethargy leaving her “as weak as water” (Stoker 99) position her before death as a pathological site of failed reproduction, foreshadowing her sterile, monstrous maternity in undeath.

This reading aligns with Kibbie’s focus on reproductive anxieties but takes a different angle. While Kibbie convincingly interprets Lucy’s decline as a monstrous pregnancy culminating in grotesque childbirth, I argue that the novel instead emphasises the persistent failure of reproduction. Though obstetric imagery is present, the text ultimately frames Lucy’s decline through menstrual pathology, establishing not the fulfilment of monstrous reproduction but its failure which is anticipated in life and confirmed in undeath.

This tension becomes particularly evident midway through Lucy’s illness, when Dr. Seward records an observation. He briefly considers whether the two small puncture wounds on Lucy’s throat—Dracula’s bitemark—could serve as the source of such massive blood loss but immediately dismisses the idea, reasoning that “the whole bed would have been drenched to a scarlet with the blood which the girl must have lost” (Stoker 124). Kibbie reads this moment as invoking the image of childbed haemorrhage, framing Lucy’s decline as a monstrous pregnancy ending in a failed childbirth

⁴ This description directly recalls the earlier breastfeeding scene.

(192). However, the bleeding that Kibbie ties to childbirth may equally reflect fears surrounding the pathological empty womb and menstruation. Indeed, as Parsons notes, “the symptoms from which she suffers are blatantly sexual and blood-related. Blood loss is a significant indicator of menstruation, and [...] as Bruno Bettelheim notes, symptomatic of puberty” (71). While Parsons focuses on menstruation in relation to puberty, Lucy’s symptoms more accurately reflect a dangerous inversion of this process—not the emergence of fertility, but its premature loss.

This anxiety surfaces even earlier in Lucy’s illness, in a scene neglected by critics. After failing to locate any physiological explanation for Lucy’s rapid decline, Van Helsing admits that “there is no functional cause. With you [Dr. Seward] I agree that there has been much blood lost [...]. But the conditions of her are in no way anæmic” (Stoker 116). Unable to reconcile Lucy’s blood loss with medical diagnosis, Van Helsing requests to question her maid. While seemingly incidental, this request gains significance when read in relation to menstrual pathology: we may assume that the maid was responsible for laundering linens and clothing and would have noticed any visible signs of menstrual bleeding on these items. Van Helsing’s inquiry, then, suggests an unstated search for material proof of this kind of blood. His cryptic comment, “I know well what she will say. And yet there is cause; there is always cause for everything,” further implies that the maid may dismiss such bleeding as routine, while Van Helsing suspects a more insidious underlying condition. This line of suspicion continues in his reflection: “The disease—for not to be all well is a disease—interests me,” before he departs to “go back home and think” (Stoker 116). In this moment, Lucy’s ordinary bodily processes are implicitly pathologized, evoking the Victorian medical impulse to diagnose and correct even the most mundane signs of feminine bleeding. Alternatively, this moment may reflect Beizer’s claim that retained menses were then believed to corrupt the blood and disturb the nerves (5), with the absence of blood in both the bedchamber and Lucy herself producing exactly the kind of physical and emotional decline this belief describes. Whether Van Helsing suspects excessive menstrual bleeding or a dangerous absence of it, his uncertainty reflects a broader medical fixation on women’s bleeding patterns. Patterns where both

too much and too little blood loss were seen as signs of disorder and potential causes of further physical and mental decline—even insanity (Parsons 72).

Another symptom frequently associated with Victorian theories of menstrual pathology is sleepwalking. Early in her illness, Van Helsing notes the troubling return of Lucy's childhood habit of sleepwalking (Stoker 113). I agree with Parsons that her state exemplifies the thick, sluggish sleep associated with Pseudo-Narcotism. This diagnosis, as described by Dr. Edward Tilt, is characterized by a "great tendency to sleep, an uneasy sensation of weight in the head, a feeling as if a cloud or a cobweb required to be brushed from the brain, [and] disinclination for any exertion," a state that becomes "very intense when the menstrual flow is either very painful, deficient, or completely absent" (qtd. in Parsons 72). However, despite this insightful connection, her analysis remains limited, focusing largely on Lucy's outward appearance—her delicate complexion and drowsy, distracted gaze (Parsons 72)—without acknowledging how these symptoms manifest during the sleepwalking episodes. Lucy rises from a "heavy lethargic sleep, with dreams that frighten her but regarding which she can remember nothing" (Stoker 113), a state that perfectly aligns with Tilt's cobwebby mind, as she is clouded by forgetfulness and mental haze. Additionally, she moves in a trance-like state, dresses herself unconsciously, and must then be carefully undressed and returned to bed without waking (Stoker 91). As Mina observes, "as soon as her will is thwarted in any physical way, her intention, if there be any, disappears, and she yields herself" (Stoker 91), offering no resistance, seemingly incapable of physical exertion.

So, I build on Parsons's medical observation, but also arrive at a different conclusion regarding the symbolic meaning of Pseudo-Narcotism and these sleepwalking episodes more generally. Parsons interprets Lucy's condition as part of a sexual maturation narrative, suggesting that she must either be "appropriated into the fold of Victorian womanhood or, if not, face total annihilation of the self," framing her sleepwalking as a rite of passage tied to the onset of menstruation and emergent female sexuality (71). This interpretation, however, overlooks the dominant cultural and medical anxieties not about the rise of fertility, but its persistent failure—anxieties that define Lucy's decline.

Her lethargy, a third symptom of menstrual pathology in the Victorian era, is not confined to her trance-like nocturnal wanderings but pervades her waking life as well; even before her sleepwalking becomes dangerous, Mina notes that Lucy is already “languid and tired” during the day, sleeping on long after being called (Stoker 99). In the days that follow, her decline accelerates: “She gets weaker and more languid day by day,” her cheeks lose their colour, and she gasps for air at night, eventually collapsing into a faint and waking “as weak as water” (Stoker 99). In this sense, Lucy does not embody the promise of generative womanhood but serves as a cautionary tale of reproductive failure, her decline portraying Victorian fears of the sterile, dysfunctional female body.

This narrative of decline culminates not in recovery but, after Lucy’s transformation into a vampire, in a violent ritual that corrects her reproductive deviance and seals off the contaminating threat she embodies. While Parsons interprets this act as a metaphorical rape (75) and Darryl Jones as a ritual honour killing (88), such readings reduce the scene to senseless male violence and overlook the deeper imperative to regulate monstrous motherhood in the novel. In this context, Lucy’s tomb functions as a maternal space, as a site of her undead gestation. Like a womb, it harbours the monstrous child-mother hybrid. Creed notes that the womb, “the source of new life, yet [...] it harbours the undead,” becomes uncanny when its generative function is reversed (14). Tombs and crypts have long been imagined as “arched, dark, enveloping space[s], as uterine as you could possibly imagine” (Creed 13). Yet Lucy’s tomb is not merely a passive site of return; it becomes a hostile maternal space that demands violent intrusion and ritual closure, collapsing Victorian anxieties about reproduction and contamination into a single symbolic site. The men’s descent enacts a violent breach of this symbolic womb—a space from which they are traditionally excluded. Williams observes that men are denied access to womb spaces, yet in Gothic fiction, this boundary is crossed precisely to assert control over the dangerous maternal body and “neutralize its perceived threat” (*TMG* 40). In this grotesque parody of birth, the men do not deliver life but violently terminate the unnatural life festering within. Through this act of ritual purification, social order is restored, and the contaminating threat of failed reproduction is violently contained.

The physicality of the scene reinforces this symbolic correction. Van Helsing's command—"I shall cut off her head and fill her mouth with garlic, and I shall drive a stake through her body" (Stoker 204)—enacts more than ritual silencing; it performs a calculated dismantling of the female body to eliminate its disruptive maternal deviancy. Each act targets a key site of female power: the severed head recalls the myth of Medusa, whose decapitation did not simply end her threat but also delivered her children into the world. Similarly, Lucy's decapitation functions not just as an act of destruction but as a symbolic deliverance—not of children, but of the monstrous burden she carries in undeath. The mouth, filled with garlic, serves not only to silence but to seal off contamination; drawing on its medicinal associations (Rong 97), the ritual positions garlic as both a symbolic and material barrier against further infection. Finally, the heart—associated with love and care—is violently pierced, extinguishing any remaining capacity for nurture. Through this systematic ritual, Lucy's body is reduced, and her disruptive maternal threat is violently neutralised and sterilised.

Kibbie thoughtfully reads the staking as a symbolic caesarean section, as a final grave operation (186). Extending this reading, Lucy undergoes a kind of delivery—not of a child, but of the monstrous burden of vampirism, from which the men forcibly release her. In this moment, her body becomes dead matter, emptied of unnatural procreative potential and sealed against further contamination. This surgical intervention, however, is not confined to the body alone: the sealing of her tomb enacts a final closure of the collapse between reproduction and infection in my reading. By terminating both the maternal body and its enclosing space, the novel stages a last desperate attempt to contain Victorian anxieties. Only then can the men declare that "she is not a grinning devil now—not any more a foul Thing for all eternity" (Stoker 205).

Ultimately, Lucy embodies the novel's logic of reproductive horror with her decline marked by failed reproduction and her afterlife by sterile, predatory maternity. Though unable to spread infection, she remains a lingering threat that must be violently corrected. Unlike the suspended monstrous birth of the first chapter, her narrative concludes with a brutal deliverance: her body and tomb sealed, her generative threat extinguished, and the danger of maternal contamination contained.

Conclusion

To conclude, *Dracula* positions the maternal body not as a passive symbol but as an active, disruptive force that embodies Victorian anxieties about reproduction and disease. In this reading, monstrous motherhood becomes a site of horror where reproduction and infection become one and the same. This paper resists idealised portrayals of motherhood, exposing instead how maternal figures become threatening when they fail or refuse to conform to social norms.

This argument developed through two case studies. The first chapter demonstrated how Dracula assumes the role of parasitic mother by forging a coercive bond with Mina, most clearly in the blood-sharing scene, which curdles the nurturing imagery of breastfeeding. This act binds Mina to him by a symbolic umbilical cord, transforming her body into a vessel of contamination that echoes contemporary fears of syphilitic transmission. Trapped in a suspended womb-like space, she becomes subject to a reproductive system that breeds not life but infection and dependency. Lucy Westenra—"the Bloofer Lady"—offers a contrasting case. The second chapter reads her as one of Dracula's symbolic offspring, who fails to become a normative mother and instead enacts a sterile, infanticidal maternity. Her predation on children conjures anxieties surrounding the fascinatrice and the baby-farmer. Unlike Dracula, Lucy's vampirism produces no progeny; her frustrated longing for a child remains hollow and unresolved. Her staking acts as both surgical intervention and symbolic closure, violently sealing the breach through which (moral) contamination might spill.

By centring these figures, *Dracula* dramatizes fin-de-siècle fears about maternal agency, offering a more nuanced critical engagement than previous readings have allowed. Though the novel repeatedly attempts to control and contain maternal bodies, these interventions fail to remove the lingering stains of contamination. Mina's cry of "Unclean, unclean!" remains the novel's clearest admission that such disruptions cannot be permanently cut or washed away.

This research opens fertile ground for further inquiry. Victorian medical discourses on hysteria—centred on the dangers of the empty, restless womb—offer a compelling framework for further exploring Lucy's sterility. Similarly, Mina's continued psychic bond with Dracula suggests a form

of maternal surveillance that warrants a closer reading, particularly the hypnosis scenes where their connection enables both his pursuit and his ongoing control over her. Extending this analysis could yield a more comprehensive understanding of *Dracula's* reproductive logic. This study lays the groundwork for a sustained scholarly inquiry into the ways Gothic fiction negotiates anxieties over the reproductive body and contamination, a project I will pursue in my continuing research.

Ultimately, the body in *Dracula* becomes trapped in an endless reproductive cycle: it bleeds but never completes its course; it gestates but never delivers. These Gothic anxieties remain disturbingly current, sounding through today's battles over reproductive rights and the policing and stigmatising of women's bodies. These fears bleed beyond *Dracula's* page, tainting every struggle over who owns the power to create—or destroy—life.

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