

Out of the Blue? Epilepsy, Sensation and Wilkie Collins's *Poor Miss Finch*

Andrew Mangham*
University of Reading

Abstract

In Wilkie Collins's 1872 novel *Poor Miss Finch*, epilepsy is represented as an event which brings modifying effects through the kind of writing developed in Collins's earlier, more 'canonical' sensation fictions. Drawing on ideas explored in the medical literature of his day, especially the works of Edward Sieveking, Charles Radcliffe, and Russell Reynolds, Collins portrays epileptic disorder as a shock which establishes a new plot trajectory and allows for an examination of the apparent intersections between biology, identity, and different models of (biological) determinism. The argyria experienced by Oscar Dubourg in response to chemical treatment for epileptic seizures and the theft of his identity by his identical twin brother Nugent both literalise a perceived loss of character believed to be an effect of epilepsy. But in Oscar the neurological condition also allows for modifications in the development of new, heroic, and sympathetic depths of character. The theories of neurological compensation developed by John Hughlings Jackson inspired *Poor Miss Finch* to demonstrate how the calamitous and the sensational (embodied here in epileptic seizures) play a fundamental role in real life and that our constitutions have evolved to respond creatively and dynamically to such events.

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I

A brief and peculiar sensation announces in many cases to the person on the point of being attacked, that something peculiar is about to happen. He utters a scream of a shrill, unearthly character, falls as if hit by a gunshot, striking against anything that may intercept him. [...] At first pale, the countenance soon becomes flushed; the limbs and features are convulsed and distorted, and it seems as through the restraining power of the muscular system had been destroyed or taken captive, and thus were running riot under some hidden but uncontrollable influence. [...] The extremities are thrown about in sudden jerks, much like the movements of an animal recently dead, whom we submit to the shocks of a galvanic battery. (Sieveking, 1858, pp. 3-4)

Written by Edward Henry Sieveking, physician at St. Mary's Hospital and the National Hospital for the Paralyzed and Epileptic, this description of an epileptic seizure offers some explanation for why epilepsy found its way into some of the sensation novels of mid-to-late nineteenth century.¹ As it was understood at the time, epilepsy (or, more accurately, the epileptic fit) has all the characteristics of a sensation novel's plot. It arrives with a shock, as do many of sensation fiction's most iconic moments and it announces itself as 'something peculiar', echoing a well-documented preoccupation in sensation fiction with the strange,

¹ In addition to *Poor Miss Finch*, which is to be discussed here, epilepsy is also featured in Charles Reade's *The Terrible Temptation* (1871) and Mary Elizabeth Braddon's *Thou Art the Man* (1894). See Bauman (2008) and Brophy (2019).

the queer, the out of the ordinary. Individuals respond to the fit as characters in novels respond to dramatic events, with shrill screams and swooning, with countenances blushing and draining of colour. Rigid limbs hold epileptics captive, just as the novels' victims find themselves imprisoned in asylums and crumbling annexes of stately houses. Sieveking's comparison of epileptic movements with the spasmodic jerkings of galvanised animals not only resurrects a staple tableau of gothic and sensational narratives, where electricity or blood transfusions give life back to the lifeless, but also finds a parallel with sensation literature's penchant for bringing the dead back to life: individuals assumed to be lost at sea, swallowed up by the wildernesses of Australia and South America, or killed in train accidents, have the tendency to 'restored to life [...] with seeming impunity' (Shuttleworth, 1993, p. 196), causing erstwhile spouses, siblings, parents, and offspring a world of trouble. Epilepsy finds a natural home in the sensational novel and nowhere is this more obvious than in Wilkie Collins's *Poor Miss Finch* (1872). Written outside of the author's most successful decade, it has been read as an example of the author's fading powers, with the central conceit of the work, a character literally turning blue, viewed as a possible lapse into absurdity. As Heather Tilley writes: 'the plot certainly stretches the bounds of credulity, and indeed contemporary reviewers dismissed it, with one asking "what is the aim of this story? That the blind should marry the dark-blue?"' (Tilley, 2023, p. 310). Oscar Dubourg's blueness is part of a story in which nitrate of silver is taken as treatment for injury-related epileptic seizures. It is a sensational episode of a sensational condition, exploited by Collins for sensational effect. In his reading of the 'volatile values of epilepsy' in *Poor Miss Finch*, Gregory Brophy has noted that the "'sensational" nature of epilepsy [...] was certainly not lost on Victorian novelists, many of whom used epilepsy to infuse their narratives with heightened scenes of melodrama, accenting strange fits of passion with lightning flashes, conjectures of demon possession, and other Gothic tropes that accentuated the condition's dramatic power' (Brophy, 2019, p. 536). For Jeanette Stirling, the disorder was 'a figurative device that has come to signify some sort of catastrophic upheaval in codes of propriety and the symbolic order'; it is 'a convulsive moment that seizes a strand of narrative and signals transition from one state to another in plot development' (Stirling, 2010, pp. x, 26). In this context, epilepsy behaves like shock: it is, to quote Jill Matus, a kind of 'narrative rupture occasioned by those fictional occasions of not being oneself' (Matus, 2009, p. 3). In *Poor Miss Finch*, the condition is developed by Oscar part of the way through the story; it appears autochthonic, therefore, to neither the character nor to the novel. Instead, it is developed as a response to sudden physical trauma – symbolic of bodily rupture and responsible for replacing one narrative trajectory with another. To quote Arthur W. Frank: 'The body sets in motion the need for new stories when its disease disrupts the old stories' (Frank, 1995, p. 2). In this article, I will discuss how the novel drew on contemporaneous medical ideas to create a picture of epilepsy whose representation was bound up with a certain crisis of representation – with the kind of analysis of causality and identity that became characteristic of the sensation novel. The appearance of epilepsy in one of Collins's novels signals how the sensation genre offers a unique insight into the nineteenth century's developing understanding of the effects and meanings of pathology. Importantly, the epilepsy narrative of *Poor Miss Finch* is also a story of recovery; in addition to taking the story 'from one state to another in plot development', and signalling a character's sense of 'not being oneself', it also explores the ways in which trauma forms a necessary part of life's chequered journey, and how lives fated to do battle with struggles for survival are also equipped with vital capacities for healing and growth.

Poor Miss Finch's subtitle, 'A Domestic Story', signals how the text works hard, initially, to keep its drama within the parameters of domestic realism: set in the village of Dimchurch,

within the 'breezy solitudes of the South Down Hills' (Collins, 2000, p.5),² the story is centred on the love affair of Lucilla Finch, the parson's daughter, and Oscar Dubourg, a newcomer with an identical twin and a mysterious past. 'The cleverest plans are at the mercy of circumstance' (p. 229), the novel warns, and sensational elements rumble ominously beneath the surface of the text from the beginning. However, it is when Oscar is burgled and struck on the head with a 'blunt instrument' (p. 84) – a shock which causes him to develop epileptic fits – that the domestic limits of the story are truly shattered, along, it seems, with the main characters' hopes of matrimony. Though blind for much of the novel, Lucilla has a weird aversion to dark colours which she senses through touch and feeling. When Oscar is prescribed the silver nitrate which turns his skin an ashen shade of blue, therefore, his story suffers the kind of 'convulsive moment' defined by Stirling; his epilepsy effectively seizes one strand of the narrative and forces a transition from calmness and predictability into something more sensational and shaped by notions of shock and psychosomatic pathology. Indeed, the epileptic plot of *Poor Miss Finch* indicates a return to the style that had made Wilkie Collins famous. Sally Shuttleworth has argued that sensation fiction 'explicitly violated realism's formal rules of coherence and continuity'. 'Disorder, discontinuity and irresponsibility' were its 'hallmarks': 'Structurally, the plots play with elements of surprise and discontinuity. The reader is not placed in a position of calm knowledge superior to that of the characters but is rather continually startled by events and actions into states of extreme sensation' (Shuttleworth, 1993, p. 195). Importantly, Shuttleworth tethers these discontinuities and surprises to the 'psychological models of selfhood', specifically theories of insanity, that sensation fiction was inspired by. Ideas of a coherent and consistent self were linked to plots of domestic happiness in that both were vulnerable to sudden shocks of instability. As I discuss later, ideas of insanity were not altogether distinct from theories on epilepsy in the nineteenth century. Certainly for Collins, epilepsy was exploited to achieve a similar effect to the unruly paradigms embodied in madness: it disrupted plot, epitomised narrative shock, and destabilised some of the ontological assumptions underpinning the better established associations between narrative and selfhood.

One way in which the shift from domestic story to sensation narrative is signalled in *Poor Miss Finch* is through the type of language used to describe Oscar's injury. This episode in the text is interchangeably a moment of high drama, an arrest of momentum, and a traumatic memory. Oscar is portrayed, during his immediate recovery, as 'wretchedly weak, and only gaining ground very slowly after the shock that he had suffered' (p. 85); he remembers 'nothing, until he [has] regained his consciousness after the first shock of the blow' (p. 86). The first major symptom of his injury is a rambling mind: Oscar 'wandered [...] when he spoke'; 'he recognised nobody', says the narrator Madame Pratolungo, Lucilla's paid companion and narrator for much of the story. In his delirium, Oscar re-lives the most 'sensational' part of his attack. Lying in a pool of blood and barely conscious, he is discovered by Lucilla's younger half-sister, nicknamed 'Jicks'. To summon help, Oscar dips his finger in his blood and traces the word 'HELP' on the back of the child's white pinafore. During his recovery 'he imitated the action of writing with his finger; and said very earnestly, over and over again, "Go home, Jicks; go home, go home!" fancying himself (as I suppose), lying helpless on the floor, and sending the child back to us to give the alarm' (p. 84). In remembering this moment of weird writing, Oscar pinpoints the rupture (*of* narrative, *by* narrative) associated with loss, or momentary going astray of memory and selfhood. In *Beyond the Pleasure Principle* (1920), Freud famously argued about traumatic

² Subsequent references to this edition will be given in the text.

flashbacks that 'by restaging the traumatic moment over and over again, [the psyche] hoped belatedly to process the unassimilable material, to find ways of mastering the trauma retrospectively' (Luckhurst, 2008, p. 9). The effect of this psychic strategy, according to psychoanalytic literary criticism, is to link the trauma narrative with a loss of linearity, with a need to process memories and story in fractured, often unconventional ways. In *Poor Miss Finch*, Oscar's repetition, or the restaging, of his trauma writing, signals a similar assault on the progress of the 'domestic story'. At this point in the text, Madame Pratolungo becomes an unreliable narrator: 'It is needless to tell you at what conclusion I arrived, as soon as I was sufficiently myself to think at all' (p. 77); 'I really cannot summon courage to describe what passed between my blind Lucilla and me when I returned to our pretty sitting-room' (p. 83). She refuses to recount events, to re-live the full extent of the shock through the sort of repetitive writing performed by Oscar: '[Lucilla] made me cry at the time; and she would make me (and perhaps you) cry again now, if I wrote the little melancholy story of what this tender young creature suffered when I told her my miserable news. I won't write it' (p. 83). Madame Pratolungo's silence has antecedents in the numerous fractured narratives of sensation fiction, where 'few statements can be taken at face value' (Shuttleworth, 1993, p. 193). Resolutions frequently get deferred and crucial information withheld so that narrative structures reflect the nature of the shocks and turbulences endemic to the pathologies which inspired the genre.

That these narrative disturbances occur around the time the plot of *Poor Miss Finch* receives its first major shock is an indication of how brain injury ushers in the sensational; a link is forged between the developing convolutedness of events and the introduction of notions of identity as determined by the material workings of the brain. The domestic story will re-establish itself, it seems, if only Oscar can recover his senses by healing. He is seen by a doctor who diagnoses 'concussion of the brain' and Lucilla and Madame Pratolungo are assured to make their 'minds easy': 'There is no reason for feeling the slightest alarm about him'. 'Time and care [will] put everything right again' (p. 84). But the certitude of this prognosis forgets that knowledge of neural pathology was based on so much guesswork that it was impossible to say anything about the topic with any such certainty. In the medical literature, for example, concussion was almost always defined as a sort of traumatic dark matter – a form of injury that is only definable because it is not the more easily understood compression (pressure on the brain caused by broken fragments of the skull). In his early and important work on the surgical treatment of head injury, Percivall Pott complained that concussion was 'involved in a most perplexing obscurity'. This is because the term was used in just about any difficult case in which professionals had no other diagnosis to give (Pott, 1778, vol. 1, pp. 180-81). Writing about his experiences in military medicine in 1855, the surgeon George Guthrie suggested that understandings of concussion had not improved much by the middle years of the following century: 'by the term Concussion of the Brain, a certain indefinable something, or cause of evil which cannot be demonstrated, is understood to have taken in place'. It is said that 'when a man has been suddenly killed by a fall on the head, "that the life has been shook out of him." On a dissection of the brain in a pure case of this kind, no trace of injury or even of derangement of any part of it can be perceived. Life is extinct, but the brain is intact' (Guthrie, 1855, p. 302). Fourteen years earlier, William Sharp, the senior surgeon at the Bradford Infirmary, had also suggested a link between concussion and shaking. Concussion is where 'some organic change has taken place when the brain has been so much shaken as to give rise to the symptoms which we meet with'. Like Guthrie, he believed that such changes are not always observable in post-mortem examinations. Because 'the *minute structure* of the brain is itself withdrawn from

the observation of our senses, it is not likely that we can always detect the morbid change' (Sharp, 1841, pp. 27-28; italics in original).

There is no reason, therefore, for *Poor Miss Finch's* doctor's confidence in time and care putting everything right in Oscar Dubourg's case. Indeed, the wrong-headedness of this conviction is borne out by the events of the novel:

The mischief was done; and there was an end of it.

In this philosophical spirit, we looked at the affair while our invalid was recovering. We all plumed ourselves on our excellent good sense – and (ah, poor stupid human wretches!) we were all fatally wrong. So far from the mischief being at an end, the mischief had only begun. The true results of the robbery at Browndown [Oscar's house], were yet to show themselves, and were yet to be felt in the strangest and saddest way by every member of the little circle assembled at Dimchurch. (p. 87)

The description of the assumption that life will return to normal as 'fatally wrong' is a signal of how the novel links the epileptic narrative, with its fractures and changes in direction, with ideas of destiny or fatality. It is an association that allows Collins to represent epilepsy *as* narrative, a series of events that can do battle with, and overwrite, an alternative story in which everything appears to be going right. The 'strangest and saddest way' is the new way plotted for the text: a different, more convoluted, and more sensational course framed by the discontinuities introduced by Oscar's condition and its treatment.

Injuries to the brain had been associated with epilepsy as far back as the Hippocratic corpus (Temkin, 1971, p. 131). In an important text of 1828, Benjamin Brodie recorded the case of 'a lad, 14 years of age [who] received a blow on the head'. Like Oscar Dubourg, he had initially appeared to be on the mend but 'five days after the accident he was seized with convulsions agitating his whole person' (Brodie, 1828, p. 369). At the Hospital for the Epileptic and Paralysed some years later, Sieveking's colleague John Hughlings Jackson, the century's most important student of epilepsy, saw a twenty-three-year-old man who, two years prior, had been hit on the head with a shovel, receiving a fracture highlighted in Jackson's illustration (fig 1). The patient also began to experience epileptic seizures



John Hughlings Jackson, 'A Study of Convulsions', *St. Andrew's Medical Graduates' Association Transactions*, 1869 (1870)

(Jackson, 1870, pp. 162-204).³ Other medical figures like Astley Cooper and Marshall Hall believed that epilepsy may be caused by loss of blood (Temkin, 1971, p. 280; Hall, 1836, pp. 197-98). When Oscar is discovered in *Poor Miss Finch*, he is 'senseless, in a pool of his own blood. A blow on the left side of his head had, to all appearance, felled him on the spot' (p. 81). In accordance with the medical literature, then, Oscar is a prime target for the development of epilepsy. The violent nature of his pathology makes it apparent that the disorder marks not only an unexpected new path for his story, but also – and true to the crises of identity typical of the sensation genre – an assault on Oscar's sense of self and his mastery over both his actions and his future. He happens to be in the company of his doctor and Madame Pratolungo during one of his seizures:

A frightful contortion fastened itself on Oscar's face.

His eyes turned up hideously.

From head to foot his whole body was wrenched round, as if giant hands had twisted it, towards the right.

Before I could speak, he was in convulsions on the floor at his doctor's feet. (p. 93)

As Catherine Peters observes in her annotations to the Oxford edition of the novel, this paroxysm is a 'vivid description of a focal epileptic seizure', which causes, in line with what was known of epilepsy at the time, convulsions on the opposite side of the body to the part of the brain in which damage has occurred. In his 1861 study of epilepsy, the neurologist at University College London, Russell Reynolds quoted Sieveking and physician James Cowles Prichard as having observed how epileptic fits 'show a predominance on one side'. His own case studies showed 'a predominance of convulsion in one lateral half of the body [so] that the trunk and limbs moved [...] from the left to the right, or *vice versâ*' (Reynolds, 1861, p. 108). In the description of Oscar's fits, Collins's comparison of a focal, one-sided seizure with the appearance of having been wrenched by giant hands is a fitting symbol of how Oscar's life is no longer his own, to do with as he pleases. Indeed, the simile looks towards Nathaniel Hawthorne's description of Anthony Trollope's realism: 'just as real as if some giant had hewn a great lump out of the earth and put it under a glass case' (quoted in Kendrick, 1998, p. 72). The giant in *Poor Miss Finch* seems more interested with distortion than verisimilitude – twisting and misshaping Oscar and signalling the narrative's transition from a domestic story, in which a romance is played out in a relatively straightforward way, to a sensational story, in which self is warped so extremely that it may have no agency of its own. We have already seen Sieveking's suggestion that epileptics' muscular system is 'taken captive' by the paroxysm. More colourful still is the physician Charles Radcliffe's description in *Epilepsy and Other Affections of the Nervous System* (1854):

The fit is ushered in with a cry or scream, and the patient is at once dashed to the ground. [...] The whole frame is seized with violent and frightful convulsions, the features are horridly drawn, the head is twisted to one side, the eyes are distorted and half protruded from their sockets, the teeth are gnashed together and the tongue is mangled between them until the mouth overflows with bloody foam, the limbs are violently dashed about. (Radcliffe, 1854, p. 50)

This melodramatic language is suggestive not only of the sensational nature of an epileptic fit, but also the lack of influence a patient has against its violence. In another work, Radcliffe describes the struggle as invoking 'the idea of death by the bowstring of some invisible

³ While Brodie and Jackson believed that epilepsy was caused by compression in cases such as these, other medical figures like Astley Cooper and Marshall Hall performed experiments showing that epilepsy may be caused by loss of blood. See Temkin (1971), p. 280, and Hall (1836), pp. 197-198.

executioner' (Radcliffe, 1864, p. 179). In Ancient Greece, it was said of the epileptic that their spirit had been overtaken by the gods. The word *epilepsy* stems from the Greek verb *epilambanein*, meaning 'to seize' (Temkin, 1971, p. 16) and the word *seizure* itself connotes the force of an invisible, powerful grasp. In the description of one patient's history from 1852, Reynolds reports how the man feels he "loses himself" for a few seconds' during his fits (Reynolds, 1861, p. 53). In 1873, Hughlings Jackson suggested that sufferers are often 'reduced by the fit to a more automatic mental condition' (quoted in Greenblatt, 2023, p. 183).

The medical literature thus stressed either a loss of self, or a loss of control over the self which is analogous to Collins's career-long fascination with lost or stolen identities – a theme we will return to. It also emphasises the theme of fate, fatalism, and destiny, particularly the notion that our stories are predetermined by forces ultimately outside our control. As Maurizio Ascari suggests: 'Collins was obsessed by the conflict between the ability of individuals to shape their own future and the design that is implicit in words of pagan origin such as destiny and fate – with their tragic undertones – or in their modern counterparts, i.e. philosophical determinism and the new scientific emphasis on heredity' (Ascari, 2009, p. 200). While works such as *Basil* (1852), 'Mad Monkton' (1855), and *The Legacy of Cain* (1888) showed Collins's long-standing interest in heredity, *Poor Miss Finch* explores an alternative form of biological determinism in the shape of epilepsy. When Oscar first begins to experience his fits, his fiancé concludes that 'dark days are coming for Oscar and for me'. 'Why should you think that?' asks Madame Pratolungo. Lucilla replies:

Do you believe in fate? [...] What caused the fit which seized him in this room? The blow that struck him on the head. How did he receive the blow? In trying to defend what was his and what was mine. What had he been doing on the day when the thieves entered the house? He had been working on the casket which was meant for me. Do you see those events linked together in one chain? I believe the fit will be followed by some next event springing out of it. Something else is coming to darken his life and to darken mine. There is no wedding-day near for us. The obstacles are rising in front of him and in front of me. The next misfortune is very near us. You will see! you will see! (pp. 96-97)

A few pages later, we find Madame Pratolungo giving way to the same dark impressions: 'The doctors did their best for Oscar—without avail. The horrible fits came back, again and again. [...] I almost began now to believe, with Lucilla, that a crisis of some sort must be at hand' (p. 101). What characterises Lucilla's understanding of fate, in fact, is the inescapable connection between cause and effect: fate is both the inevitability of occurrences and the interlinking of events. This inevitability is signalled perhaps most forcefully in her idea that 'dark days are coming', implying a sort of powerlessness like the representation of epileptic fits as the presence of some invisible enemy. Jackson's belief that epilepsy could result in the dominance of a new automatic ego is also reflected in Lucilla's claim that 'something *else* is coming'. The next days will be darker – *different*, literally in the case of Oscar's skin colour, but also textually in the way a superstitious belief in fate is converted into an epileptic story whose order gets overwritten by a new story of pathology, fragmentation, and imperfect forms of knowledge. For all its associations with lack of will, or lack of choice, the fatalism of *Poor Miss Finch* is actually about forceful change: the inevitable shift from a domestic story to a more sensational form of narration and, not unrelated, the significant changes in identity, autonomy, and destiny that occur in the epileptic subject.

In the medical texts, links between epilepsy and change are emphasised most powerfully in suggestions that the condition, especially when caused by a head injury, leads to alterations

in character. According to Owsei Temkin's authoritative history of epilepsy, the alienist Bénédict Augustin Morel played a fundamental role in the development of these ideas. According to his friend Ernst Charles Laségue, Morel 'was the first, or one of the first, to discern the epileptic within epilepsy; and instead of limiting himself to the description of the attacks, [...] recounted the biography of the patient' (quoted in Temkin, 1971, p. 317). He believed that significant personality changes were often the key to understanding a patient's epilepsy. In 1860, he coined the term 'larval' or 'masked epilepsy' (*épilepsie larvée*) to mean a form of the condition in which psychological changes are the main, perhaps the only, symptom. After months of behaving strangely, usually peevishly or angrily, the patient may be relieved by a fit and the onset of epilepsy proper (Temkin, 1971, p. 318). It would be more accurate to suggest, however, that Morel was *among* the first to consider psychological profiles of epileptics as a means of underscoring the symptomological importance of personality changes. In his important *Mental Maladies: A Treatise on Insanity* (1838), psychiatrist Jean Étienne Dominique Esquirol (Morel's predecessor at the Salpêtrière) suggested that 'epilepsy changes the character'. What had been especially noticeable in his patients was the frequent appearance of 'bickerings and freaks of violent anger' (Esquirol, 1845, p. 170). Some years later, Hughlings Jackson concurred that 'the patient becomes strange or outrageous, and acts queerly or violently' (Jackson, 1875, p. 6). For Reynolds, the changes were of a more melancholic character: epileptics 'become either depressed, morose, and taciturn to an unusual degree'. Seizures are often 'forewarned by unusual depression of spirits; sudden and unaccountable fear; by excitability, or drowsiness and confusion of thought' (Reynolds, 1861, pp. 86-87). In lectures delivered to his students at the Hôtel-Dieu, Armand Trousseau quoted Jules Falret's *Of the Mental State of Epileptics* (1860-61), to show how just about *any* personality change could be associated with the onset of epilepsy. 'Nothing is more mobile than the mental state in epilepsy', he quotes:

They sometimes look sad, peevish, desponding, as if under the influence of grief or of shame, arising from their awful complaint; at other times, on the contrary, they have inward sensations of ease and satisfaction which prompt them to harbour thoughts of rash undertakings [...]. Sometimes they are querulous, inclined to controversies, to discussions, to quarrels, and even to acts of violence; at other times, on the contrary, they evince a gentle, benevolent, and affectionate disposition, and religious sentiments of submission and humility [...]. They sometimes suffer from mental confusion, failure of memory, difficulty of attention and comprehension. They have great difficulty in collecting their thoughts.

These 'irregularities' of feeling are often reflected in changes in behaviour:

For a certain period of their lives they are laborious, punctual, attentive to the duties of their profession, obedient and docile, and those who live with them or who employ them find their intercourse agreeable, or are pleased with their services. But at other times, their conduct becomes suddenly modified, and presents the greatest irregularities. They are then incapable of fulfilling the duties confided to them, become negligent, lazy, and indolent. They forget the most elementary things, waste their time, or wander here and there, without aim or object in view; and are themselves conscious of the vagueness and confusion of their ideas. The most deplorable tendencies and the worse inclinations develop themselves [...]: they become liars and thieves; they pick up quarrels with those around them, complain of everything and of everybody; are very easily irritated for the slightest cause, and even frequently commit sudden acts of violence. (Trousseau, 1868, vol. 1, pp. 68-69)

Like concussion, epilepsy was portrayed as a protean condition – in danger, one might reasonably conclude, of becoming a blanket diagnosis for mental changes that could not be accounted for in other ways. In this context, epilepsy is an inner, behavioural malady, not a condition that affects only the outer, motor abilities of the body. As Morel suggested, changes may be symptoms of masked epilepsy – a form of the condition where the characteristic seizure is absent. Thus, the chain of events from symptom to identification appears to have the solemn solidity of Lucilla's fatalism. Nobody is immune from diagnosis. The later writings of British psychiatrist Henry Maudsley suggest that – far from making the condition vague in the way concussion had become, associations between shifting mental states and epilepsy allowed specialists to locate the disorder's chief activities to the higher organs of the brain: 'There are in many cases of epilepsy mental disturbances which [...] are really a part of the attack'; thus, the 'supreme cerebral centres', those concerned with emotion and personality, 'are in trouble before the storm affects the lower centres' concerned with mobility and reflexes (Maudsley, 1897, p. 254). This would explain the more 'automatic' states of Hughlings Jackson's patients.

It requires no great shift in gear for Wilkie Collins to draw on these ideas to confirm Lucilla Finch's forebodings that dark days have come for her and Oscar – that their story is doomed to take a different, more sensational course after the latter suffers his calamitous head injury. Madame Pratolungo notices a 'nervous' tendency in Oscar prior to his attack, a characteristic which becomes more pronounced after he develops epilepsy: 'Far from becoming himself again, with time to help him – as the doctor had foretold – Oscar steadily grew worse. All the nervous symptoms (to use the medical phrase) which I have already described, strengthened instead of loosening their hold on him' (p. 92). Oscar's doctor concedes, 'his nervous system has not recovered its balance so soon as I expected [...]. Except the nervous derangement (unpleasant enough in itself, I grant), there is really nothing the matter with him. He has not a trace of organic disease anywhere' (p. 93). Despite his fits, Oscar's case confirms the idea that his disorder is a variable, often 'masked' or latent, version of the disease. There is some tension between what the doctor prognoses and what Lucilla predicts: the former sees a continuation of the old narrative: 'At his age, things are sure to come right in the end' (p. 93). But, Miss Finch is more accurate when she implies that Oscar's injuries and epilepsy have provided the novel with an inevitable new plot, one which examines the most basic, elemental questions, like what determines who we become and the courses we take.

Nowhere is this anatomisation of self and fate more obvious than in the scenario where Oscar transforms into 'the blue man'. As Jessica Durgan argues, it is a section of the plot 'soundly grounded in Victorian medical practices' (Durgan, 2015, p. 769). Both Brophy and Peters have discussed, in fact, how 'Collins had to backdate his 1872 novel by 14 years in order to generate [the] startling spectacle of Oscar's condition' (Brophy, 2019, p. 540). By the 1870s, silver nitrate had been 'superseded by the safer and more effective potassium bromide' as the main treatment for epileptiform seizures (Peters, 2000, xii). But this was a rather slow transition. In fact, what typified the use of silver nitrate was the kind of uncertainty that underwrote ideas on concussion and many understandings of epilepsy. As early as 1838, Esquirol rejected the compound 'as dangerous' (Esquirol, 1845, p. 167). In 1854, Radcliffe said, 'I have never been able to satisfy myself that these remedies are to be compared in value with quinine or iron' (Radcliffe, 1854, pp. 126-27). A year later, Robert Bentley Todd, professor of physiology and morbid anatomy at King's College London, recited the case of Thomas Orton, aged thirty-four, who had been 'thrown out of a chair, and pitched violently on his head. [...] A year after this he was suddenly seized with a sensation as of an electric shock traversing the whole of his left side, and he fell down insensible,

foamed at the mouth, bit his tongue, and was convulsed'. Treated with nitrate of silver, 'his skin was discoloured as a consequence'. He remained in hospital 'without any material change in his symptoms' (Todd, 1855, pp. 197-98). Perhaps the most extraordinary case, however, is outlined by Trousseau in his *Lectures on Clinical Medicine*. An American man, 'who, after having tried the public institutions of his native country, obtained admission into different Paris hospitals'. He had been nick-named 'the blue man', because of the slate-blue discoloration of his skin, due to a prolonged treatment with nitrate of silver'. He 'had heard that castration had been performed for the cure of epilepsy, and not a day passed but he begged to be operated on. It was only after he became convinced of our determination not to accede to his request, that he left the hospital, and soon afterwards quitted France' (Trousseau, 1868, vol. 1, pp. 39-40). Despite its lack of efficacy in all such cases, Trousseau was still prescribing nitrate of silver as late as 1861 (Trousseau, 1868, vol. 1, p. 96).

The 'blue man' is an example of the way epilepsy and its treatment threatens to consume the identities of sufferers: not only has the man turned a different colour, but his name is also overwritten by a nickname that blends identity and epilepsy treatment into one. Scholarship which considers the blueness of Oscar Dubourg has tended to perceive his argyria as a symbol of something 'other': for Lillian Nayder, it signifies racial tensions and ways of exploring them (Nayder, 2003), for Samuel Lyndon Gladden it represents queerness (Gladden, 2005), and for Durgan it forms a link between technologies of colour, race, and empire (Durgan, 2015). For me, the value of blueness works in the opposite direction where it *literalises* a medical notion that, in the words of Esquirol, 'epilepsy changes the character'. This literalisation does not have the comparative nature of symbolism because argyria is already linked to forms of epileptic change. On a voyage to visit her father, Madame Pratolungo encounters in Paris, the home of Trousseau's 'blue man', a man with argyria whom she also calls 'the blue man' (p. 109). She describes his appearance as a 'personal deformity', with the man's complexion 'hideously distinguished by a superhuman – I had almost said a devilish – colouring of livid blackish *blue!*'; 'his horrible colour so startled me, that I could not repress a cry of alarm' (p. 105). She is no more compassionate when it comes to Oscar's anticipated transformation: 'Do you mean to tell me that you are deliberately bent on making yourself an object of horror to everybody who sees you?' (p. 110). When the change does occur, Oscar confirms: 'I am now of a livid ashen colour – so like death, that I sometimes startle myself when I look in the glass' (p. 117). When he returns to Dimchurch, Oscar is 'hailed [...] affectionately' by Jicks as 'The Blue Man!' (p. 129). Madame Pratolungo catches him later 'standing before the glass – with an expression of despair which I see again while I write these lines – he was standing close to the glass; looking in silence at the hideous reflection of his face' (p. 183); 'he happened to be sitting opposite to the glass, so that he could see his face. The poor wretch abruptly moved his chair, so as to turn his back on it' (p. 209). So complete is the change that Oscar is barely capable of recognising (or willing to recognise) himself. His usual appearance is taken from him in much the same way that all the blue men's names are taken from them. The moments where he stares with anguish at his reflection are like the Creature's first recognition of himself in *Frankenstein* (1818), or like psychoanalysis's mirror stage in reverse: reflections have more to do, in both contexts, with a misalliance between the understanding of self and the reality presented in the first meaningful perception of physical self: it is a crisis of representation more than a moment of realisation or recognition. Oscar sees reflected in the glass a literal embodiment and confirmation of Lucilla's presentiment that darker days are coming. Like those patients of Morel, and his followers, who found their personalities changed by the so-called mental states of epilepsy, Oscar also finds himself transformed, his selfhood transfigured.

As already noted, the troubling, loss, and taking of identity is something that sensational plots and case histories of epilepsy have in common. Jenny Bourne Taylor has observed, with reference to the 'doubling' of Anne Catherick and Laura Fairlie in *The Woman in White*, that Collins's fiction explores the ways in which the 'subjective self is broken down and rebuilt' (Taylor, 1988, p. 99). In *No Name*, the tale of a pair of sisters disinherited and robbed of their names, "'legitimate" identity' is shown to be 'a trick of the light' (Taylor, 1988, p. 135), easily broken, easily lost, easily mistaken for another's. In *Poor Miss Finch*, Oscar's identical twin Nugent, having developed an infatuation with his brother's fiancé, sees an opportunity to change places with Oscar after the latter has developed his disfiguring argyria. Knowing of Lucilla's irrational fear of people with darker coloured skin, Oscar initially plans to tell her nothing of his own change. All will be well as long as Lucilla is kept in the dark. However, a German oculist, Herr Grosse, manages to restore Lucilla's sight. With Oscar's skin ruined by the silver nitrate, and Nugent looking and sounding exactly like his brother before the epilepsy, the unmarked brother assumes the other's identity and Oscar, feeling himself ruined forever by his afflictions, departs the scene so that his brother can make Lucilla (still ignorant of the switch) happy. Despite the similarities between the twins, Lucilla does pick up on the change. 'Here is *my* Oscar', she says, when her eyesight has been restored, 'and yet he is not the Oscar I knew when I was blind' (p. 334); 'he [is] more unlike the Oscar of my blind remembrance than ever. It [is] the old voice talking in a new way' (p. 342); 'I want to know if I shall ever enjoy Oscar's society again,' she asks Grosse, 'as I used to enjoy it in the old days before you cured me' (p. 362). In the closing chapters of the novel, the narrative is taken over by Lucilla's journal, in which she writes of 'Oscar's strange conduct': 'I have been thinking of it, or dreaming of it (such horrid dreams – I cannot write them down!) almost incessantly from that time to this. When we meet again to-day – how will he look? What will he say?' (p. 371). Of course, Oscar is literally another person by this point; yet the exchange with his brother's identity, like his becoming blue, is a literal version of the kind of personality change experienced by many epileptics, according to the period's medical authors. There is an intersection of subject and form: Lucilla's forebodings have worked their fulfilment; change has come about with something like inevitability and this is signalled in a shift in narrator, from Madame Pratolungo's self-assured observations, to Lucilla's fractured, anxious journal, beset with self-doubt, half-told impressions, and confusions. Epilepsy has provided the novel with the 'catastrophic upheaval' identified by Stirling but it has done so by intertwining the representation of the disorder with the established formulae of the sensation style, shifting one plot, one story, one identity, into another and linking the phenomenology of epilepsy to the fractures of a troubled and traumatised experience of narrative and self.

II

In the 1852 dedication of the early novel *Basil*, Collins explained the novel's focus on the 'extraordinary accidents and events which happen to few men' by seemingly drawing a contrast with the 'ordinary accidents and events which may, and do, happen to us all'. The former, he insists, 'seemed to me to be as legitimate materials for fiction to work with' as the latter (Collins, 1990, p. xxxvii). The paradoxical idea of 'ordinary accidents' becomes clearer when Collins places the ordinary and the extraordinary on the same level of experience. He writes: 'By appealing to [...] the reader's own experience, I could certainly gain his attention to begin with; but it would be only by appealing to other sources (as genuine in their way) beyond his own experience, that I could hope to fix his interest and excite his suspense, to occupy his deeper feelings, or to stir his nobler thoughts' (Collins, 1990, p. xxxvii). The extraordinary forms a sort of continuation with the ordinary or is,

indeed, a more colourful, less subjective version of the same. Hence, what if Oscar Dubourg's experiences are not 'out of the blue', sensational and shocking in the traditional sense, but a continuation of experience in which both the everyday and the sensational belong to a single narrative? Instead of a novel in which incidents as melodramatic as a murderous blow to the head, a stolen identity, and the development of epileptic fits create a new narrative economy, what if we have, in *Poor Miss Finch*, a novel in which the sensational, the traumatic, and the pathological are a continuation, an exaggerated form, of the ordinary?

The novel's appropriations of medical ideas on epilepsy give us every reason to believe this to be the correct interpretation of the *Poor Miss Finch's* sensationalism. Despite the languages of catastrophe and shock that frequently accompany Victorian theories on epilepsy, there were just as many suggestions that the disorder is a continuation of pre-existing states of mind and body which are themselves not incompatible with ordinary, seemingly non-pathological ways of life. We have already seen, for instance, Morel's theory of *épilepsie larvée*, a latent form of the disease whose symptoms might easily be misread as peevishness or sadness. Similarly, it was suggested that some individuals were *predisposed* towards the development of epilepsy and thus had the seeds of the disease deeply implanted. According to Sieveking, eleven percent of those with the condition are predisposed to epilepsy by hereditary factors. 'I shall not easily forget', he adds,

the startled almost guilty look with which a gentleman met my inquiry while I was standing over a son, who, for the first time and apparently without cause, was violently convulsed with the epileptic paroxysm. The inquiry was merely whether he had been epileptic himself, and it was made in order to obtain a clue to the attack in question. The father, a hale and vigorous-looking man, shrunk from confessing that he himself had been epileptic. (Sieveking, 1858, p. 94)

The image of epilepsy as hidden shame chimes well with the sensation novel's penchant for buried secrets. As Taylor has discussed, this is a preoccupation which led to many plots in which the secret at the heart of the novel is congenital madness (Taylor, 1988, pp. 63-64). Similarly, Sieveking's description of hereditary epilepsy stresses its secret nature: the seizures of the boy in the passage above occur 'apparently without cause', like Morel's masked epilepsy. They may happen suddenly and unexpectedly, but they are not out of the blue or without explanation: they are the realisation, a rising to the surface, of a hereditary predisposition. They are to be expected, even – normal and inevitable – within a certain context.

Sieveking believed that an individual did not need heredity to be susceptible to epilepsy. The condition consisted, he said, of two elements: a predisposing constitution and an exciting cause: 'We know of a variety of circumstances which are found to prevail more or less extensively in epileptics before the disease has manifested itself, and which, like the barrel of gunpowder, require the spark to induce an explosion'. What these predisposing 'circumstances' are will differ from individual to individual just as 'the inflammability of different materials, if we may continue the simile, varies much, and in the same way the facility with which epilepsy may be excited in different subjects differs according to their susceptibility' (Sieveking, 1858, 74). Despite variations on what a constitution predisposed to epilepsy looks like, Sieveking stressed the risks involved in conditions or habits that 'enfeeble the body, and more especially the nervous system'. He believed that those with what may be called 'a nervous diathesis' were more likely to become epileptic (Sieveking, 1858, 75). Radcliffe explained that 'if not women', then those who 'have the feminine habit of body in a very marked degree', are the most likely to develop the disorder (Radcliffe, 1854, p. 63). Reynolds believed that 'violent emotion has been the cause of epilepsy. [...] It

is normal for the body and the mind to be influenced by [such] agencies, but if any one of them is excessive in duration, or too intense in its degree, abnormal consequences ensue'. It follows, therefore, that 'undue excitability' has converted, for some individuals, 'coition or masturbation into epilepsy; and in the same way the latter has been developed by violent laughter from tickling the feet' (Reynolds, 1861, pp. 252-54). Such forms of excessive excitability may be pathological for the individual with a nervous temperament, or to those who have indulged immoderately in masturbation, sex, or tickling, but they have not come from nowhere; they offer no entirely new narrative direction but advance a story that was always fated to play out through the relatively simple relationship between cause and effect. Reynolds concludes that 'the organism is constantly exposed to impressions from without: looked at from one point of view, "life" may be said to consist in the reaction of the organs against stimuli' (Reynolds, 1861, pp. 252). We have here, then, an alternative form of biological determinism to heredity: one in which constitutional strength, habit, and excessive feelings determine an individual's vulnerability to the development of epilepsy.

We also have an alternative interpretation of Lucilla Finch's presentiment that 'something is coming' to darken her life and Oscar's. The latter's epilepsy confirms her fatalism, not in the traditional, superstitious sense that malignant stars have aligned, but in the modern, medical sense that biological predispositions lead to certain consequences. Both Brophy and Gladden have emphasised the fact that Madame Pratolungo finds Oscar too effeminate long before he suffers the head injury which gives him epilepsy: 'Madame feels [...] that he is "a little too effeminate for [her] taste". Particularly revolting [...] are Oscar's indecorous displays of fraternal affection and emotional "weakness"'. 'In common with all women', Madame Pratolungo concludes, 'I like a man to be a man' (Brophy, 2019, p. 546).⁴ Oscar has the 'feminine habit of body' identified as a predisposition towards epilepsy. He also has the 'nervous diathesis' categorised by Sieveking: 'He was the strangest compound of anomalies I have ever met with. Throw him into one of those passions in which he flamed out so easily – and you would have said, This is a tiger. Wait till he had cooled down again to his customary mild temperature – and you would have said with equal truth, This is a lamb' (p. 49). The peaks and troughs of his emotions are the kinds of excesses identified by medical authors like Reynolds – straining the strings of a delicate instrument to a dangerous point. The reference to Oscar's 'customary mild temperature' suggests that his usual way belies the energies brooding beneath the surface, thus bringing him in line with the *épilepsie larvée* of Morel, or the hidden hereditary secrets of Sieveking. In accordance with the thoughts of the latter, we might argue that Oscar has both the predisposing element and the exciting cause of epilepsy. His nervous, changeable temper puts him at risk from the development of the condition, while the head injury is the exciting cause – the spark in the barrel of gunpowder.

The alternative biological determinism presented by Oscar's epilepsy belongs to Collins's use of the sensational, in fiction, as a means of exploring how human vulnerabilities to 'extraordinary accidents' are crucial, within any 'ordinary' life, to the development of capabilities for healing and growth. Following the publication of Charles Darwin's *The Origin of Species* (1859), writings on epilepsy, particularly those by Hughlings Jackson, stressed the point, pre-empted by Reynolds's argument that "'life" may be said to consist in the reaction of the organs against stimuli', that epilepsy was not a *new* life event, out of the blue, or an entirely new narrative journey for the sufferer, but the result of the normal, healthy turbulences of the brain's matter. Jackson was a devotee of Darwin, especially the

⁴ See also Gladden (2005), pp. 467-86.

interpretations provided by Herbert Spencer (Greenblatt, 2023, pp. 1, 53). Following the notion that modifications of structure were the result of battles with environment and other organisms, he believed that the struggle of epilepsy was not *contra* that which is normal, but the *result* of a certain enactment of healthy organic processes. In *A Study of Convulsions* (1870), for example, he claimed that a part of the brain may “store up” force, and when it reaches a certain degree of instability discharge of it is easily provoked. It may be that when by continuous nutrition it has risen to a degree of instability – it explodes’. This part will ‘fall then to a state of stable equilibrium [until] once more by continuous nutrition rises to its former undue instability, when another explosion can occur’ (Jackson, 1870, p. 202). We can see the influence of earlier writers’ belief in epilepsy as a kind of excess of nervous energy, but we can also see an early version of Jackson’s belief that epilepsy is an overdetermined version of functions that exist in a peaceful state at all other times. In 1875 he called epilepsy ‘a sudden development in a coarse, brutal way of the functions of some part of the brain’. It ‘differs from the discharge which occurs in a healthy movement’ only ‘in that it is sudden, excessive, and of short duration’ (Jackson, 1875, pp. vi, 8). In his *Lumleian Lectures on Convulsive Seizures* (1890), he admitted that he had taken the term ‘nervous discharge’ from Spencer, saying, importantly, that ‘there are nervous discharges in all the operations of health’. The term ‘explosive discharge’ might be more appropriate to denote how the epileptic seizure was an energetic version of the nervous discharges occurring regularly during all the usual operations of health (Jackson, 1890, 1). It is, summarised one author in 1886, ‘simply a brutish development of many of the patient’s ordinary movements’ (J.J., 1886, p. 534). It is this theory which allowed Jackson to define the famous ‘march’ of the epileptic fit. Discharging lesions in the brain influence neighbouring cells, which do not need to be pathological themselves in order to develop the brutish way of working experienced in epileptiform states. This would lead to a ripple effect where spasms ‘march’ from one body part to another. Hence, in the twenty-three-year-old man who had been hit with a shovel, discussed earlier, Jackson observed how ‘the fit began in the fingers of the left hand, and it gradually ran up the arm, missed the neck and affected the face’ (Jackson, 1870, 200).⁵

By the time Collins wrote *Poor Miss Finch*, then, the predominant theory of epilepsy was that it is a nervous discharge of functions that in normal circumstances are perfectly healthy. Taylor argues persuasively that the Collins ‘drew on and broke down distinct methods of generating strangeness within familiarity, of creating the sense of a weird and different world within the ordinary, everyday one’. He ‘draws out the “strange” connotations of the *homely*’ (Taylor, 1988, pp. 7, 17). What I would suggest, however, is that the obverse is also true – that, in his use of epilepsy, Collins exhibited the familiar or the homely side of the strange. He did this by incorporating epilepsy into his ‘domestic story’, echoing how Hughlings Jackson stressed the condition’s continuation of that which was, at all other times, a state of order: the pathological, the excessive, and the disordered, had a familiar, ordinary, and homely foundation.

This was an idea inspired by earlier notions of life being full of the excesses and challenges that predispose some individuals to epilepsy, but, as Laurence Talairach suggests, *Poor Miss*

⁵ Jackson not only showed that epileptic fits were but ‘brutish’ forms of normal organic functioning, he also proved that the seat of epilepsy was the brain and, because the march of the discharge could be plotted on a march across other body parts, supported the theory that motor function could be located to particular organs of the brain. It was in attempting to prove the latter idea that David Ferrier undertook his infamous experiments on monkeys which incurred the censure of antivivisectionists, and inspired Collins’s 1884 novel *Heart and Science*. See Otis (2007) and Pedlar (2003).

Finch 'plays upon evolutionary motifs' (Talairach, 2023, p. 224); we see evidence of this in the Darwinian-Spencerian notion that life *is* struggle, or that there is nothing out of the ordinary about turbulence within any particular life course. Epilepsy is, for Oscar Dubourg, a 'brutish' continuation of pre-existing characteristics and events. Describing his nervousness following his injuries, Madame Pratulungo says 'those curious contradictions in his character which I have already mentioned, showed themselves more strangely than ever' (p. 91). Earlier in this essay, I said that sensational elements rumble ominously beneath the surface of the text from the beginning. When the burglary occurs, it happens in a world, a domestic story, already shaped, not at all ironically, by sensational events, aligning with the notion that epilepsy is not a sensational drama *out of* the ordinary, but a *continuation* of an ordinary state in which drama forms a fundamental role. Prior to his injuries, Oscar says to Madame 'If you only knew what I have suffered, [...] if you had gone through what I have been compelled to endure –' (p. 40). He is referring to an earlier incident, prior to his arrival in the plot, when he is wrongly suspected of murder. He underestimates Madame Pratulungo, though, if he believes she has seen nothing of the world's turbulence. She is the widow of a South American revolutionary and has been involved in skirmishes she calls the 'sacred duty of destroying tyrants' (p. 1). When she is in sleepy Dimchurch, acting as companion and music teacher to Lucilla Finch, she writes: 'Thanks to my adventurous past life, I have got the habit of deciding quickly in serious emergencies of all sorts' (p. 77). It may seem that here, in the quiet setting of a domestic tale, the habit of dealing with serious emergencies is surplus to requirements. It is proven to be anything but. Describing how she and others find Oscar laying in a pool of his blood, she says: 'I had gathered some experience of how to deal with wounded men, when I served the sacred cause of Freedom with my glorious Pratulungo. Cold water, vinegar, and linen for bandages – these were all in the house; and these I called for' (p. 81). That Madame is well prepared for all such emergencies is a sign that there is no such thing as a life without sensation or, perhaps more to the point, there is no life which has not been shaped by sensational events.

In dedicating *Poor Miss Finch* to his old friend Frances Elliot, Collins wrote of his characters: 'I have tried to present human nature in its inherent inconsistencies and self-contradictions – in its intricate mixture of good and evil, of great and small – as I see it in the world about me' (p. xxxix). This is the empiricist's view that we are what life has made us – 'man is a compound animal' (p. 292) – but it is also an acknowledgement that life's influence is comprised of 'great and small' events – the 'extraordinary accidents' and 'ordinary accidents' identified in the dedication of *Basil*. In representing Lucilla's blindness, Collins said that he intended to show how 'the conditions of human happiness are independent of bodily affliction, and that it is even possible for bodily affliction itself to take its place among the ingredients of happiness' (p. xl). Usually read as a description of Lucilla's fortitude, specifically her ability to be happy despite the challenges posed by her blindness, this sentence could also be read as the wish to show that lives are shaped by 'bodily affliction' – that life's struggles have a vital role to play for every one of us. Jackson theorised that epileptic fits are nervous discharges of *ordinary* brain function; in *Poor Miss Finch*, the excessive, the pathological, and the sensational are written into the form of the ordinary. This so-called domestic story is like Darwin's entangled bank – a place of apparent peace and simplicity to the naked eye, yet seen to be shaped, on closer inspection, by a more complex 'Struggle for Life' in which the extraordinary and extreme have been fundamental to the way things are (Darwin, 1859, 490).

That the burglary at Browndown House, and the appearance of epilepsy shortly afterwards, can be read as a necessary part of the ordinary's drama is not tantamount to saying that

such events do not bring about significant, often unexpected forms of change. In keeping with the principles of Darwinian theory, indeed, the fact that life is defined by struggle means that ‘extraordinary accidents’ lead to structural variations – new paths for organisms and for species. In her perceptive reading of Collins’s dedication of *Poor Miss Finch*, Stefani Brusberg-Kiermeier observes: ‘It is noteworthy that Collins not only suggests that the establishment of a cheerful home might be possible *in spite of* an impairment [...], but that happiness might moreover be reached *because of it*’ (Brusberg-Kiermeier, 2023, p. 59; italics in original). The idea underpinning natural selection, of course, is that improvement is achieved through the ability to survive, and adapt to life’s extreme events. For Hughlings Jackson, steeped as he was in Darwinian ideas, evolutionary ideas allowed the consideration of ways in which the brain is also able to incorporate struggle, or excessive discharging lesions in the case of epilepsy, so that it may heal, succeed in the Darwinian sense, and be more resilient in future. He called this the principle of compensation, explaining in 1875: ‘A region of the body is not permanently paralysed when a part of the brain representing it is destroyed, because the neighbouring parts also represent the same region’. These neighbouring parts are capable of taking over the function of the lost or damaged part: ‘When we come to the highest centre, the cerebral hemisphere, it is notorious that destruction of much of it may occur without the production of any obvious symptoms’ (Jackson, 1875, p. xvii). In epilepsy, this is why the whole body is taken over by seizures. Loss of consciousness is the primary event, but the sympathies which exist between the part of the brain principally involved in consciousness and awareness and other, neighbouring parts of the organ means that the fit causes secondary events all over the body (Jackson, 1875, p. xix). As early as 1860, the psychiatrist Forbes Winslow suggested in a treatise that Wilkie Collins owned at the time of his death, that ‘the brain has great accommodating power’. A ‘considerable extent’ of ‘disorganisation [...] may exist embedded in the substance of the brain without apparently for a period disordering, to any serious extent, its functions’ (Winslow, 1868, p. 13). Jackson turned this adaptability into compensation: neighbouring organs do not always do the same work of the damaged component – they may do their own work to a greater degree instead. We see this principle in effect in Lucilla Finch whose loss of sight has been compensated for by an extraordinary sense of touch: ‘What doubts I might set at rest [...] about the planetary system’, she says ‘if I could only stretch out and touch the stars. [...] I could find out better what was going on at a distance with my hands, than you could with your eyes and your telescopes’ (p. 220). As Oscar remarks, ‘she has eyes on the tips of her fingers’ (p. 142). In 1886, Collins’s friend, the surgeon Charles Alexander Gordon wrote an anti-vivisection book entitled *New Theory and Old Practice in relation to Medicine and Certain Industries*. He used Jackson’s theory of compensation as a justification for relying on pathology (nature’s experiments) as opposed to scientific experiments on animals:

Dr. Hughlings Jackson is of opinion that when a part of a centre is destroyed, the rest of the centre – the part not destroyed – serves next as well as the part lost; and that in some cases compensation is practically perfect. In fact this law of compensation in regard to function is daily recognised as existing in cases occurring in practice; it is elucidated by pathological examination in fatal cases of disease; – not by ‘experiment’. (Gordon, 1886, p. 18)

Gordon is being rather selective with the truth here. The principle of compensation was inspired by the theory of cortical equipotentiality, which had been established by hundreds of experiments on pigeons by the physiologist Marie-Jean Flourens earlier in the century. Nevertheless, there is power in Gordon’s image of nature as experimental – as constantly looking for compensations and moulding the brain in response to disorder. Jackson himself

had used the image in *Clinical and Physiological Researches*: 'Cases of paralysis and convulsion may be looked upon as the results of experiments made by disease on particular parts of the nervous system of Man. [...] It is just what the physiologist does in experimenting on animals; to ascertain the exact distribution of a nerve, he destroys it, and also stimulates it' (Jackson, 1875, p. 1). In the representation of Lucilla Finch, aptly named like one of Flourens's pigeons, the result of these experiments is the development of greater ability elsewhere: her heightened sense of touch not only compensates for the loss of her sight, but equips her with a power greater than the visual ability of all others: 'I could find out better [...] than you could with your eyes and your telescopes' (p. 220).

This example of compensation is carried through to Collins's representation of Oscar Dubourg, his epilepsy, and his new identity following his colour change. Oscar's experiences, his traumas, and modifications, turn him into the hero he could never have been without them. Prior to his injury, Madame Pratolungo says: 'In common with all women, I like a man to *be* a man. There was, to my mind, something weak and womanish in the manner in which this Dubourg met the advance which I had made to him. He not only failed to move my pity – he was in danger of stirring up my contempt' (p. 40). After his experiences of head injury, epilepsy, argyria, and stolen identity, Oscar could hardly be more different. As Tabitha Sparks notes, 'Oscar transforms from a weak-willed youth into a responsible man. In doing so, he becomes the fit partner for Lucilla' (Sparks, 2002, p. 12). Having left Dimchurch so that his brother might attempt to take his place in his fiancé's affections, Oscar is heard of, by Madame Pratolungo, as having 'been seen at a military hospital – the hospital of Alessandria, in Piedmont [...] acting, under the surgeons, as attendant on the badly-wounded men who had survived the famous campaign of France and Italy against Austria'. This new 'occupation as hospital-man-nurse was, to my mind, occupation so utterly at variance with Oscar's temperament and character, that I persisted in considering the intelligence thus received of him to be on the face of it false' (pp. 379-80). But it is not false. Oscar later recounts:

At Lyons, I saw by chance an account in a French newspaper of the sufferings of some of the badly-wounded men, left still uncured after the battle of Solferino. I felt an impulse, in my own wretchedness, to help these other sufferers in *their* misery. On every other side of it, my life was wasted. The one worthy use to which I could put it was to employ myself in doing good; and here was good to be done. [...] I made myself of some use (under the regular surgeons and dressers) in nursing the poor mutilated, crippled men. (pp. 385-86)

Madame Pratolungo recalls: 'I thought his conduct very strange'; 'in his greatest trouble, he was like another being; I hardly knew him again!' (p. 393). This alteration does not come out of the blue in the traditional sense, though it does if we are referring to Oscar's transformative treatment for epilepsy. On the Continent, Oscar is known, once more, as 'the blue man' (pp. 378, 382). His own account of field nursing shows that his alteration emerges from his experiences of suffering, marked most literally in his change of appearance. Madame Pratolungo discovers 'that there were hidden reserves of strength in the character of this innocent young fellow, which had utterly escaped my superficial observation of him' (p. 386); she accounts for these reserves as strength in Oscar's struggles: 'Modern despair turns nurse; binds up wounds, gives physic, and gets cured or not in that useful but nasty way. Oscar had certainly struck out nothing new for himself' (p. 386). This last clause could be another way of saying that Oscar's heroism is not without determining influences – that it is linked to his experience of trauma just as in epilepsy, according to Hughlings Jackson, compensation and resilience emerge from a dynamic material response to injury.

To summarise, in *Poor Miss Finch*, epilepsy is the event which brings modifying effects through the kind of sensationalism developed in Collins's earlier works: it is the shock which seemingly establishes a new plot trajectory and allows the author to explore the apparent intersections between biology, identity, and different models of (biological) determinism. But in Oscar Dubourg, epilepsy also allows for modifications in the development of new, heroic, and sympathetic depths of character. The theories of neurological compensation that emerged from the science of epilepsy inspired *Poor Miss Finch* to demonstrate how the calamitous and the sensational (embodied here in epileptic seizures) play a fundamental role in real life and that our constitutions have evolved the remarkable ability to respond creatively and dynamically to such events.

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