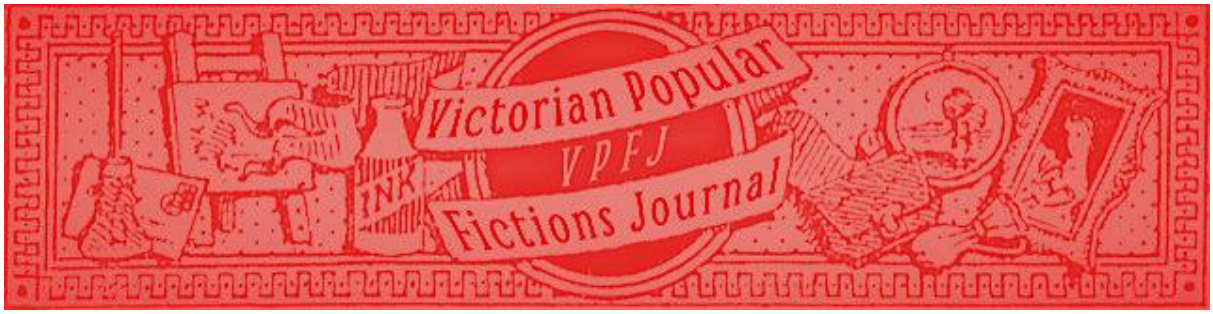

"Let me be the physician to strike to the root of your malady": Negotiating Female Medical Agency in Mary Elizabeth Braddon's *Lady Audley's Secret*

Anna-Maria Grill

Abstract

While mental aberration and the figure of the madwoman have received ample attention in academic investigations of Victorian literature, links between madness, the space of the asylum, and aspects of female medical agency have so far been largely neglected. This study will home in on this gap in criticism by examining the connections between the discourses, practices, and spaces associated with madness and its diagnosis in Braddon's novel. Its enigmatic anti-heroine has in the past often been linked with academic discussions of madness, resulting in an extensive corpus of pre-existing research. This study, however, inverts the usual canonical readings of Lucy Audley, reading her not as a patient but rather as a figure who herself temporarily gains and wields medical agency. For this purpose, this study proposes that Braddon posits the novel's main setting, Audley Court, as an extended metaphor for the Victorian asylum, which then serves as the chief locus for a power struggle for and (re)negotiation of (female) medical agency. Thus, Braddon suggests both Audley Court and her novel's titular figure as important sites of cultural contestation, in which the contemporary concerns about, respectively, the asylum and medical women enter a highly productive dialogue.

Keywords

sensation fiction; madness; female medical agency; asylum; asylum propaganda; diagnosis; the medical woman controversy

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"Let me be the physician to strike to the root of your malady": Negotiating Female Medical Agency in Mary Elizabeth Braddon's *Lady Audley's Secret*

Anna-Maria Grill

A Medical Woman

1 August 1860, while on the surface an inauspicious date, marked a watershed moment for both the wider field of medicine as well as for one specific figure: the medical woman. During the nineteenth century, medicine – and especially the medical profession – transformed from its very core, a process influenced, shaped, and driven by new impulses in medical concepts, approaches, and tools (Gilbert 2013: 182). One of these innovations was the product of an especially long and difficult process: the introduction of medical women as an official part of the profession. While women's historical ties to medicine cannot be denied, their acceptance within this sector has always been ambiguous and often severely contested (Campbell 2023: 12f.). Victorian Britain's rigid gender hierarchies provided a particularly difficult foundation for women with medical aspirations, as the contemporary gender discourse and its resulting gender bias reduced them to a position of biological and, consequently, cultural and legal inferiority that (Nead 1988: 32), for the greater part of the century, categorically excluded them from medical study and practice.

A few individuals, however, were not content to accept this and set out to pave the way for women's presence in medicine. Inspired by pioneering woman doctor Elizabeth Blackwell's hard-won success in the US in the 1840s (Campbell 2023: 43), Elizabeth Garrett (later Garrett Anderson) joined the former's quest to re-establish medical women as an official part of the profession. 1 August 1860 marked her first official step towards gaining her medical licence: the start of a "three-months nursing probation" at Middlesex Hospital (63), where she would attend her first (un)official medical classes (70-4). Even though Garrett Anderson's path towards her MD was beset by empty promises, rejections, and expulsions, her efforts were not in vain, and she eventually passed the Society of Apothecaries licensure exam and opened her own practice in 1865 (153, 168). Her struggles to gain a medical education as well as her eventual success received nation-wide attention – some of it positive, yet most of it decidedly negative. The "lady doctor" and her perceived usurpation of medical study and practice caused much controversy (43). These heated public debates were reflected in

contemporary literature, resulting in an increasing interest in questions of women's medical aspirations and agency – especially within the genre of sensation fiction. Ideally positioned temporally to comment on these developments, as the heyday of sensation fiction – the 1860s – coincided with Garrett Anderson's medical studies and first milestones as a woman doctor, many eminent sensation authors joined the intense cultural debates via their fictional works. This article explores these issues via the example of Mary Elizabeth Braddon.

This study sets out to investigate first glimpses of female medical agency in Victorian sensation fiction via the case study of Mary Elizabeth Braddon's *Lady Audley's Secret* (*LAS:* 1862), with a particular focus on its titular figure Lucy Audley. Generally, critical attention on Braddon's work and its conception of medicine and medical authority have focused on other works – most notably her novels *The Doctor's Wife* (1864), *Birds of Prey* (1867), and *Charlotte's Inheritance* (1868), as well as her short stories "Dr. Carrick" (1878) and "Good Lady Ducayne" (1896) (see Ifill 2022). As a work not immediately associated with the medical woman controversy, academic criticism on *LAS* has so far often focused on its thematisation of madness, which – as this study argues – here enters a highly productive dialogue with the cultural discussions of women's medical aspirations. While both mental aberration and the figure of the madwoman have received ample attention in academic criticism, links between madness, the space of the asylum, and aspects of female medical agency have so far been largely neglected. This study will home in on this gap in criticism by examining the connections between the discourses, practices, and spaces associated with madness and its diagnosis in Braddon's novel. The latter, and especially its enigmatic anti-heroine, have in the past often been linked with academic discussions of madness (Bourne Taylor and Crofts 1998: xxv-xxxii; Pykett 1992: 88-94), resulting in an extensive corpus of pre-existing research. This study, however, inverts the canonical readings of Lucy Audley, reading her not in her position as patient but instead as a figure who herself temporarily gains and wields medical agency. For this purpose, this study proposes that Braddon posits the novel's main setting, the country estate Audley Court, as an extended metaphor for the Victorian asylum, which then serves as the chief locus for a power struggle for and (re)negotiation of (female) medical agency; a representation made all the more pertinent by the fact that the contemporary asylum was consistently portrayed as an area of absolute repression and a common method to dispose of transgressive women (Showalter 1981: 325). This study, however, suggests that Braddon's anti-heroine succeeds – albeit temporarily – to transform this makeshift asylum from a space of constraint into a space of temporary empowerment via the means of cunning performance and powerful rhetoric, which allows her to wield a degree of medical agency over both herself and others.

The Nineteenth-Century Asylum

During the late eighteenth century, the highly publicised sufferings of Britain's monarch George III provoked what Clare Hickman refers to as a rapidly increasing "public and parliamentary interest" in their ruler's "royal madness" (2013: 15), as well as the wider problem of mental afflictions and the treatment of the afflicted. This development, however, was not restricted to the time of George's rule but extended into and even picked up speed during the nineteenth century, as can be witnessed via the rapid increase of institutions for "inpatient treatment" (Hickman 2014: 506) – the asylum – in the wake of the 1818 Lunatics Act and 1845 Lunatic Asylums Act. As the numbers of sufferers skyrocketed (Hickman 2013: 15), "the state apparatus assumed a much greater role in the handling of insanity" (Scull 1981a: 5). While the history of the asylum goes much beyond the Victorian period, it was during this time that the "purpose-built asylum […] became the norm for psychiatric treatment" (Hickman 2013: 7), gradually replacing earlier notions of madness as a predominantly "domestic responsibility"

(Porter 2002: 89). It was now this institution, above all, which contemporary experts suggested as the "pre-eminent place, in which a cure for insanity could be effected" (Hickman 2013: 72).

While highlighting the centrality of the asylum in nineteenth-century medicine and culture, this idea also emphasises a crucial shift in the very concept of madness and, consequently, in the methods adopted to approach it. Notions of madness gradually moved away from its understanding as "primarily a physical or spiritual disease" (Hickman 2013: 25), instead defining it as a chiefly "psychological illness" (25). Hand in hand with this development came the impulse that, contrary to previous beliefs, mental afflictions could potentially be cured (25f.). Consequently, the asylum underwent – at least officially – a wide transformation in both its underlying philosophy and, as a result, also in its treatments and architecture, spurred especially by Samuel Tuke's proposed innovations of "moral treatment" (Tuke 1813: 84): a "mild regimen centred around the placement of the patient in a carefully designed environment" (Hickman 2013: 26). Turning his back on previously popular "physical treatments" (26) and "the use of physical restraint" (26), Tuke – grandson of the founder of the pioneering York Retreat[1] – suggested that "the institution itself [can] play a part in the re-education of the patient" (26). Instead of forcefully restraining them, patients were taught how to regulate their emotions and behaviour. In addition, Tuke outlined especially a "carefully designed environment" (Hickman 2013: 26) as a highly effective measure in improving patients' diverse conditions – an idea that garnered increasing interest from both experts and the wider public alike (26). While not all asylums followed suit, many adopted The Retreat's principles and, inspired by Tuke's philosophy, "large swathes of designed landscapes [became] a ubiquitous feature of nineteenth-century asylum design" (Hickman 2014: 506), intended to "engender both cheerfulness and tranquillity" for therapeutic purposes (Capron in Hickman 2014: 506). This new "humane moral treatment" thus gradually developed into the "foundation for the Victorian asylum movement" (Hickman 2013: 13), and especially its environment turned into one of its central pillars; in fact, it often was highlighted as the key component to enable moral therapy's road to success (27).

Especially cultivated "parkscapes" were of central importance (16). The idea of the "perceived therapeutic value of the natural environment for patients" (2), to employ Hickman's terms, is a notion that predates both the Georgian and Victorian era and dates back to Antiquity (13). It was now revived and popularised in Victorian medical institutions. As a result, asylum gardens were regarded as much "more than aesthetic spaces" (3); they were in fact perceived as an active "agent that can affect […] the recovery from disease" (2). The prevalence of this idea can be witnessed via the fact that, as Hickman outlines, "many of [the] purpose-built establishments" from the 1790s onwards were anxious to provide "vast tracts of designed gardens and pleasure grounds" for their future inmates (22). While earlier asylums were mostly characterised by "flat [and] bare external spaces" and often "enclosed by high walls" (23), many newer asylums replaced these previously adopted structures with "a wide range of ornamental features" in the hopes of "encourag[ing] patients to spend as much time as possible in the gardens" (22, 25). In fact, only two years after the 1845 Lunatics Asylum Act, the newly appointed Commissioners in Lunacy, tasked with supervising and regulating these institutions, made it compulsory for them to include "airing courts, pleasure grounds, gardens and fields annexed to an asylum of such an extent to afford the patients ample means of exercise and

[1] Prompted by the controversy surrounding the death of fellow Quaker Hannah Mills in the York Asylum (Edginton 2013: 9), William Tuke, at the Quarterly Meeting of the York Quakers in 1792, resolved to found a "Friend's Institute for the Mentally Afflicted" (Philo 2004: 481) of their own. These plans were realised four years later through the introduction of the York Retreat, which in many ways developed into a blueprint for many future Victorian asylums (Edginton 2003: 104).

recreation" (in Hickman 2013: 42), specifying that these should "be in the ratio of at least one acre to ten patients" (42) – cementing the asylum landscapes' centrality via this legislation.

Despite these official attempts at reform, the asylum has left a rather ambivalent imprint on nineteenth-century culture. While especially promotional literature and official tracts by the doctors and architects in charge are anxious to paint a positive, beneficial picture, both factual and fictional accounts occasionally suggest a very different image, spurred in particular by re-occurring "lunacy panics" (McCandless 1983: 84). As such, Chris Philo argues, a "gulf of sorts […] opens up between the geographical [and medicinal] attributes of madhouses as envisioned by the powerful running the system, and as perceived by the powerless enduring it" (in Hickman 2013: 49). Whereas by the 1850s notable improvements could be witnessed in the public asylum sector (Showalter 1981: 313),[2] private asylums were still widely seen and imagined as an apparatus of oppression (Philo 2004: 292). Even though, as Elaine Showalter emphasises, nineteenth-century England "enjoyed a reputation as the center of lunacy reform" (Showalter 1987: 25), several developments caused increasing disquiet within the wider public. Chief among them was what contemporaries believed to be a veritable "trade in lunacy" (Scull 1981b: 6), which William F. Bynum relates to a startling "growth in the number of private madhouses"[3] (1981: 40) – many of which initially lacked proper (state) regulation. This was followed by a "rapid increase of the number of the individuals committed to asylums" (McCandless 1981: 340): as Walton outlines, "between 1807 and 1855 the rate per 10,000 increased more than sevenfold" (1979: 1). This trajectory, coupled with high-publicity cases of "wrongful confinement"[4] (McCandless 1981: 339), resulted in a curious mixture of "pride" (McCandless 1983: 84) at the progress that had been made and yet lingering suspicion of the British lunacy laws (84), and, by extension, the institution emblematising them: the asylum.

Sensation fiction was a particularly vocal mouthpiece in voicing these anxieties. Following one of the peaks of anti-asylum sentiment after Rosina Bulwer Lytton's highly public wrongful confinement in 1858 (Showalter 1981: 318), many eminent sensation novelists – such as, amongst others, Charles Reade, Wilkie Collins, and Mary Elizabeth Braddon – entered this highly incendiary debate via fictional accounts of asylums and their inmates, as will be demonstrated in the following via the case study of Braddon's 1861-2 novel *LAS*. In so doing, however, this study will leave the canonical path and approach Braddon's narrative – especially her representation of Audley Court and her titular figure Lucy Audley – as a highly interesting site of cultural contestation, in which both the contemporary anxieties surrounding the nineteenth-century asylum and medical women enter a particularly productive dialogue.

Audley Court as Metaphoric Stand-in for the Contemporary Asylum

The beginning passages of *LAS* and specifically its lengthy description of Audley Court, its surroundings, and the nearby village immediately attract attention to striking similarities

[2] Charles Dickens, for example, held a prominent laudation on these improvements in "A Curious Dance Round a Curious Tree" (1853), in which he describes his experiences as a guest at a "patient's Christmas Dance" (Showalter 1981: 313) at St. Luke's Hospital for the Insane two years earlier.

[3] It was especially this lack of official regulation which rendered these institutions particularly suspicious to critics' eyes. As Bynum outlines, "anyone could […] receive lunatics in his house on a paying basis" (1981:40) via adopting the label of private asylum. In fact, he emphasises that there were no official rules that "required [the proprietors] to be [medical men]" (40), casting severe doubt upon their ability to treat patients.

[4] i.e. sending a healthy individual to an asylum under false pretences (McCandless 1981: 339).

between Braddon's portrayal of the novel's main setting and the representation of the asylum in contemporary promotional accounts:

> It lay down in a hollow, rich with fine old timber and luxurious pastures; and you came upon it through an avenue of limes, bordered in on either side by meadows, over the high hedges of which the cattle looked inquisitively at you as you passed, wondering, perhaps, what you wanted; for there was no thoroughfare, and unless you were going to the Court you had no business there at all.
>
> (Braddon [1861-2] 1998: 7)

Both in terms of its location "about three-quarters of a mile from the village" (55), as well as of its large sprawling grounds, Audley Court appears to perfectly fit the description of progressive nineteenth-century asylums post the 1845 Lunatic Asylums Act. Its surrounding meadows immediately invoke the "pleasure grounds […] and fields" (in Hickman 2013: 42) rendered compulsory for new asylums by the Commission in Lunacy in 1847 – preceding Braddon's novel by more than a decade – as well as the "over two miles of footpaths [leading] through plantations, orchard and garden" of Ticehurst Place (46), a contemporary private lunatic asylum many Victorians would have been familiar with via its extensive promotional campaigns.[5] Mirroring the shift away from the previous asylum spaces with their "forbidden brick wall[s]" and "little outdoor space" (23, 25), Audley Court achieves its "insul[ation] […] from the outside" world via a much more natural border (23): "high hedges" (Braddon [1861-2] 1998: 7), rather than brick and mortar; a common method also adopted by contemporary asylums "to prevent the estate appearing to be a place of confinement" (Rutherford in Hickman 2013: 39). Furthermore, the Court's general location also matches yet another trend: an increasing shift towards the countryside. Opting for "pleasant rural surroundings" rather than urban areas whenever possible (Edgington in Hickman 2013: 33), contemporary experts suggested both aesthetic as well as medical foundations for this choice (36). Chief among them was, as W. A. F. Browne – superintendent at the Montrose Royal Lunatic Asylum (72) – suggested in *What Asylums Are, Were, and Ought to Be* (1837), the desire for patients to benefit from "an unpolluted atmosphere" (in Hickman 2013: 36), in terms of air, environmental, and noise pollution. Hence, Braddon, from the outset, evokes associations between the novel's main setting, Audley Court, and the Victorian private asylum.

This impression continues as the narration leads us into the estate itself:

> A smooth lawn lay before you, dotted with groups of rhododendrons […]. To the right there were the kitchen gardens, the fishpond, and an orchard bordered by a dry moat.
>
> (Braddon [1861-2] 1998: 7)

These first glimpses of Audley Court appear copied straight out of the promotional campaigns by Victorian private lunatic asylums. These, according to Hickman, "often made use of buildings that had originally been designed for other purposes (2013: 18), which yet again underlines Audley Court's connection to this institution; a tie Braddon emphasises by highlighting that the estate had originally been a "convent" (Braddon [1861-2] 1998: 7). "Cater[ing] predominantly for wealthy clients" and (Hickman 2013: 22), as such, anxious to attract the notice of their relatives, private asylums employed moral therapy's emphasis on the "therapeutic value of the natural environment for patients" simultaneously (2), as Hickman highlights, as a highly effective "advertising tool[]" (49). In fact, contemporary asylum design increasingly turned into a close "reflection of wealthy country house estates" (Rutherford in

[5] These placed specific focus on its extensive landscapes and asylum design (Hickman 2013: 47).

Hickman 2013: 22); a trend Braddon, driving upon this ambiguity, cunningly employs to stage her narrative's country house as a covert stand-in for the Victorian private asylum.

This becomes particularly evident by the fact that various passages in the novel's description of the Court seem to veritably echo contemporary asylum propaganda and the "utopia[n]" picture they tended to paint (Hickman 2013: 72) – most notably in the following excerpt:

> [It was a] glorious old place – a place that visitors fell into raptures with; feeling a yearning wish to have done with life, and to stay there forever […], a spot in which *Peace* seemed to have taken up her abode, setting her *soothing* hand on every tree and flower.
>
> (Braddon [1861-2] 1998: 8; own emphasis)

Especially the last sentence, both in its language as well as content, shows a striking similarity to propagandistic writings on asylums, such as, for example, a sentiment expressed by John Connolly,[6] superintendent at the Middlesex County Asylum (1839-1844) (Mindham 2024: 257).

> Calmness will come; hope will revive; satisfaction will prevail. […] [M]uch of the violence, much of the ill-humour, […], or self-destruction will disappear […] and despair itself will sometimes be found to give place to cheerfulness or secure tranquillity.
>
> (in Hickman 2014: 506)

In her investigation of Victorian asylum propaganda, Hickman perceives a continuous repetition of certain key terms, which may be understood as emblems of both the values and desired effects behind contemporary asylum design. In her work *Therapeutic Landscapes*, she draws particular attention to the two catchphrases "good order" and "tranquillity" (2013: 79), to which this study suggests adding one more: "cheerfulness" (in Hickman 2014: 506), as attested by Connolly's passage above. Similar sentiments as well as synonyms can be found all over Braddon's description of Audley Court, emphasising its initial impression as a place which fosters "[p]eace" above all else and (Braddon [1861-2] 1998: 8), consequently, may produce a "soothing effect" (8) on its inhabitants.

This propaganda is then, however, in the following gradually dismantled, as Braddon takes this seemingly pastoral image and exposes its darker truth via deliberately underlying it with increasingly bleaker twists and Gothic images. Everything in Audley Court and its gardens is "stagnant" (8), "broken" (7), and in decay, and the very "stillness of the place" is described to be "almost oppressive" (28) – seeming to take both the fictional characters' and the reader's breath away with the anticipation of what hidden abysses it may hide; a question the narrative similarly raises in its suggestion that "you felt as if a corpse must be lying somewhere within that grey and ivy-covered pile of buildings – so deathlike was the tranquillity of all around" (28). Deliberately invoking the propaganda's widely used key term "tranquillity" (Hickman 2013: 79), Braddon now endows this seemingly positive attribute with an almost tomblike atmosphere – an impression that is continuously emphasised by the characters likening the gardens of Audley Court to "an avenue in a churchyard" and a "graveyard" on various occasions (Braddon [1861-2] 1998: 68, 272). Consequently, she elegantly establishes a frame with the common contemporary cultural narrative – and, unfortunately often social reality – of

[6] Connolly was a great advocate of "humane" asylum politics (Hickman 2013: 10). He authored two central tracts on this matter, which served as "guid[ance to contemporary] asylum builders" (16): *The Construction and Government of Lunatic Asylums* (1847) and *The Treatment of the Insane without Mechanical Restraint* (1856).

the asylum as a living tomb, in which its inmates were "[b]uried [a]live" (375) – a connection Braddon reinforces via using this catchphrase as the enigmatic title of one of her novel's final chapters.[7] This impression is further emphasised by the description of the manor's "principal door" (8), which the narrative designates as "squeezed into a corner of a turret at one angle of the building, as if it was hiding from dangerous visitors, and wished to keep itself a secret" (8). While this portrayal may, at the surface, appear to cater to progressive asylums' express distancing from previous practices of inviting "sightseers" (Rutherford 2010: 11), and thus appears to be for the benefit of the patients, this passage is endowed with a much more ambivalent note when read in connection with Braddon's deconstruction of asylum propaganda, raising the question if this lack of accessibility is really intended to keep visitors out – or rather to lock the inmates in; or even to hide precisely what might be happening behind those walls from the public eye. Both of these notions tie in well with some of the central concerns during the time Braddon was writing, as people were starting to become more and more concerned with the potential possibilities that behind "the trees that shielded the asylum from the public gaze, patients were being brutally maltreated" (Hickman 2013: 79), its elaborate landscapes a mere superficial shield to trick the eye. Thus, Braddon employs the beginning segments of her narrative to gradually dismantle contemporary asylum propaganda's pretensions of providing its patients with a "shelter" (Braddon [1861-2] 1998: 7) in which they may find "tranquillity" (28), undercutting these associations by likening the institution to a prison or even a tomb. It is within the framework of this seemingly bleak and restricting context that this study investigates Lucy Audley's medical agency. It will now demonstrate how she succeeds in transforming this makeshift asylum into a space of temporary empowerment.

Diagnosing the Patient

One of the key scenes which engages in a particularly interesting manner with the contemporary discourse and practices shaping madness and its diagnosis occurs fairly late in the novel, when Robert – after having discovered incriminating evidence against the novel's titular character Lucy Audley – confronts her in the chapter "In the Lime-Walk", set in the novel's placeholder for the asylum grounds. From start to finish, the conversation between Robert and Lucy is carefully constructed to reveal distinct parallels to the lunacy interviews conducted by physicians, as reported in the later accounts of former asylum inmates Georgina Bulwer Lytton (Showalter 1981: 319), Georgina Weldon, and Louisa Lowe (325). It is, therefore, unsurprising that, especially towards the beginning of this scene, a clear power hierarchy is to be perceived that reflects both the wider nineteenth-century gender roles, and the usual power structures within the contemporary lunacy interviews: with Robert in the active, dominant role while Lucy resorts to a submissive position, "glancing from side to side, as if looking for some outlet by which she might escape him" (Braddon [1861-2] 1998: 262). However, these attempts are unsuccessful, and Robert assumes the prototypical position of the mad-doctor – or alienist – proceeding to diagnose his patient.

> "Who said my mind was diseased?" exclaimed Lady Audley.
> "I say so, my lady," answered Robert. […] *Let me be the physician to strike to the root of your malady* […]."
>
> (Braddon [1861-2] 1998: 263; own emphasis)

[7] Which, in fact, centres on a blatant display of wrongful confinement (Braddon [1861-2] 1998: 375-88).

Lucy, however, upon realising that her usually so effective performance of playful femininity is lost on Robert and will not help her here, immediately switches gears – and in quite a drastic fashion. Instead of meekly succumbing to his judgement, she counters his attack with a diagnosis of her own: "'Are you going mad, Mr Audley, and do you select me as the victim of your monomania?'" (264) Via this statement, she refutes his proclamation of her alleged mental affliction and instead pronounces the same verdict on him via diagnosing him as a monomaniac. Imported from France, the concept of monomania quickly became part of a "new scientific [and cultural] vocabulary" in Victorian Britain (Stewart 2013: 3), even though it was "paradoxically resistant to any scientific measurement" and hence a "raucously unstable term" (3, 5). Overall, it was understood to describe a "partial insanity in one of the compartmentalised faculties of intellect, will, and the passions, typified either by an unsoundness of mind on one idea, an aberrational impulse, or an excess of the passions" (3). Especially in the Victorian cultural terrain, it became popularised as "an excessive preoccupation with one idea, thing, or emotion" (2). According to Stewart, there were several climaxes of medical, legal, and cultural interest in monomania, but he attributes its heyday to the 1850s (2), the decade before the publication of *LAS*. It quickly turned into a recurrent medical, cultural, and literary phenomenon in both periodicals and fiction, resulting in a proliferation of stories on this subject (15). As such, this overwhelming cultural presence as well as its range of notoriously "wildly diverging 'diagnoses'" resulted in what Stewart titles a "new generation of [amateur] armchair clinicians" (5), identifying monomaniacs in literature and press reports from the comfort of their home – and without the necessary clinical background. This backdrop lends a distinct air of ambivalence to Lucy's – and also Robert's – professed diagnosis and medical authority in this scene, casting both into the role of the "armchair clinician" (5). Accordingly, Lucy's familiarity with monomania may simply be a result of its cultural prevalence rather than expert medical knowledge. Thus, her initial diagnosis – while a powerful statement that effectively reverses the power structures within this scene – and the resulting medical authority she claims is rendered decidedly unstable and suggests her as an amateur clinician. It should, however, be emphasised that this portrayal is already a strong statement on Braddon's part, as the position of the amateur medical figure or fringe practitioner was, at the time she was writing, still the only one officially available for contemporary British women. As demonstrated via the struggles of Garrett Anderson, the Victorian medical profession was at the time of *LAS*'s publication still a long way off from officially admitting women to their ranks and even attaining the permission to attend medical classes was a rarity and beset by problems. Hence, providing her anti-heroine with unofficial, amateur medical authority and the confidence and readiness of mind to diagnose can already be assumed to have been a bold choice in the eyes of the contemporary public.

Undeterred, Lucy continues to turn the tables on her opponent, following up her initial diagnosis with confidently prescribing him remedies for his supposed plight, smoothly assuming the position of the physician: "'You are a hypochondriac, Mr Audley, and you must take camphor, or red lavender, or sal volatile'" (Braddon [1861-2] 1998: 267). Thus, she maintains the inverted power hierarchy in this rhetorical battle between the two amateur 'armchair physicians', placing herself into the position of medical authority and casting Robert, instead, into that of the patient.

However, she does not leave it at that, and confidently assumes the position of a very specific doctor figure; the "mad doctor" (Bynum 1981: 40):

> "I tell you that you are mad. […] I would warn you that such fancies have sometimes conducted people, as apparently sane as yourself, to the life-long imprisonment of a private lunatic asylum."
>
> (Braddon [1861-2] 1998: 271)

With this threat, Lucy clearly aligns herself with the legions of mad doctors who had garnered the suspicious attention of the public. As Scull outlines, the rapidly increasing number of asylums was accompanied by the rise of "an organised […] specialism within the profession of medicine, known to their detractors as 'mad doctors' and amongst themselves as 'alienists'" (1981b: 6). However – as Scull's description already suggests – these specialists quickly garnered a very negative reputation, fuelled especially by an increasing fear of "wrongful confinement" at the hands of these supposed "experts" (McCandless 1981: 339; Scull 1981b: 6). While, as Peter McCandless outlines, many alienists appeared to "constantly try[] to enlarge the boundaries of insanity" (1981: 341) by "adding to [its] symptoms" (341) – thus increasing the number of potential patients – there were also many recorded cases of bribery (344). Thus, while there were legal attempts to protect potential victims against wilful, wrongful confinement – such as the obligatory "certification" (339), that is, the necessity of "the signatures of two doctors and a magistrate for commitment of a mental patient" (Showalter 1981: 318), these two factors in particular contributed to a rising concern over the fact that "a chance pair of medical men" were given "the power of sending any man or woman to a madhouse" (in McCandless 1981: 344). Furthermore, there was also mounting doubt in the so proclaimed "experts'" abilities to diagnose mental aberration properly (Scull 1981b: 6), as many of them were "untrained and lamentably ignorant of mental and nervous disorders" (Bynum 1981: 41). In fact, official "written and oral examinations, as well as a three month-residency in an asylum" became mandatory only in the mid-1880s (41). Hence, critics and the wider public gravely doubted both "the motives and competence" of the ones in charge of determining (in)sanity (Scull 1981b: 24).

Assuming this doubtful authority, Lucy – clearly aware of this controversy – employs it to reinforce the reversal of power structures she has established. Both fictional and historical cases usually recount male figures employing this method Lucy here resorts to, in order to police unruly women (Showalter 1981: 325). By adopting this approach, Lucy thus continues to invert the usual power hierarchy of this situation and instead threatens her male family member with the prospect of "life-long imprisonment" in an asylum (Braddon [1861-2] 1998: 271). Furthermore, "non-conformist behaviour" was often enough to be accused of madness or even equated to a form of it (McCandless 1981: 339). In a play upon this social reality, Lucy foreshadows and mirrors the novel's actual mad doctor, Dr. Mosgrave, in both his actions as well as the abuse of his position in her readiness to ordain a measure she knows to be both untrue and unjust, simply to get rid of Robert, who has refused to comply with her expectations via his actions – "non-conformist" with her ideas and (339), as such, a threat to her status quo.

Following through on this mission, she continues to disseminate this line of thought among Robert's family members, starting with his cousin Alicia, her husband's daughter. Cunningly, she picks a moment for this conversation which already lends a fruitful foundation to plant her desired idea in Alicia's mind – after Robert has already bewildered the latter with his "absurd goings-on" (Braddon [1861-2] 1998: 274). Jumping at the opportunity, Lucy sets out on a quest to systematically convince the rest of the family of her diagnosis.

> "Have you ever studied your cousin's character, Alicia?" asked my lady, very seriously, after a pause.
> "Studied his character! No, Lady Audley. Why should I study his character?" […]
> "But have you never thought him eccentric?"
> "Eccentric!" repeated Alicia […]. "Well, yes – […] I suppose Bob *is* eccentric."
> "I have never heard you speak of his father and mother," said my lady, thoughtfully. […] "Did you ever hear that [they were] eccentric – […] I meant to say, peculiar in [their] habits, like your cousin?"
> "Yes, I believe Robert inherits all his absurdities from his father. […]"

> "Ah," said my lady gravely," I thought as much. […] Do you know, Alicia, that madness is more often transmitted from father to son than from father to daughter, and from mother to daughter than from mother to son? Your cousin Robert Audley is a very handsome young man, and I believe a very good-hearted young man; but he must be watched, Alicia, for he is *mad*!"
>
> (Braddon [1861-2] 1998: 275f)

Adopting the poised, collected attitude of the (mad) doctor conducting an inquiry into their patient's family medical history, she methodically interrogates Alicia, seeming to follow a fixed protocol until she has collected enough evidence to back up her diagnosis. The entire conversation appears to be constructed as a mirror image of a doctor's anamnesis and, accordingly, Lucy drops her usual "frivolous" demeanour and instead opts for professional seriousness (Braddon [1861-2] 1998: 284) – once again casting herself into the role of medical authority.

This procedure then reaches its climax in her attempt to convince the head of the family, her husband and Robert's uncle, Sir Michael Audley, in another striking display of medical agency – which is in this case, however, veiled cunningly behind a veneer of assumed innocence, playful femininity, and, above all, excellent performative skills. In yet another mirror scene of one that that will follow later on and seal her own fate, Lucy converges on her husband in Audley Court's library – a distinctly male-coded room, as emphasised by its decoration, ranging from "the Athenian helmet of a marble Pallas" to what can be presumed to be a portrait of "Sir Robert Peel" (Braddon [1861-2] 1998: 277). While the narrative insists on Lucy's actions being "natural" rather than artificial (279), this study suggests that she is, in fact, from the moment of setting foot into the library enacting an elaborate performance in everything she does and says, playing her husband like a fiddle. Proceeding in her usual childish manner – a stark contrast to her clinical professionalism of the previous scene – she employs it to cast herself into the role of the victim and thus invoke her husband's protectiveness, slowly but surely zeroing in on her aim like a predator:

> "My dear," she said, slowly, hesitating now and then between her words, as if she almost shrank from uttering them, "have you ever – I am so afraid of vexing you – or – have you ever thought Mr. Audley – a little –"
> "A little what, my darling?"
> "A little out of his mind," faltered Lady Audley.
>
> (282)

Her manner of speech – "falter[ing]" (282) and breaking off again and again – as well as her general approach in this excerpt – paving the ground for this conversation via a "tempest of hysterical sobbing" (280) – appear the complete opposite of her previous methodical, clearly structured, and highly eloquent interrogation of Alicia, suggesting that it is, in fact, a cunningly calculated performance intended to manipulate her husband's emotion. This is underlined by the fact that immediately after – once she perceives that she has achieved her goal and "[shaken] her husband to the very soul" (281) – she drops her girlish reluctance and veers right back into the mode of the physician, in both behaviour and speech.

> "[…] What is one of the strongest diagnostics of madness – what is the first appalling sign of mental aberration? The mind becomes stationary; the brain stagnates; the even current of the mind is interrupted; the thinking power of the brain resolves itself into a monotone. As the waters of a tideless pool putrefy by reason of their stagnation, the mind becomes turbid and corrupt through lack of action; and perpetual reflection upon one subject resolves itself into monomania. Robert Audley is a monomaniac."
>
> (283)

Lucy's highly eloquent argument, infused with medical jargon and clear, detailed knowledge of the subject matter at hand, transforms her in that moment from her usual diminutive position as merely Sir Michael's "little wife" into a competent professional (23), displaying an astonishing aptitude for the subject – which she exhibits via a monologue that extends over nearly two pages (283-4). As the narrative highlights, she "spoke as if she had been discussing a subject that she had often heard discussed before" – almost as if recalling a professor's words during a medical lecture – her "mind [seeming to have] […] almost wandered away" from this individual case towards "the wider question of madness in the abstract" (283). While her initial attempt at diagnosis had been heavily beset by allusions to the medical aspirations of the amateur, this scene – and especially her rhetoric, behaviour, and analytical interest – appear to lift her above this position and towards that of the professional. Thus, she is, as the narrative highlights, "transformed from a frivolous childish beauty into a woman, strong to argue her own cause" (284) – or, in this case, to draw from her area of expertise.

However, this scene clearly suggests that her knowledge on the matter is not the deciding factor for her husband – as she is well aware of. Checking herself, she stops her speech mid-argument, "the words [dying] away upon her lips" (284). Knowing just how to play him, she is aware that she will not sway him with physician's speeches; yet a combination of dropping just about enough factual hints veiled beneath a display of her womanly charms might just lead to success. Therefore, we witness her slipping right back into the stance of the frightened little girl, "avail[ing] herself of the strongest argument by which she could help her cause" (285), as the narrator states. Via a presentation rife with contemporary gender bias, the narrative thus suggests that the way to convince her husband of her diagnosis is not through an exhibition of her expert knowledge and aptitude, but rather through appealing to his role as protector, hiding her medical agency – as well as her connected secret agenda – beneath a veneer of helpless femininity. While this might, at the surface, seem counterproductive to her medical authority, this cunning switch back and forth in fact enables her to attain a position of power that allows her to diagnose her cousin, sway her husband's mind, as well as transform the distinctly male-coded space of both Audley Court's library as well as, on a wider level, Audley Court, into a space in which she can make her voice be heard as well as assert her medical agency – for however briefly possible.

Self-Diagnosis and Re-Inscription into the Fold

This empowerment, though, is but temporary – and jeopardised by Lucy's own actions. Rather than simply letting the influence of her diagnosis and performance unfold, she – driven by fury, fear, and chance – impulsively opts for another, seemingly surer method to get rid of Robert – via attempted murder (Braddon [1861-2] 1998: 320f.). When this effort is, however, revealed to have been unsuccessful (336), the narrative slowly moves away from its previous trajectory, tipping the scales this time in Robert's favour. In a mirror image of the previous library scene, this space which Lucy had before successfully transformed into a temporary space of empowerment is now used as the setting for the narrative's process of re-inscribing her into the fold. Yet, even in this position of enforced submission, Lucy still clings to one last shred of her medical agency: the power to diagnose; this time via a form of self-diagnosis. Faced with the criminal charges levelled at her by Robert's condemning evidence, and the realisation that she cannot escape, she accepts her seemingly inevitable fate and, refusing to relinquish the last remnant of medical agency that is still left to her in this situation, she yet again assumes the role of the mad-doctor, proclaiming her previous diagnosis now upon herself:

> It is a great triumph, is it not – a wonderful victory? You have used your cool, calculating, frigid, luminous intellect to a noble purpose. You have conquered – a MAD WOMAN!"
>
> (340)

She proceeds to methodically self-diagnose by following much the same method she had used on Robert, yet this time in reverse – using an anamnesis of her family medical history to back up this initial statement. Thus, even in her moment of defeat, she refuses to fully surrender her medical agency; this time attempting to use it to at least escape the gallows via invoking the protection of the "insanity defence" (Smith 1981: 23).[8] Furthermore, it is important to note that it is once again she who makes the diagnosis – not Robert, and not the novel's official mad doctor, whose judgement comes only after her own (Braddon [1861-2] 1998: 369-72).

Dr. Mosgrave's introduction into the narrative serves to display and set into motion the very procedure of wrongful confinement Lucy herself had previously threatened Robert with – despite him being just as convinced as she had been in the previous scene that their respective patient is, in fact, not mad, and just as ready to condemn them nevertheless. After hearing the entire tale and a private interview with Lucy herself, he aids Robert in his plan to have her shut away in an asylum – once again playing upon the contemporary concerns centring on the figure of the mad doctor. Thus, the narrative concludes with having her veritably swallowed up by the very space she had previously managed to transform – at least temporarily – into a space of empowerment of her own.

> "I have talked to the lady," he said, quietly, "and we understand each other very well. […] [She] is not mad; but she has […] the cunning of madness, with the prudence of intelligence. I will tell you what she is, Mr. Audley. *She is dangerous*."
>
> (272)

While displaying an astonishing degree of medical agency and knowledge, the narrative is careful to remind the reader that Lucy is, above all, a criminal who has attempted murder in no less than three cases. As such, her connection with medicine has her join the ranks of many other rogue medical figures in nineteenth-century literature, culture, and life. Especially during the early decades of the century, the medical profession had come under increasing suspicion due to the negative publicity of high-profile cases of anatomists' involvement in body snatching scandals (Blake Price 2019: 68), as well as – as the century proceeded – various murder trials against medical doctors (Burney 2006: 3), and the highly controversial vivisection debate (Blake Price 2019: 68). These fears penetrated the realm of fiction, resulting in an increasing proliferation of fictional medical figures – male and female – which wreaked havoc under the guise of medicine as a channel to discuss the dangerous powers of medical knowledge in the wrong hands; a topic Braddon herself returned to on various occasions even after *LAS*. Several of her other works feature "villainous doctors" (Ifill 2022: 133), such as – most notably – Philip Sheldon in *Birds of Prey* (1867) and *Charlotte's Inheritance* (1868), as well as Dr. Carrick in the short story of the same name (1878) and Parravicini in "Good Lady Ducayne" (1896) (131-3), using these figures to highlight the increasing apprehension of, to employ Tabitha Spark's words, "the growing abyss between doctors and society" from the mid-century onwards (2009:

[8] The so-called "insanity defence" called into question matters of "culpability" in criminal trials if the accused was "certified [to be] a lunatic" (Smith 1981: 365; Scull 1981b: 23). Dating back to the Middle Ages in its legal essence, the insanity defence thus hinged upon the fact that "the presence of certain states of mind" (Smith 1981: 356), i.e. sanity, was understood to be a "necessary condition of guilt" (365).

18). Therefore, Dr. Mosgrave's alarm at Robert's tale as well as his own determination to "safely shut her [Lucy] from the world and all worldly associations" can also be interpreted in this light (Braddon [1861-2] 1998: 373), exhibiting his realisation that her medical agency, coupled with her criminal tendencies, intelligence, expert performance skills, and ability to charm everyone who crosses her path, render her dangerous to both his profession – and its reputation – and, as exhibited via her attempt at wrongfully confining Robert, to her "patients". This reading thus dons a wholly different meaning to his claim that, "as a physiologist […] I believe you could do no better service to society" than eliminating any further possibility for her to make use of these powers (373).

Therefore, while the narrative grants Lucy a degree of temporary medical agency, she still represents a nightmare image of the medical doctor's power getting into the wrong hands – fuelled further by the fact that she is a woman. Hence, the ending of Braddon's novel at least on the surface appears to confirm the contemporary reservations about granting women access to the "dangerous knowledge" imparted by medical education (Blake Price 2019: 31). Thus, Braddon – to all appearances – has her titular figure join the long historical and fictional legacy of suspicion attached to women medical figures; a wider trajectory that is not limited only to *Lady Audley's Secret* – or even the wider corpus of the sensation fiction of the 1860s – but persists right up until and beyond the *fin de siècle*, as attested – amongst others – by the dangerous women medics in the works of L. T. Meade and Robert Eustace. To our modern perspective, it appears a curious narrative choice on Braddon's part to give her character the possibility to wield this level of medical agency only to retract it and have her re-inscribed into the fold in this prototypical fashion. Yet it is essential to remember that Braddon was writing at a time where both topics – madness and the medical woman controversy – were still particularly incendiary issues, especially in this highly explosive combination. Therefore, as a professional author dependent on the caprices of the literary market and her readers for her livelihood (Bourne Taylor and Crofts 1998: vii), Braddon had to tread carefully in approaching these controversial subject matters to walk the slippery slope between suggestions of female medical empowerment, social criticism, and simultaneous success in catering to the literary market and morals of the time. Thus, her novel provides the world with only covert, temporary, and often ambivalent glimpses of female medical agency, which were then later taken up in more explicit form by her successors in *fin de siècle* fiction, who extended these initial glimpses offered by Braddon steadily further towards increasingly overt discussions of the professional woman medic.

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