"A True Prophet"? Speculation in Victorian Sensory Physiology and George Eliot's "The Lifted Veil"

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George Eliot's short story "The Lifted Veil" (1859) offers an array of so-called weird sciences, featuring controversial Victorian theories of mind (phrenology, animal magnetism) and of physical medicine (blood transfusion, human experiment, reanimation).[1]

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[1] Beryl Gray has demonstrated the similarities between the abilities of Eliot's protagonist Latimer and various "pseudo-science" (primarily mesmeric) cases that Eliot would have known. Phrenology appears when Latimer has his head "read" as a boy to diagnose his excessive sensibility. Latimer also displays two distinct features of clairvoyance, then associated with the practice of mesmerism (animal magnetism). He experiences prevision ("direct clairvoyance" as it was termed by the mesmerist William Gregory), when he foresees scenes from his later life and death. Second, he also displays aural telepathy ("sympathetic clairvoyance"), when he overhears the thoughts of others. Latimer presents these phenomena as two linked manifestations of a single condition. Gregory was known to Eliot through her correspondence with the phrenologist George Combe. Helen Small discusses the link to Gregory in her introduction to "The Lifted Veil." See B. M. Gray, "Pseudoscience and George Eliot's 'The Lifted Veil,'" *Nineteenth-Century Fiction*, 36 (1982), 407–23; and Helen Small, "Introduction,"

The story draws on a tradition of Gothic medicine long recognized in the romantic novel but less so in histories of clinical medicine, many of which emphasize changes that survived into modern practice rather than the diverse array of practices available at the time. As I argue in this essay, however, mid-Victorian physicians explored a newly speculative model of medical knowledge. Textbooks codified a range of sensational phenomena, circulating cases like Latimer's and considering natural and supernatural explanations for them. The physician-authors I examine cite each others' spectacular cases without hedging; they model speculation as well as the skeptical stance of scientific realism. Their writings frame Latimer's experiences as Eliot's imaginative engagement with the evocative boundaries of Victorian physiology, neurology, and cardiology.

The events in "The Lifted Veil" are thus really more realistic than they may appear, and the story extends rather than interrupts the trace of science in Eliot's early fiction. Sally Shuttleworth has argued that the story's formal qualities require us to "revise the rather limited models of nineteenth-century realism."[2] I would add that the sensory phenomena here expand our sense of what Victorian science—and realism—could accommodate.

This essay will show that "speculative" cases of hyperaesthesia, prevision, and telepathy were accommodated by physiological medicine as a path for skeptical neurological inquiry. Given the importance of such cases to Victorian nerve science, "The Lifted Veil" deserves to be released from its longstanding role as an outlier in Eliot's work. In "The Lifted Veil" as in her other fictions, Eliot draws on scientific questions about material bodies in order to illuminate moral and aesthetic questions about human hearts and minds. "The Lifted Veil" also argues for the dual movement that mid-Victorian scientists were developing, a two-step of speculation and skepticism. As in Eliot's other work, the analogy with scientific inquiry grounds the story's moral, aesthetic, and epistemological concerns about

in George Eliot, *The Lifted Veil; Brother Jacob*, ed. Helen Small (New York: Oxford Univ. Press, 1999, 2009), pp. xix-xxii.

[2] Sally Shuttleworth, "Introduction," in George Eliot, *The Lifted Veil and Brother Jacob*, ed. Sally Shuttleworth (New York: Penguin, 2005), p. xx.

human knowledge.[3] Finally, these oddities of Victorian nerve physiology paradoxically allow Eliot to make a familiar realist argument, for this sensational story celebrates ordinary life as rare and valuable.

The science of "The Lifted Veil" underlies a melodramatic plot: Latimer's unrequited love of Bertha at first sight; his brother's (and his own) untimely death; the implicit incest in marrying his brother's fiancée; Bertha's poisonous murder plot; and Mrs. Archer's deathbed confession betraying her co-conspirator. This 1859 story, with its adultery, murder, and madness, anticipates the feverish plots of 1860s sensation fiction and seems a radical departure from Eliot's previous (and later) work.

But "The Lifted Veil" and Eliot's early fictions share a grounding in animal physiology. In "Janet's Repentance" (1857), the narrator likens a man's filial "tenderness" to "a nucleus of healthy life in an organ hardening by disease," compares the Evangelical sense of duty to "a great central ganglion" and to color blindness, and considers the interdependence of the senses.[4] Eliot used science as a window into human error, like "the operations of a skilful anatomist, as he lays bare the secrets of our quivering frame."[5] Eliot similarly uses physiology, in particular nerve theory, to unify the disparate events of "The Lifted Veil." Eliot's partner, George Henry Lewes, had been researching the physiology of the nerves, preparing *The Physiology of Common Life* (1859–60). Eliot's conversance with nerve research allows Latimer to voice technical terms like "double consciousness" and assess his own nerve "fibres."[6] When Latimer mourns that he is "a being finely organised for pain, but

[3] Peter Garratt argues that the story is not "an aberrant moment in Eliot's oeuvre . . . for it is preoccupied with seeing, knowing, and the visual imagination" (Garratt, "A Dizzy Sense of Unreality: Science, Realism and Eliot's *The Lifted Veil*," *ecloga: Working Papers Journal*, 3 [Autumn 2003]; <http://www.strath.ac.uk/ecologa/Garratt.htm>, accessed 15 August 2006.

[4] George Eliot, "Janet's Repentance," in her *Scenes of Clerical Life*, ed. Thomas A. Noble (Oxford: Clarendon Press, 1985), pp. 237, 255, 258–59.

[5] [W. L. Collins], rev. of *Adam Bede*, by George Eliot, *Blackwood's Edinburgh Magazine*, 85 (1859), 504.

[6] George Eliot, "The Lifted Veil," in *The Lifted Veil; Brother Jacob*, ed. Helen Small, pp. 21, 35, 42 ("double consciousness"); 24, 34 ("fibres"). Further references are to this edition and appear in the text.

with hardly any fibres that responded to pleasure" ("The Lifted Veil," p. 24), Eliot may be referring to Johannes Müller's theory of specific nerve energies, from *Elements of Physiology* (1826). The story's climactic revivification echoes Lewes's late-1850s experiments in the galvanic reanimation of frogs, which, like the story, explored the borders of consciousness and sensation.[7] Eliot's readers would recognize these scientific debates from mid-century periodicals such as the *Athenaeum*, the *Cornhill*, *Macmillan's*, or the *Westminster Review*.[8] The reanimation scene thus (typically for Eliot) builds from a scientific reference to a philosophical and moral inquiry.

While many readers have assumed that "The Lifted Veil" represents a departure from the scientific methodology that often informs Eliot's work, the best criticism on the story complicates this reading. I intend to extend these critics' work by showing that speculative cases were often well-integrated elements of contemporary medical knowledge. Kate Flint argues that Eliot "carefully ties in [to contemporary science] the blood transfusion episode," and "the novella's interrogation of the limits of positivism are dependent . . . on this very definite scientific grounding" (*The Victorians and the Visual Imagination*, pp. 96, 97). However, Flint accepts the distinction between real and "pseudo" science (p. 97). Similarly, Richard Menke argues that the experiment represents "prescience [animal magnetism] giv[ing] way to . . . science [transfusion]" ("Fiction as Vivisection," p. 630).

[7] Lewes discusses transfusion experiments and reanimation, including a scene eerily similar to that in the story. He uses language like Eliot's in discussing how a heart may be made to beat after death by the introduction of fresh blood. See George Henry Lewes, *The Physiology of Common Life*, 2 vols. (New York: D. Appleton, 1860), I, 269, 272–73, 278. See also Kate Flint, *The Victorians and the Visual Imagination* (Cambridge: Cambridge Univ. Press, 2000), pp. 105–6. Shuttleworth mentions relevant cases Lewes published in 1858 on blood circulation ("Introduction," p. xxix). Garratt examines the similarity between the story and another episode in *Physiology of Common Life*, an experiment in suicidal suffocation (see Garratt, "A Dizzy Sense of Unreality"). Neil Hertz discusses a passage in Eliot's 1857 story "Mr. Gilfil's Love-Story" that investigates the borders of consciousness (see Hertz, *George Eliot's Pulse* [Stanford: Stanford Univ. Press, 2003], pp. 11–13 and 44). Richard Menke argues that all of Eliot's fiction is a kind of vivisection of human psychology (see Menke, "Fiction as Vivisection: G. H. Lewes and George Eliot," *ELH*, 67 [2000], 617–53).

[8] See Meegan Kennedy, *Revising the Clinic: Vision and Representation in Victorian Medical Narrative and the Novel* (Columbus: Ohio State Univ. Press, 2010), pp. 54–86; and the Science in the Nineteenth-Century Periodical project.

Animal magnetism and reanimation were indeed at the edges of what most mid-century clinicians accepted as reliable, but blood transfusions were arguably as controversial and certainly more dangerous than animal magnetism at the time.[9]

Finally, a number of critics have noted the story's use of contemporary neurological theories. Martin N. Raitiere has argued that the story represents the first print description of complex partial seizure and a model for John Hughlings-Jackson's eventual theorization of the disease.[10] Raitiere identifies several of Latimer's symptoms as central to complex partial seizure: moodiness, partial aura with "distortions of time and memory," hallucinations, fits of horror, and a "dreamy state" that Hughlings-Jackson termed "double consciousness" because the patient could be aware of both a hallucination and reality ("Did the Novelist Anticipate the Neurologist," pp. 144, 145, 149). Latimer does use the term "double consciousness," but the term was not exclusively used in the context of epilepsy and could even be used to describe a state of reverie in the healthy brain; Helen Small, Jane Wood, and Shuttleworth show how Latimer's visions draw upon neurological theories of "double consciousness."[11] Raitiere's detective work is impressive,

[9] Blood transfusions were outlawed for over a century after a patient died in 1667. Kim Pelis shows that transfusions reemerged in the nineteenth century among obstetricians working to save hemorrhaging women, but the procedure remained relatively controversial, dangerous, and rare until 1901, when Karl Landsteiner published his discovery of blood types. See Kim Pelis, "Blood Clots: The Nineteenth-Century Debate over the Substance and Means of Transfusion in Britain," *Annals of Science*, 54 (1997), 331–52. See also Flint, *The Victorians and the Visual Imagination*, pp. 106–7.

[10] In his essay "Did the Novelist Anticipate the Neurologist?" Martin N. Raitiere focuses on establishing the diagnosis of complex partial epilepsy and only touches on the question of how Eliot might have known about this constellation of symptoms. In *The Complicity of Friends* he argues that Herbert Spencer suffered from a form of "reading epilepsy," which would have given Eliot privileged knowledge of an illness not yet known to the medical profession. See Martin N. Raitiere, "Did the Novelist Anticipate the Neurologist? The Enigma of George Eliot's *The Lifted Veil*," *Literature and Medicine*, 30 (2012), 144–70; and Martin N. Raitiere, *The Complicity of Friends: How George Eliot, G. H. Lewes, and John Hughlings-Jackson Encoded Herbert Spencer's Secret* (Lewisburg, Penn.: Bucknell Univ. Press, 2012).

[11] See Helen Small, "Introduction," pp. ix-xxxviii, and "Explanatory Notes," in *The Lifted Veil; Brother Jacob*, pp. 94–95; Jane Wood, *Passion and Pathology in Victorian Fiction* (New York: Oxford Univ. Press, 2001), pp. 99–100; and Shuttleworth, "Introduction," pp. xxvi-xxvii. See also Sally Shuttleworth, "'The Malady of Thought': Embodied Memory in Victorian Psychology and the Novel," in *Memory and Memorials, 1789–1914:*

but even if Eliot was describing Spencer's illness, Raitiere's thesis does not account for the symbolic primacy Eliot accords the cardiac attack bookending Latimer's story or her choices in describing Latimer's symptoms.

In this essay I show that the neurological phenomenon called hyperaesthesia offers another possible set of precursors—a physiological vocabulary, if you will—for Latimer's predicament. Hyperaesthesia cases are useful models in this context because they look Gothic and, frankly, inappropriate for clinical medicine, but—as these respectable physicians demonstrate in their treatises—if judiciously managed, they offer a welcome spark of speculation for future work. These cases illustrate the capaciousness and flexibility of the realism that Eliot built her career on.

The borders of Victorian science were porous and contested. For many years there was no role of "professional" scientist as there was in other countries, which famously roused some anxiety that, for the English, science "led to little honour, and to less profit."[12] Debates over scientific terms and methodology slowed the work of organizations like the Royal Society and the British Association for the Advancement of Science.[13] Alison Winter notes that "the practices, practitioners, contexts, and audiences that existed for early Victorian science were extremely diverse"; researchers debated the reliability of different kinds of evidence and even what constituted the scientific community.[14] Indeed, while Lewes chastised Charles Dickens for writing spontaneous combustion into *Bleak House* (1852–53),

Literary and Cultural Perspective, ed. Matthew Campbell, Jacqueline M. Labbe, and Sally Shuttleworth (New York: Routledge, 2000), pp. 46–59, especially pp. 51–52. Shuttleworth also mentions William Carpenter's and Henry Holland's work on prevision ("Introduction," p. xxvi). For a good discussion of "double consciousness," see Beth Tressler, "Waking Dreams: George Eliot and the Poetics of Double Consciousness," *Victorian Literature and Culture,* 39 (2011), 483–87.

[12] See Charles Babbage, *Reflections on the Decline of Science in England, and on Some of Its Causes* (London: B. Fellowes, 1830), p. 23.

[13] See Richard R. Yeo, *Defining Science: William Whewell, Natural Knowledge, and Public Debate in Early Victorian Britain* (Cambridge: Cambridge Univ. Press, 1993), especially pp. 28ff.

[14] Alison Winter, "The Construction of Orthodoxies and Heterodoxies in the Early Victorian Life Sciences," in *Victorian Science in Context*, ed. Bernard Lightman (Chicago: Univ. of Chicago Press, 1997), p. 25.

Thomas Huxley attacked Lewes in 1853 as a rank amateur with only book-knowledge of science.[15]

Similarly, the medical community endured decades-long disputes over training, registration, licensure, remuneration, and the like as practitioners negotiated the shift from a largely informal bedside training in the early nineteenth century to a formal and scientific hospital training at the turn of the century.[16] Alternative therapies bloomed in these years, from homeopathy to electro-biology.[17] Physicians identified as "regular" (allopathic) or "irregular" ("sectarian"), depending largely on training, but their treatments overlapped. Following a backlash in the 1840s against the purging and bleeding of so-called heroic medicine, the "quack" nostrums hawked by itinerants (and prescribed by many regulars) advertised their lack of harsh ingredients like mercury but often used them anyway.[18] The British were not all eager to give up heroic treatments or to adopt new medical technology like the stethoscope, statistics, anesthesia, and antisepsis.[19] But they investigated new medical techniques with both speculation and skepticism—some that today we

[15] See Rosemary Ashton, *G. H. Lewes: A Life* (Oxford: Clarendon Press, 1991), pp. 143–47.

[16] For developments in medical training, see W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge Univ. Press, 1994); and Thomas Neville Bonner, *Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750–1945* (New York: Oxford Univ. Press, 1995). For a case study of how one physician responded to the call for a professional, scientific, and clinical medicine, see Terrie M. Romano, *Making Medicine Scientific: John Burdon Sanderson and the Culture of Victorian Science* (Baltimore: Johns Hopkins Univ. Press, 2002).

[17] Logie Barrow identifies the 1840s as the heyday of alternative medicines, although the 1850s saw a resurgence of popular and scientific discussion of mesmerism and electro-biology (hypnotism). See Logie Barrow, "Why Were Most Medical Heretics at Their Most Confident around the 1840s? (The Other Side of Victorian Medicine)," in *British Medicine in an Age of Reform*, ed. Roger French and Andrew Wear (London: Routledge, 1991), pp. 165–85.

[18] See Roy Porter, *Quacks: Fakers and Charlatans in English Medicine* (Charleston, S.C., and Stroud, Gloucestershire: Tempus, 2000), p. 128; and William H. Helfand, *Quack, Quack, Quack: The Sellers of Nostrums in Prints, Posters, Ephemera and Books* (New York: Grolier Club, 2002), pp. 32–33. On the process of "therapeutic reform" in the pharmaceutical industry, see Joseph M. Gabriel, *Medical Monopoly: Intellectual Property Rights and the Origins of the Modern Pharmaceutical Industry* (Chicago: Univ. of Chicago Press, 2014).

[19] See Stanley Joel Reiser, *Medicine and the Reign of Technology* (Cambridge: Cambridge Univ. Press, 1978).

consider pseudo-science and others that are a commonplace of modern medicine. Just as blood transfusion was a controversial procedure instead of the science it is now, prevision and telepathy were carefully considered by respected Victorian physicians. For example, Henry Holland cautions that researchers must verify "miraculous [mesmeric] powers" using "evidence far more searching and stringent" than that needed for symptoms like trance, which were readily explicable by physiology.[20] Holland considers what would constitute evidence of miraculous powers instead of dismissing such claims altogether. Individual practitioners might include not only old-fashioned or traditional practices but some of these innovations. In short, "regular" clinical medicine in the nineteenth century was more comprehensive and less restrictive in practice than its ideal, especially outside the metropole; the boldly experimental Dr. Meunier in "The Lifted Veil" is perhaps typically French but would not have been out of place as a British physician either.

John Elliotson, whom Eliot met in 1853, exemplifies the difficulty of determining the borders of respectable science.[21] Elliotson was President of the Medical and Chirurgical Society of London and Fellow of the Royal College of Physicians and the Royal Society. He also founded the London Phrenological Society and was forced to resign from the Royal Medical and Chirurgical Society and the University of London in 1838 due to his support of mesmerism. His text *The Principles and Practice of Medicine* (1839) became a teaching reference anyway.[22] He founded *The Zoist*, a mesmerism and phrenology journal, in 1843 and gave the Harveian Oration at the Royal College of Physicians in 1846, although not without some controversy: he spoke on mesmerism. Elliotson promoted the benefits of surgical anesthesia (via mesmerism) while it was controversial, and

[20] Henry Holland, *Chapters on Mental Physiology*, 2d ed. (London: Longman, Brown, Green, Longmans, and Roberts, 1858), p. 100.

[21] See George Eliot, letters to Sara Sophia Hennell, [8 November 1853] and [18 November 1853], in *The George Eliot Letters*, ed. Gordon S. Haight, 9 vols. (New Haven: Yale Univ. Press, 1954–78), II, 124 and II, 126.

[22] See John Elliotson, *Lectures on the Theory and Practice of Medicine*, ed. John Charles Cooke and Thornton G. Thompson (London: J. F. Moore, 1839).

he was one of the first British physicians to champion the use of the stethoscope.[23]

Eliot sets her story during the period when phrenology and mesmerism were most in evidence in Britain, bounded by Latimer's romantic-era youth and his death in 1850. The controversy over mesmerism was perhaps strongest in 1846, when it was on the verge of acceptance as a form of anesthesia.[24] After 1850, mesmeric experiments lapsed into popular entertainments. Thus "The Lifted Veil" is poised in the historical moment when the accelerating pace of medical professionalization and reform collides with a proliferation of exploratory, alternative therapies.

Eliot plays up the extremity of Latimer's peculiar symptoms, but in fact they fall within a spectrum of similar cases circulated among respected physiology texts. If, as Flint argues, "rather than being sensationalist and improbable, Meunier's experiment is directly linked to contemporary physiology" (*The Victorians and the Visual Imagination*, p. 102), the same could be said about Latimer's symptoms. Beryl Gray shows that Eliot had studied the claims of animal magnetism in cases that resemble Latimer's episodes.[25] Given Lewes's immersion in physiology during the late 1850s and Eliot's increasing interest in science, however, "regular" Victorian medicine was available as another site from which she could consider such cases.

While physicians' interest in animal magnetism declined after 1850, medical textbooks continued to print unusual cases examining similar phenomena. William Benjamin Carpenter, an Edinburgh-trained physician instrumental in establishing University College London, sought to discredit phrenology and explain mesmerism on physiological terms. He examined odd sensory phenomena in his classic medical treatise, *Principles of Human Physiology* (1842, with multiple editions over four decades). Both Eliot and Lewes knew Carpenter's work, including

[23] See Alan Gauld, "Elliotson, John (1791–1868)," in *Oxford Dictionary of National Biography* (Oxford: Oxford Univ. Press, 2004), XVIII, 192–93. See also Reiser, *Medicine and the Reign of Technology*, pp. 32–43.

[24] See Alison Winter, *Mesmerized: Powers of Mind in Victorian Britain* (Chicago: Univ. of Chicago Press, 1998), pp. 173, 184.

[25] See Gray, "Pseudoscience and George Eliot's 'The Lifted Veil.'"

his examination of mesmeric cases.[26] The cosmopolitan physician John Hughes Bennett also examined such phenomena, in his much-reprinted *Clinical Lectures on the Practice and Principles of Medicine*, first published in 1850. A promoter of scientific medicine (he argued against bloodletting and in favor of the microscope), Bennett taught hypnotism as part of his course in physiology at Edinburgh as late as the 1860s.[27] Sir Henry Holland was Physician in Ordinary to the Queen and six prime ministers. His *Chapters on Mental Physiology* (first published in 1852 with chapters excerpted from *Medical Notes and Reflections*, first edition 1839) discusses the "strange and almost mysterious nature" of spectral illusions (*Chapters on Mental Physiology*, p. 45) and analyzes the claims of mesmerism and phrenology. Eliot knew (and occasionally consulted) Holland, and she and Lewes were familiar with his texts.[28] Forbes Winslow presents a number of cases with symptoms similar to Latimer's in his treatise *On Obscure Diseases of the Brain* (1860). Although Winslow's advocacy for the insane attracted controversy, his treatise went through four English and two American editions.

[26] In October 1853, writing to Charles Bray (who had introduced her to phrenology and mesmerism), Eliot comments: "You should read the article in the Quarterly [Review] on Electro-Biology—it is by Dr. Carpenter—a 'naked neddy' in your esteem, but still the first physiologist in England" (*Letters*, II, 121 [29 October 1853]). Upon meeting the mesmerist physician John Elliotson on 9 November 1853, however, she reported to Sara Hennell: "He expressed considerable indignation about Carpenter's article—not unjustly I think—because it blinks all the facts of mesmerism" (*Letters*, II, 126 [18 November 1853]). In the mid-1850s, after she joined Lewes, she distanced herself from her earlier interest in phrenology and mesmerism (see Gray, "Pseudoscience and George Eliot's 'The Lifted Veil,'" p. 422), and is likely to have become more familiar with Carpenter's work on marine physiology and the microscope. Lewes was then writing *Sea-Side Studies* and *Physiology of Common Life*. William Baker lists three of Carpenter's books and six of his articles as being in Lewes's library (see Baker, *The George Eliot-George Henry Lewes Library: An Annotated Catalogue of Their Books at Dr. Williams's Library, London* [New York: Garland, 1977], p. 35). Indeed, Carpenter wrote a letter of support to Lewes praising *Sea-Side Studies* upon its publication in 1858 (see Ashton, *G. H. Lewes: A Life*, p. 188).

[27] See Harley Williams, *Doctors Differ: Five Studies in Contrast: John Elliotson, Hugh Owen Thomas, James Mackenzie, William Macewen, R. W. Philip* (London: Scientific Book Club, 1947), p. 79.

[28] See Baker, *The George Eliot-George Henry Lewes Library*, p. 98; Wood, *Passion and Pathology in Victorian Fiction*, p. 99; and Shuttleworth, "Introduction," p. xlv. Rick Rylance argues that *Middlemarch* and Holland have "a recognizable similarity of thinking" on mental and moral issues (Rylance, *Victorian Psychology and British Culture 1850–1880* [New York: Oxford Univ. Press, 2000], p. 131).

The cases I discuss here thus represent the judgment of an array of respected physician-authors. They record unusual sensory experiences that cannot be dismissed as insanity, hysteria, or drug-induced hallucinations. While they generally seek a physiological cause, some (Winslow in particular) seem open to alternate explanations. They write in a context where professional identity is profoundly in flux, but the boundaries of the known are equally fluid; further, they acknowledge both of these challenges, carefully balancing speculation and skepticism in their texts. Finally, these cases—whether because they are rare or because they are so memorable—circulate through text after text, sometimes for decades (many originated in the 1820s-30s treatises of Walter Scott, Samuel Hibbert, and David Brewster).[29] Ironically, the circulation of these remarkable cases through Victorian medical texts seems to normalize them within the context of brain science, as each author calmly quotes and cites his source despite reporting the oddest occurrences.

These texts offer broad medical analogues for Latimer's symptoms, allowing for visions (for example) without requiring that they be the result of insanity or delusion. Presaged by a childhood "complaint of the eyes that made [him] blind for a little while" ("The Lifted Veil," p. 5) and identifying him with the iconic blind prophet, Latimer's visions echo neurological cases in which a dysfunction of the eye or brain causes disturbances of vision. As Holland remarks, "In many remarkable cases the ordinary perceptions from the senses are wholly disturbed and perverted by the condition of the sensorium receiving them" (*Chapters on Mental Physiology*, p. 96). Lewes comments, "It is well known that persons suffering from brain disease, or disturbance of cerebral circulation, have seen spectral objects with a vividness equal to that of actual vision. A black cat is seen to run up the wall; a person is seen to enter the room" (*Physiology of Common Life*, II, 282). Winslow discusses a woman who, after an operation for cataract, hallucinated "generally threatening and alarming" "high walls [and] heavily-laden

[29] See Walter Scott, *Letters on Demonology and Witchcraft, Addressed to J. G. Lockhart, Esq.* (London: John Murray, 1830); Samuel Hibbert, *Sketches of the Philosophy of Apparitions* (Edinburgh: Oliver and Boyd, 1824); and David Brewster, *Letters on Natural Magic, Addressed to Sir Walter Scott* (London: John Murray, 1832).

carts."[30] Similarly, Bennett's patient Mrs. M'Kenzie suffered "partial amaurosis" (blindness) and "is much troubled with ocular spectra." Bennett explains: "She thinks she sees wild animals, flower gardens, oil paintings, and children dancing before her, dressed in clothes of various colours"; he diagnoses her case as a "functional disorder of the nervous system" with "spinal irritation."[31]

Such hallucinations, like Latimer's, can be aural as well. Elliotson tells of a bookseller, Nicolai, who "saw [and heard] an immense number of objects—people and brutes." His source, Samuel Hibbert, explains the phantasms as "the consequence of a diseased state of the nerves, and an irregular circulation of the blood."[32] "A worthy clergyman," a patient of Winslow's, after "a severe attack of carbuncle at the nape of the neck. . . . began to hear voices audibly speak to him" in Welsh, the language of his youth (Winslow, *On Obscure Diseases of the Brain*, p. 238). Holland notes the frequency of "organs, bells, [and] street-cries" in such aural illusions and tells of a musical lady who, like Latimer, was much annoyed by the incessant tunes she heard (*Chapters on Mental Physiology*, pp. 49, 53). Seeing visions and hearing voices can of course result from psychological disease or the mesmeric trance. But these physicians describe patients as though they are "overhearing" voices or other noises inaudible to others, not hearing illusory voices inside their heads.

These medical cases match an important element of Latimer's self-presentation: he suffers not deceptive sensory function, but remarkably acute sensory function. The story, like these medical treatises, frames the uncanny voices as a material truth. Latimer consistently refers his experiences back to sound metaphors. He characterizes overhearing others' thoughts as

[30] Forbes Winslow, *On Obscure Diseases of the Brain, and Disorders of the Mind: Their Incipient Symptoms, Pathology, Diagnosis, Treatment, and Prophylaxis* (London: John Churchill, 1860), p. 580. Winslows is quoting the neurologist Moritz von Romberg (1795–1873).

[31] John Hughes Bennett, *Clinical Lectures on the Principles and Practice of Medicine* (New York: Samuel S. and William Wood, 1860), pp. 399–400.

[32] John Elliotson, *The Principles and Practice of Medicine, First American, from the Second London Edition, Greatly Enlarged and Improved*, ed. Nathaniel Rogers and Alexander Casper Lee (Philadelphia: Carey and Hart, 1844), p. 547 and n. This example is absent from the earlier, 1839 (London) version of this text.

like hearing "an importunate, ill-played musical instrument, or the loud activity of an imprisoned insect," for example; "grating metal" that "set [his] teeth on edge"; or "a ringing in the ears" ("The Lifted Veil," pp. 13, 14, 18). He presents his experience as the ability to hear some extremely high-pitched stratum of sound, tapping into a stream of vibrations imperceptible to others, much as dogs can hear sounds that humans cannot. Indeed, he diagnoses the problem as "a preternaturally heightened sense of hearing, making audible to one a roar of sound where others find perfect stillness," a "superadded consciousness of the actual" (p. 18).

Although Latimer does use terms like "strange new power" to describe his experience, he seeks a physiological explanation of his state. He considers whether "a disease—a sort of intermittent delirium, [is] concentrating [his] energy of brain into moments of unhealthy activity" ("The Lifted Veil," p. 12).[33] Latimer describes his condition as an "abnormal sensibility" and a "morbid organisation," and refers to his first two episodes as "cases" ("The Lifted Veil," pp. 13, 14). He attributes his powers to his "diseased sensibility": a disorder of his perceptive apparatus, not "merely a diseased activity of the imagination," because his previsions prove them to "have a fixed relation to the mental process in other minds" (pp. 20, 13). He has "little hope that [his vision] was the mere diseased play of [his] own mind, and had no relation to external realities" (p. 20). Although his fretful, sensitive persona suggests a psychological influence, Latimer was, even as a child, especially attuned to the physical sounds around him (p. 5). Like the physicians exploring these phenomena, Latimer—while turning from one metaphor to another in a vain attempt to capture these experiences—frames them as physiological rather than psychological or mystical events. Remarkably, despite the evident disruptions to his sensory apparatus, Latimer never questions his ability to observe and reason.

Latimer's telepathy thus presents not as delusion but as a particular neurological state: a kind of *hyperaesthesia*, or

[33] Latimer's use of terms like "delirium" or "strange sudden madness" ("The Lifted Veil," p. 12) does not necessarily indicate a psychological illness, given contemporary theories on the neurological effects of physiological stimuli, as in Lewes's *Physical Basis of Mind* (1877).

extraordinarily acute sense.[34] Hyperaesthesia appears regularly in Victorian medical treatises on the brain, reflecting the authors' duty to present specialized knowledge for physicians working from a limited experience. Carpenter, for instance, accepts "most extraordinary acuteness" of the senses in cases of mesmerism. He testifies: "the Author has witnessed a case in which such an exaltation of the sense of Smell was manifested, that the subject of it discovered without difficulty the owner of a glove placed in his hand, in an assembly of fifty or sixty persons."[35] Carpenter reprints this and other cases in a *Quarterly Review* article on "Electro-Biology and Mesmerism" (1853), which Eliot is known to have read. Similarly, Elliotson twice discusses a case from William Heberden, where hemiplegia caused "an extraordinary acuteness of smell" (*Lectures on the Theory and Practice of Medicine*, pp. 399, 401).

Latimer's experiences are particularly similar to auricular hyperaesthesia, when the ear can act like a microphone to magnify sound just as Latimer's mental microscope magnifies images.[36] Auricular hyperaesthesia had been reported by Victorian physiology, although it could not be accounted for. Scientific interest in the existence of sounds beyond human hearing dates back as far as 1820, when William Hyde Wollaston published "On Sounds Inaudible by Certain Ears."[37] Wollaston focuses on cases of partial deafness—people who cannot hear the high-pitched piping of the cricket or the bat—but he concludes, "we may imagine that animals . . . may have the faculty of hearing still sharper sounds, which at present we do not know to

[34] Raitiere interprets the confirmation of Latimer's visions as simply another hallucination; this idea is plausible, but a less interesting reading morally (See "Did the Novelist Anticipate the Neurologist," p.158).

[35] William Carpenter, *Principles of Human Physiology*, 6th ed., ed. Henry Power (London: John Churchill, 1864), p. 602. This discussion continues to appear in 1870s editions, through the posthumously published 1888 edition. See William B. Carpenter, *Principles of Mental Physiology* (New York: D. Appleton, 1888), p. 607.

[36] Latimer's description of aural sensory experience as if it were visual suggests that his condition may also be related to synaesthesia, the ability to experience one kind of sensory data as another. Winslow examines cases of synaesthesia as well.

[37] Wollaston's claim was much discussed. See William Hyde Wollaston, "On Sounds Inaudible by Certain Ears," *Philosophical Transactions of the Royal Society of London*, 110 (1820), 306–14. For Victorian research on sound, see John M. Picker, *Victorian Soundscapes* (New York: Oxford Univ. Press), 2003), especially p. 8.

exist . . . [so that they] may be said to possess another sense" ("On Sounds Inaudible," p. 314).

In such cases, Winslow explains, "the hearing often becomes painfully acute. The faintest whisper reverberates through the ear like the noise of thunder, and conversations that are taking place in remote parts of the house are clearly and distinctly heard by the patient whilst in this state" (*On Obscure Diseases of the Brain*, p. 594). Of course, Latimer hears thoughts, not voices, as though he were attuned to brain vibrations instead of sound vibrations. Still, physiological cases suggest a linkage of material and mental reality in this way; another patient of Winslow's suffered "intolerable acuteness of hearing and vision, insomuch that the slightest light and sound, even the humming of a fly, became insupportable. Ideas, also, were rendered more vivid. . . . [and] the recollected images of the mind assumed a most frightful reality" (*On Obscure Diseases of the Brain*, p. 578).[38] Like Latimer, Winslow's patient experiences this acute hearing as "intolerable" and "insupportable," just as Eliot suggests in her famous passage in *Middlemarch* (1872): "If we had a keen vision and feeling of all ordinary human life, it would be like hearing the grass grow and the squirrel's heart beat, and we should die of that roar which lies on the other side of silence."[39] In just this way—although, as John M. Picker shows, elsewhere Eliot endorses a notion of "sympathetic resonance" linking hearing to emotional identification (*Victorian Soundscapes*, pp. 88–89)—in "The Lifted Veil" Latimer's extraordinary sensitivity to sound serves only to deaden his sympathy for others.

Victorian physicians explored reports that epilepsy, still poorly understood, might cause hyperaesthesia and spectral illusions. Winslow and Elliotson expand upon a relevant case from "Dr. Gregory." Here, a patient's epileptic fits were presaged by a visual apparition, a "painful visitation" in which (as the patient reports), "the door of the room . . . flies wide open; an old

[38] Winslow tells us this case was cited by Hibbert in his *Sketches of the Philosophy of Apparitions* (see Winslow, *On Obscure Diseases of the Brain*, p. 578).

[39] George Eliot, *Middlemarch*, ed. David Carroll (Oxford: Clarendon Press, 1986), p. 189. Shuttleworth notes Gillian Beer's discussion of this trope (Shuttleworth, "Introduction," p. xix). See Gillian Beer, "Myth and the Single Consciousness: *Middlemarch* and *The Lifted Veil*," in *This Particular Web: Essays on "Middlemarch,"* ed. Ian Adam (Toronto: Univ. of Toronto Press, 1975), p. 99.

hag . . . enters with a frowning and incensed countenance . . . rushes upon me . . . and then strikes me a severe blow with her staff," which then precipitates the epileptic attack (Winslow, *On Obscure Diseases of the Brain*, p. 313).[40] The vivid, dreamlike quality of the visitation, and the fantasmatic "causation" of the attack by the hag's purported blow, may account for its being one of the most widely circulated cases of those discussed here.[41]

As with Latimer's visions, epileptic visions are fantastical and threatening, whether of "a hideous figure" or a "little blue imp" that "moped and mocked" at the patient (Winslow, *On Obscure Diseases of the Brain*, p. 484). The "great and unnatural exaltation" of "the mental faculties" in epilepsy cause "the patient's sense of hearing and seeing [to become] painfully acute" (p. 482). And if Latimer suffers from "the poet's sensibility without his voice" ("The Lifted Veil," p. 7), Winslow finds a similar kinship in the epileptic patient's "wonderful aptitude to conceive things quickly, to examine them under their most brilliant and poetical aspects" (*On Obscure Diseases of the Brain*, p. 484). He also warns of the depressive effects of epilepsy; undetected epileptic attacks, he says, can cause "mental lassitude, . . . enfeebled volition, and marked indifference to all the important concerns and business of life," much like Latimer's passivity and ennui (p. 480). More worrisome, Winslow continues, citing J. Russell Reynolds, the disorder impairs the faculty of logical reasoning: the epileptic patient can be "played upon by every external impression."[42]

[40] See Elliotson, *The Principles and Practice of Medicine* (1844), p. 596. Elliotson's earlier, 1839 text, published in the heyday of empiricist enthusiasm, omits the full patient narrative with its florid detail. He says simply, "Dr. Gregory used to mention that he knew a patient who before the fit saw a little old woman come out of the corner with a stick, and when she approached and struck him, down he fell in a paroxysm" (Elliotson, *Lectures on the Theory and Practice of Medicine*, p. 361).

[41] Winslow finds Gregory's case in Hibbert's *Sketches of the Philosophy of Apparitions*. Elliotson cites Gregory from Walter Scott's treatise *Letters on Demonology and Witchcraft*, Letter I, which derives it from Gregory himself (Scott, *Letters on Demonology*, p. 24). The "Dr. Gregory" cited is not William Gregory (1803–1858), the mesmerist and chemist, but James Gregory (1753–1821), administrator of the medical school at Edinburgh who (according to Hibbert) commonly lectured on this case. Scott also mentions the case of Nicolai.

[42] J. Russell Reynolds, "Some Phenomena of the Inter-Paroxysmal Condition of Epileptics and Their Relation to Treatment," *Lancet*, 4 and 11 August 1855, p. 279; quoted in Winslow, *On Obscure Diseases of the Brain*, p. 480n.

While Eliot builds *Silas Marner* (1861) around a case of epilepsy, she frames "The Lifted Veil" by naming a different disorder. The uncanny sensations that terrorize Latimer echo the medical literature on not only nerve and brain disorders, as I have shown, but also cardiac disease, which is explicitly called out in the narrative. Latimer's death by heart attack accords with mid-century research considering that sensory hallucinations could be symptoms of cardiac disease (in contrast to insanity, hysteria, and hypochondria, which, as Jane Wood points out, were associated with digestive disease).[43] George Burrows was among the earliest to link brain disorders to cardiac and circulatory disease; Lewes owned Burrows's 1846 book about this idea.[44] Others followed suit; Winslow asserts that "cardiac disease exercises a material influence over the psychical functions of the cerebrum," including hyperaesthesia (*On Obscure Diseases of the Brain*, p. 624). He cites Elliotson's patient who "had suddenly an attack of hemiplegia, and whilst in bed he heard the least sound at the bottom of the house with an acuteness which surprised him" (Winslow, *On Obscure Diseases of the Brain*, p. 594).[45] Winslow reports that "in another case, for a few hours prior to an apoplectic seizure, the patient remarked . . . that, when in a distant part of the house, he could, and, in fact, did hear distinctly a conversation that was taking place in the dining-room at a time when no one else could distinguish the sound of human voices!" (*On Obscure Diseases of the Brain*, p. 595) Winslow's exclamation point registers his own amazement at the phenomenon. It was thought that cardiac disease could cause not only hyperaesthesia but also gloomy visions and presentiments. Winslow cites B. A. Morel's observation that hypertrophy of the heart is associated with "the periodical return of strange ideas, hypochondriacal sensations, and often special hallucinations. . . . usually of a terrifying nature."[46] Uncanny experiences

[43] See Wood, *Passion and Pathology in Victorian Fiction*, pp. 60–61.

[44] See Wood, *Passion and Pathology in Victorian Fiction*, p. 106. Shuttleworth notes that the nineteenth-century physician John Forbes linked cardiac disease, depression, and a "fear of impending death" (quoted in Shuttleworth, notes, in *The Lifted Veil and Brother Jacob*, pp. 84–85).

[45] This reference is absent from the earlier, 1839 version of Elliotson's text.

[46] B. A. Morel, "Traité des Maladies du Cœur," quoted in Winslow, *On Obscure Diseases of the Brain*, p. 625.

like Latimer's might not seem so uncommon in the context of Victorian cardiac medicine.

If the heart may affect the mind, Victorian physicians considered that the mind may also affect the heart. Bennett devotes a chapter to how a suggestible patient can cause his own symptoms. In sensory hallucination or hyperaesthesia, "sensations may be increased, perverted, or destroyed. . . . [with] spectral images" and "hearing is frequently very acute" (*Clinical Lectures*, p. 293). The mind, Bennett continues, can also cause physical symptoms, since "it is well known that actual pain may be produced in a part by fixing our attention upon it. . . . nervous pains of this description have actually led to tenderness and swelling of the integuments" (p. 296). Holland explains how "physical changes . . . are induced on the organs [from thinking about them]; altering, and for the most part augmenting, the intensity of [their] sensations" (*Chapters on Mental Physiology*, pp. 87–88).[47] By worrying about the heart, Carpenter explained, a patient can disrupt its action: "the hypochondriac patient, 'in fixing his consciousness with morbid intentness on certain organs, creates not merely disordered sensations, but often, also, disordered actions in them'" including "palpitations of the heart."[48] Holland adds: "there is cause to believe the action of the heart to be quickened or otherwise disturbed, by the mere centring the consciousness upon it, without any emotion or anxiety. . . . hæmorrhage . . . is often increased by the same cause" (*Chapters on Mental Physiology*, p. 83).

The medical record suggests, then, that a cardiac patient like Latimer might both suffer "terrifying" hallucinations of death and fearfully make them come true. Winslow seems to accept this as a true prophecy, rather than a self-fulfilling one. He remarks that "persons who have been attacked by epilepsy, paralysis, and apoplexy, have had . . . distinct recollection of dreaming of these affections; . . . a morbid psychical *presentiment* of their particular disease as well as mode of death" (*On Obscure*

[47] See also Holland, *Chapters on Mental Physiology*, p. 107.

[48] William Carpenter, *Principles of Human Physiology*, 4th American ed. (Philadelphia: Lea & Blanchard, 1850), p. 388, citing Holland, *Chapters on Mental Physiology*, p. 104. Charles Darwin cites both Holland and Carpenter, as well as Thomas Laycock and others, on this point in *The Expression of Emotion in Man and Animals* (1872).

Diseases of the Brain, p. 612). Morel explains prevision physiologically: "Apoplexy is preceded by dreams in which the person believes that he is in danger of perishing. . . . The nightmare announces the concentration of blood in the great cavities of the chest."[49]

Winslow also notes "a mysterious prophetic power" in apoplexy. "In one case," he exclaims, "the patient assured his friends, for some weeks prior to an apoplectic seizure, that he should soon be the subject of the malady, and that it would be fatal! Alas! he proved to be a true prophet!" (*On Obscure Diseases of the Brain*, pp. 261–62). A Dr. Portal comments on the "astonishment" he feels when patients predict their fates in this way: "All their senses appear perfect and entire, but their minds appear to have acquired an inspired and prophetic power. . . . the event justifying the prediction, they are regarded as true prophets. I saw a patient who foretold his death six days previously to its actual occurrence, there being at the time no symptom" suggesting such an outcome.[50] A prophetic "aura" certainly heralds the cardiac attack that apparently fells Latimer, whether foretold or brought on by his anxious personality. He warns us:

> Just a month from this day, . . . I shall be sitting in this chair, in this study, at ten o'clock at night. . . . the horrible contraction will begin at my chest. I shall only have time to reach the bell, and pull it violently, before the sense of suffocation will come. . . . The sense of suffocation increases. . . . I long for life, and there is no help. . . . Agony of pain and suffocation. ("The Lifted Veil," p. 3)

Indeed, both narrative and narrator conclude with this very scene.

A Victorian medical reader of Latimer's narrative might consider his unusual powers as physiological events, and, given her familiarity with science, Eliot was likely

[49] Morel, "Traité des Maladies du Cœur," quoted in Winslow, *On Obscure Diseases of the Brain*, p. 614.

[50] Quoted in Winslow, *On Obscure Diseases of the Brain*, p. 262.

aware of this peculiar association. It matters little whether Latimer suffers from psychiatric, neurologic, or cardiac disease. Rather, the wealth of these cases in the medical literature allows us to get over the purported strangeness of his illness and see instead what Eliot does to make Latimer's symptoms speak to her readers: how she uses material from her interest in Victorian science to build her imaginative constructions of moral experience. The existence of these phenomena in contemporary reports made them available as provocative materials for Eliot's exploration of human consciousness and character.

Eliot frequently makes use of scientific thought in order to make some moral or philosophical point, as the catalepsy in *Silas Marner* stands in for Silas's early insensibility to social relations. "The Lifted Veil" is no exception, where the scientific content of the story grounds Eliot's moral and aesthetic argument. If Latimer's eccentric mental abilities can be read as a disorder of the heart, they trope his spiritual and emotional disease. Latimer's visionary phenomena, with their link to cardiac disease, can be a necessary token of his "broken heart": his inability to sympathize and love.

The story also uses its scientific content as a means of characterization; Latimer's phraseology suggests the misfit between his poetic heart and prosaic education. True to his romantic temperament, Latimer characteristically turns fact into figuration. While he displays an accurate knowledge of contemporary science, he subverts it, turning it to a metaphor for his unique experiences. He describes his last pangs of grief, when he comes to realize that his wife Bertha hates him, as "a joy that [he] looked back upon with longing, as a man might look back on the last pains in a paralysed limb" ("The Lifted Veil," p. 31).

These are methods Eliot employs in other fictions, but "The Lifted Veil" uniquely deploys a sensational style and subject matter that seem out of place in her canon, to produce a moral very much consonant with her realism in other texts. Latimer's forays into hyperaesthesia allow the story to set forth more sharply, and to celebrate, its glimpses into the small distinctions of ordinary human perception that govern her realist fiction.

The relief of the ordinary appears, for example, when Eliot juxtaposes Latimer's eerie sensibility with the casual, almost

unnoticed prophecy and sensory immersion of the physician. Physicians regularly practice a kind of occupational prevision, which the story mentions twice, and both times the phrasing suggests an ironic friction between "ordinary" prevision and Latimer's sort. In one example, Meunier tells Latimer that Mrs. Archer's case is "an attack of peritonitis, which will be fatal, but which does not differ physically from many other cases that have come under [his] observation" ("The Lifted Veil," p. 38). Meunier's prophecy here is matter-of-fact and accurate, but in another sense wretchedly untrue, as Mrs. Archer's case in fact concludes with the ground-breaking, dramatic experiment of reanimation. An earlier example of a physician's prevision opens the story with an even more vexed remark: "in the ordinary course of things, my physician tells me, I may fairly hope that my life will not be protracted many months" (p. 3). Latimer's physician looks ahead to his death, just as Latimer himself does in the very next paragraph, but the physician's prophecy has what in retrospect appears to be the blessing of uncertainty, hedged around with qualifiers: "in the ordinary course of things," "may fairly hope," "not . . . many months." In contrast, Latimer's prevision of death is nightmarishly clear, and framed by sensational detail: "on the 20th of September 1850 . . . at ten o'clock at night. . . . Just as I am watching a tongue of blue flame . . . the horrible contraction will begin at my chest. . . . My two servants are lovers, and will have quarrelled. My housekeeper will have rushed out of the house . . . hoping that Perry will believe she has gone to drown herself" (p. 3). Latimer's irony and his misery is, of course, that his heart will fail in such an extraordinary manner, after a very extraordinary "course of things" instead.

This sensational story thus paradoxically figures the ordinary as uniquely valuable. Latimer becomes increasingly unhappy the more he is drawn into his extraordinary experiences. Thankfully, his other senses remain unaffected, true to the patterns established in the medical literature. Indeed, this aspect of his illness provides one of the most striking psychological moments in the text, poignantly illustrating Latimer's longing for the quotidian. After his first prevision, he recoils from his frightening new ability. He relates:

> I went into my bedroom . . . and opened a case of eau-de-Cologne; took out a bottle; went through the process of taking out the cork very neatly, and then rubbed the reviving spirit over my hands and forehead, and under my nostrils, drawing a new delight from the scent because I had procured it by slow details of labour, and by no strange sudden madness. ("The Lifted Veil," p. 12)

The series of actions here—like the creeping, virtuous labor of realism that Eliot praises in *Adam Bede* (1859)—emphasizes the painstakingly differentiated physical steps that allow Latimer to find solace in everyday experiences of smell and touch. These experiences reassert the normal pace and scope of the senses, in contrast to the frightening range of his hyperaesthesia, and they provide one of the few moments in the story when he becomes a sympathetic figure. Similarly, recoiling from the flood of his brother's petty thoughts, Latimer yearns for awareness only of "the ordinary indications of intonation and phrase and slight action, which an acute and suspicious mind is on the watch for" instead of having these fractured in the extraordinary, inhuman dissection he achieves by seeing them "in all their naked skinless complication" (pp. 14–15).

Although, like Charles Dickens, Eliot is here negotiating between the extraordinary and the ordinary that jointly exist in her fictional world, she is not, like Dickens, exhorting her readers that "in all familiar things . . . there is Romance enough, if we will find it out."[51] She is not even arguing that "in all Romance there is familiarity enough, if we will find it out." Rather, she clarifies that Latimer's suffering results from the muting of the ordinary in his life. The flood of extraordinary experience that buries him paradoxically renders him insensible to the small pleasures of quotidian existence, just as "that roar which lies on the other side of silence" deafens us with its noise.

Indeed, Eliot buries her readers as well under a flood of extraordinary experience, with Latimer to model the repulsion this human carnival might evoke. Latimer perversely figures his access to the ether of thought by describing a pile of corrupting matter. From the "struggling chaos" and "fermenting heap" of his microscopic vision, to the "naked skinless complication" of

[51] [Charles Dickens], "A Preliminary Word," *Household Words*, 1 (30 March 1850), 1.

the cadaver or the poisoned "air [he] was obliged to breathe" ("The Lifted Veil," pp. 14, 15, 19), he insists that to access the soul is to be buried by the stinking, decaying detritus under the skin.

Because Latimer's experience of human relations is then so disgusting, we may recoil from him, just as he rejects his own "exasperating insight" ("The Lifted Veil," p. 25). But "The Lifted Veil" does seek to replicate in us Latimer's revulsion from sensation and the extraordinary, his desire to recapture instead an "appetite for the common objects of human desire" (p. 32). It is no wonder that Latimer yearns for quotidian experience and ordinary sensation; that at the close of his experience he hungers for "the earth, the fields, the pebbly brook at the bottom of the rookery, the fresh scent after the rain, the light of the morning through [his] chamber-window, the warmth of the hearth after the frosty air" (p. 3). These simple effects on the senses form an idyll of ordinary experience, one that he experiences most powerfully when contemplating its absence. Even in Eliot's most fantastical tale, then, the strangeness of Latimer's life only serves to sanctify the dailiness of ordinary life we value from her other fiction.

"The Lifted Veil" asks its readers to find a productive complementarity in seemingly conflicting ideas, so that sensational science can locate new value in the everyday, and speculation can extend and balance the reach of reason. The dyad of observation and speculation had only recently become an acceptable task in medicine. The treatises of physiology, where these cases appear, symbolized empirical progress for nineteenth-century physicians. As John Hughes Bennett argues, "the only way of improving the art of medicine is to advance the science of physiology" (*Clinical Lectures*, p. 5).

Lorraine Daston and Katharine Park have shown that curious phenomena were considered the proper matter of science through the seventeenth century. Although they argue that the early eighteenth century "banished marvels" by valorizing skepticism over wonder, reports of odd phenomena did not disappear from scientific records.[52] Eighteenth-century medical narratives

[52] Lorraine Daston and Katharine Park, *Wonders and the Order of Nature, 1150–1750* (New York: Zone Books, 1998), p. 350.

still prominently record curious cases. With the advent of clinical methods in the early nineteenth century, physicians embraced empiricism and recentered their work around the normative.[53] The study of strange experiences became itself suspect, requiring vigilant policing and careful rhetorical management. But by mid-century, strange cases allow the physician the opportunity to exercise a new scientific skill, that of speculation. Victorian physicians investigating strange cases are not so much diverging from the principles of scientific medicine as they are responding to a changing interpretation of those principles.

For decades any form of hypothesis had been scorned, in empirical reaction against what was perceived as the reign of theorizers and rationalists during the eighteenth century. As early as 1774, James Sims imagines theory as "boldly parading in all the tinsel dress of fancy . . . offering us . . . powerful support in all the errors of our judgment, or most excentric wanderings of our imagination."[54] Sims contrasts the harlot of theory with the reliable promise of "empiricism, with her slow and modest step" (*Discourse on the Best Method of Prosecuting Medical Enquiries*, p. 100). Early-nineteenth-century treatises still emphasize empirical methods, idealizing objectivity and the skeptical stance that might secure it.[55]

Many of these writers define empiricism as the absence of what they variously term theory, fancy, genius, hypothesis, intuition, invention, ingenuity, and imagination. The term "speculation" becomes another shorthand reference to "inductive reasoning unfounded on facts." By the 1820s, some physicians are arguing against naive empiricism, but their suspicion of

[53] Georges Canguilhem uses readings of August Comte and Claude Bernard to examine this shift toward perceiving pathology as a physiological state measured along a continuum of bodily conditions from illness through health. See Georges Canguilhem, *On the Normal and the Pathological*, ed. Robert S. Cohen, trans. Carolyn R. Fawcett (London: D. Reidel, 1978).

[54] James Sims, *A Discourse on the Best Method of Prosecuting Medical Enquiries*, 2d ed. (London: J. Johnson, 1774), pp. 99–100.

[55] Lorraine Daston and Peter Galison argue that a changing ideal of objectivity anchors scientific "virtue" (see Daston and Galison, *Objectivity* [New York: Zone Books, 2007]). George Levine has also influentially examined the ideal of scientific realism. The term "empiricism" must be distinguished from the alternative medicine practitioner ("quack and empiric" as he is branded in many legal cases), so-called because of his practical, non-book-based methods.

imagination persists. In 1822, one physician praises a colleague for reporting "not with the wavering outline and undefined forms of speculation, nor in the gaudy and delusive tints of hypothesis, but with the firm touch that real observation alone could give. . . . He seldom ventured into the regions of speculation."[56] Even as late as 1844, Thomas Watson, a well-known physician that Eliot would read, warns his students against "ingenious refinements, . . . the speciousness of novelty, or the boldness of speculation."[57]

By mid-century, when Eliot is writing, physicians acknowledged that certainty was impossible, and speculation was unavoidable. Thomas Laycock explains: "Our observations are imperfect, our knowledge is imperfect—our conclusion, therefore . . . is never true, but always hypothetical or theoretical."[58] However, speculation might direct scientific research in productive paths. Claude Bernard promoted both observation and experiment, directed by hypothesis, in his *Introduction à l'étude de la médecine expérimentale* (*Introduction to the Study of Experimental Medicine*, 1865). He argued that "we must give free rein to our imagination; the idea is the essence of all reasoning and all invention. All progress depends on that."[59] In England, William Whewell,

[56] W[illiam] Lawrence, *Lectures on Physiology, Zoology, and the Natural History of Man* (London: Benbow, 1822), p. 24.

[57] Watson repeats this phrase through at least the fourth (1857) edition of his *Lectures*. However, the text derives, with almost no revision, from his lecture notes of 1836–37 and was not heavily revised after that (see prefatory "Advertisement to . . ." each edition); so Watson's suspicion of speculation probably survives from an 1830s lecture. See Thomas Watson, *Lectures on the Principles and Practice of Physic* (London: John W. Parker and Son, 1857), p. 15. For Eliot's knowledge of Watson, see George Eliot, *Quarry for Middlemarch*, ed. Anna Theresa Kitchel (Berkeley and Los Angeles: Univ. of California Press, 1950), p. 30; and Anna Theresa Kitchel, "Introduction," in *Quarry for Middlemarch*, p. 40, n. 66. Compared to their American colleagues, British physicians were less-vehement proponents of empirical methods early in the century and more accepting of speculation later. On the importation of empirical methods to America and the growing resistance to theory-based medicine, see John Harley Warner, *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine* (Baltimore: Johns Hopkins Univ. Press, 1998), pp. 239–45.

[58] Thomas Laycock, *Lectures on the Principles and Methods of Medical Observation and Research* (Philadelphia: Blanchard and Lea, 1857), p. 39.

[59] Claude Bernard, *An Introduction to the Study of Experimental Medicine*, trans. Henry Copley Greene (New York: Henry Schuman, 1947), p. 24. In discussing experiment, Bernard moves away from the extreme automatism he requires of observation and offers a role for imagination. Shuttleworth points out that Lewes, in *Problems of Life and*

John Tyndall, and Lewes also emphasized the importance of hypothesis—a focused, provisional theory, generated by the imaginative work of speculation.[60]

"Speculation" was associated with unfounded fancy or risky investments like the 1840s "railway mania." It is thus significant that physicians use the term without censure to define an informed, reasoned, yet imaginative projection into the scientific unknown. Carpenter notes in 1843 that a colleague's "speculation . . . can at present only be received as a stimulus to further inquiry."[61] A nerve specialist comments, "the speculation . . . of one day, becomes the scientific induction of the next."[62] The value of speculation thus lies in its prophetic ability to imagine

Mind (1874), "extending these premises, argues that the processes of fiction are indispensable to the Experimental Method, for science is 'Ideal Construction'" (Shuttleworth, *George Eliot and Nineteenth-Century Science: The Make-Believe of a Beginning* [Cambridge: Cambridge Univ. Press, 1984], pp. 22–23). However, Bernard cautions that once the experiment is in train, "the experimenter must now disappear or rather change himself instantly into an observer" by setting his hypothesis aside lest it color his observations (Bernard, *An Introduction to the Study of Experimental Medicine* p. 22). Shuttleworth also examines experiment in *Middlemarch* (see *George Eliot and Nineteenth-Century Science*, pp. 143–74).

[60] See Richard R. Yeo, "Scientific Method and the Rhetoric of Science in Britain, 1830–1917," in *The Politics and Rhetoric of Scientific Method: Historical Studies*, ed. John A. Schuster and Richard R. Yeo (Boston: D. Reidel, 1986), pp. 259–97. On Lewes, see also George Levine, *The Realistic Imagination: English Fiction from Frankenstein to Lady Chatterley* (Chicago: Univ. of Chicago Press, 1981), pp. 252–90; George Levine, "George Eliot's Hypothesis of Reality," *Nineteenth-Century Fiction*, 35 (1980), 1–28, esp. 11–14; and Rylance, *Victorian Psychology and British Culture*, pp. 259–60. Michael York Mason looks to the mid-1860s for Lewes's move from rigid empiricism toward speculation (see Mason, "*Middlemarch* and Science: Problems of Life and Mind," *Review of English Studies*, 22 [1971], 151–69, esp. 152, 160, 165). Peter Melville Logan examines Tyndall's 1870 "Scientific Use of the Imagination" in relation to *Middlemarch* (see Logan, *Nerves and Narratives: A Cultural History of Hysteria in Nineteenth-Century British Prose* [Berkeley and Los Angeles: Univ. of California Press, 1997], pp. 181–82). Gillian Beer discusses imagination in Darwin and *Middlemarch* (see Beer, *Darwin's Plots: Evolutionary Narrative in Darwin, George Eliot and Nineteenth-Century Fiction*, 3d ed. [Cambridge: Cambridge Univ. Press, 2009], pp. 25–53 and 139–68). Kate Flint examines the scientific imagination in Tyndall and Lewes (see *The Victorians and the Visual Imagination*, pp. 62–63, 113–15, 307–8).

[61] William Carpenter, *Principles of Human Physiology*, with notes and additions by Meredith Clymer, 1st American ed. (Philadelphia: Lea & Blanchard, 1843), p. 259.

[62] Edward Meryon, *The History of Medicine, Comprising a Narrative of Its Progress from the Earliest Ages to the Present Time and of the Delusions Incidental to Its Advance from Empiricism to the Dignity of a Science, Volume I* (London: Longman, Green, Longman, and Roberts, 1861), p. 5.

possible futures for scientific work. Raitiere argues that Eliot's story served as an imagined future specifically for Hughlings-Jackson's research on epilepsy; but any of the speculative cases in these neurological treatises could be possible branches for future inquiry.

Speculation, however, required careful handling: thorough grounding in observations and a focused, limited imagination—this is clearly what Latimer lacks. Laycock argues, "What is common to [all great thinkers] . . . is this—the combination of accurate, sedulous, minute observation with theories and hypotheses" (*Lectures on the Principles and Methods of Medical Observation and Research*, p. 38). But some physicians worried that neurological cases encourage injudicious speculation. "Strict attention to the laws of evidence [is] a matter of peculiar obligation," Holland warns, given the "tendency . . . in modern physiology" to examine "the more abstruse questions connected with vitality, the nervous power, and the relations of mental and material phenomena" (*Chapters on Mental Physiology*, p. 9). The Gothic appeal of such cases endangers the scientific virtue of those who research them: "The mystery of the subject is in itself a charm and seduction to the mind," he explains; "The feelings are thereby excited even more than the reason; and belief is hurried on, and results accredited, with little care for the sufficiency of proof" (*Chapters on Mental Physiology*, p. 9).

Increasingly, however, physicians understood speculation as central to scientific work. John Rutherford Russell declares, "Men of mind must speculate, because speculation is a name for thought."[63] Even Holland admits that "a certain amount of speculation, duly guided, enters into the purest form of inductive science" (*Chapters on Mental Physiology*, p. 344). By the end of the century, Huxley saw speculation as a necessary element of the scientific tradition:

> from the dawn of exact knowledge to the present day, observation, experiment, and speculation have gone hand in hand; and, whenever science has halted or strayed from the right path, it has

[63] J. Rutherford Russell, *The History and Heroes of the Art of Medicine* (London: John Murray, 1861), p. 115. Although Russell had his degree from Edinburgh and a practice on Harley Street, he writes from the margins as an advocate of homeopathy.

> been, either because its votaries have been content with mere unverified or unverifiable speculation (and this is the commonest case, because observation and experiment are hard work, while speculation is amusing); or it has been, because the accumulation of details of observation has for a time excluded speculation.[64]

Huxley here expounds upon a process of balance and negotiation that Lewes helped establish, and that Eliot surely knew well.

While physicians favored physiological causes in explaining neurological symptoms, these cases also encouraged speculative explanations. Bennett admits that, in functional nervous disorders, microscopic examination cannot detect any physical change to the nerves, spine, or brain. He speculates that the physiological symptoms may be produced by changes in pressure in the circulatory system (*Clinical Lectures*, pp. 404–5). William Carpenter similarly conjectures that sensations ("flashes of light," "a noise in the ears," or "Spectral Illusions") are caused by "congestion or inflammation" of the sensory organ or from "peculiar conditions of the Encephalon itself"—a vague description presented without evidence or explanation.[65]

Carpenter also speculates about phenomena well over the border of knowledge. Like Wollaston, he concedes that "it does not seem at all improbable, that there are properties of matter, of which none of *our* senses can take immediate cognizance; and which other beings might be formed to perceive" (*Principles of Human Physiology* [1855], p. 683).[66] The extraordinary cases in Carpenter's text ground such musings, and he uses "speculation" judiciously. For instance, he admits, "the analogy of the Invertebrated classes favours the idea" of a link between nerves and brain, but cautions, "Upon this point, however, it is unsafe to speculate; and we can only state it as a possibility, that

[64] Thomas H. Huxley, "The Progress of Science, 1837–1887" (1887), rpt. in his *Method and Results: Essays* (London: Macmillan and Co., 1893), pp. 64–65.

[65] William Carpenter, *Principles of Human Physiology*, 5th ed. (London: John Churchill, 1855), p. 562.

[66] In his 1850 American edition, Carpenter considers whether sensation might be transferred through animal magnetism, though he finds it "*extremely improbable*" (*Principles of Human Physiology* [1850], p. 385). The co-authored 1855 London and later editions omit the discussion; animal magnetism was on the decline, even as speculation was gaining wider acceptance. See Carpenter, *Principles of Human Physiology* (1855); and Carpenter, *Principles of Human Physiology* (1864).

some such connection may be established" (*Principles of Human Physiology* [1855], p. 274). He speculates on a link while explicitly limiting its scope and authority.[67]

Just as Holland had warned, however, strange neurological cases do prompt physicians to venture beyond the bounds of judicious reportage: they betray a spectator-like fascination with such phenomena, and they insistently repeat the peculiar details of each case. Holland describes one patient suffering from aural illusions as feeling "amusement in the strangeness of the phenomenon, and the absurdity of the speeches to which he felt himself listening" (*Chapters on Mental Physiology*, p. 51). Physician-authors also fall prey to this amusement. Authors often fixate on insignificant, apparently irrelevant detail (the glove, the fly, the hag's staff), repeat it from one treatise to the next, and offer an unprovable, speculative explanation (exalted senses, morbidly acute senses, side effects of hemiplegia) that does little more than restate the problem. This pattern may derive from the emphasis on evidence and causation in scientific methodology. When phenomena lie at the edge of physiological knowledge, the difficulty of ascertaining causation means that any explanation is likely to veer into speculation. While these physicians nod to a skeptical scientific process, many of these cases in fact tolerate—the genre virtually requires—a speculative moment. Here the most arcane details are fetishized and rendered spectacular, and the physician-author and reader alike can luxuriate in the sheer strangeness of the phenomena.

These physiological texts, however, do not allow such moments to predominate—as they do in "The Lifted Veil." Victorian physicians' disciplinary norms required that speculative moments remain in balance with the explanatory apparatus of skeptical scientific medicine. Unlike Brewster's *Letters on Natural Magic* (1832) or J. G. Millingen's *Curiosities of Medical Experience* (1838), these treatises do not focus on speculative cases, nor do they announce a skeptical (like Brewster's) or sensational (like Millingen's) aim. Rather, they are governed by the

[67] Carpenter's 1843 American edition of *Principles of Human Physiology* does not include this speculation.

field categories common to Victorian medicine, which means these curious cases are interleaved with quotidian cases of insomnia, apoplexy, and tumor, and they balance skeptical and speculative inquiry.

"The Lifted Veil" demonstrates a similarly complex view of speculation. The story encourages suspicion of the practice: for a man who knows the future, Latimer spends a surprising amount of time speculating about it. Both the story's wildly speculative qualities and Latimer's own lack of balance bring him to surfeit, ennui, disgust, and despair. When the term "speculation" appears in "The Lifted Veil," it is most often in relation to Latimer's one source of mystery, his wife Bertha. About her, he explains, "I was always in a state of uncertainty: I could watch the expression of her face, and speculate on its meaning" ("The Lifted Veil," p. 15). He describes his "fluctuations of hope and fear" about her as "a delicious torment" and notes: "My mind speculated eagerly on the means by which I should become my brother's successful rival" for her love (pp. 17, 21). Like those of the physicians exploring neurological oddities, Latimer's speculative moments are marked by overdetermined detail (Bertha's serpent pin), groundless explanations that do little more than restate the obvious (she hates him), and a fetishization of the spectacular object. He *must* speculate about her, because she is the only being whose thoughts are hidden from him. It is this inability to know Bertha, to plumb her inward experience, that he finds irresistible; it is perhaps also this opaqueness to us that makes Bertha possibly the most interesting character for readers. Latimer's speculation about Bertha's mystery accords her incalculable value.

Indeed, the story also uses the term "speculation" in the financial sense of a wild seeking for value. Latimer's father develops a financial interest in "mining speculations"; as described, these are not likely to be sound investments, but they direct the father's attention to new developments in geology and engineering, and they lead him, disastrously, to dictate a scientific education for the boy ("The Lifted Veil," p. 6). A later use of this term also links it to financial risk, but in a more positive aspect, where that risk emblematizes our need for an unknown. Latimer muses:

> So absolute is our soul's need of something hidden and uncertain for the maintenance of that doubt and hope and effort which are the breath of its life, that if the whole future were laid bare to us beyond to-day, the interest of all mankind would be bent on the hours that lie between; we should pant after the uncertainties of our one morning and our one afternoon; we should rush fiercely to the Exchange for our last possibility of speculation, of success, of disappointment. (p. 29)

Despite Latimer's many faults, and the many clues that he is an unreliable narrator, the soaring rhetoric of this passage suggests that the author is for the moment in agreement with her unlikeable protagonist: mystery is the water of life, and speculation allows us to sip from the well.

It is surprising to find Eliot seemingly championing the sensational qualities of suspense, surprise, and mystery. But, setting aside for the moment Latimer's yearning to escape the torture of omniscience, what kinds of climax does he really suggest? He argues that humankind needs to experience "doubt and hope and effort," so much so that we would fasten upon even the most trivial or brief episode for our fears and longings, if it were the only mystery left to us. In fact, the passage suggests that a trivial speculation can be even more productive than a sensational one. What makes speculation unhealthy, and leads to the barren fetishization of the object, is Latimer's extraordinary situation. "In the ordinary course of things," the story suggests, speculation could be—and should be—benignly and productively dispersed among a number of objects. Indeed, this passage, and the story as a whole, asks readers to value not the sensational climax of success or disappointment, but the daily, ordinary, possibly even trivial process of doubt, hope, and effort that leads up to it.

Speculation is an integral part of that process, as is the skeptical work necessary to support it, in a balance very like that in medicine. One of Latimer's few moments of pleasure results from the very mixture of speculation and skeptical inquiry proposed by mid-Victorian science. When he puts forth a hypothesis about his illness and tests it, Latimer implicitly follows the process laid down for experimental researchers by Bernard. After his first vision, Latimer speculates on its cause:

"No, it was not a dream," he thinks; "was it—the thought was full of tremulous exultation—was it the poet's nature in me . . . now manifesting itself suddenly as spontaneous creation? . . . Was it that my illness had wrought some happy change in my organisation—given a firmer tension to my nerves—carried off some dull obstruction?" ("The Lifted Veil," p. 10) As with the physiologists examined above, Latimer's hypothesis is not entirely a flight of fancy; it builds on previous knowledge. "I had often read of such effects," he comments, "—in works of fiction at least. Nay; in genuine biographies I had read of the subtilising or exalting influence of some diseases on the mental powers." He even offers a precedent: "Did not Novalis feel his inspiration intensified under the progress of consumption?" Like a good researcher, then, Latimer tests his hypothesis through experiment. He explains: "When my mind had dwelt for some time on this blissful idea, it seemed to me that I might perhaps test it by an exertion of my will" (p. 10). He sets himself to envision Venice, a city he knows well. "But in vain," he laments; "my world remained as dim as ever" (pp. 10, 11). Although he never solves the mystery of his illness, Latimer continues to offer hypotheses that account for it, perhaps because it is nearly the sole source of mystery left to him. Once he knows the truth of his marriage to Bertha, his illness remains Latimer's most potent source of doubt, hope, and effort.

Latimer's illness also remains the story's most potent source of mystery. The status of the prophetic material in "The Lifted Veil" is complicated by his insistence that his abilities, whatever physiological oddities cause them, function as "real" prophecy and telepathy in that they invariably prove true. This is a stance that mid-century physicians rarely endorse. We cannot definitively ascertain the "truth" of Latimer's prophecies, since the story leaves open, but does not strongly advocate, the possibility that Latimer himself may be deceived or deceiving.[68]

[68] As Carpenter warns, "It is . . . a reasonable rule, *to receive none of these statements upon the unsupported testimony of believers*; not that we impute to them the least intention of stating anything but what is *to their minds* strictly true, but that we are sceptical as to their power of discriminating the whole of the truth" ([William B. Carpenter], "Electro-Biology and Mesmerism," *Quarterly Review*, 93 [1853], 539). Jill Galvan argues that "we have much reason to question the real existence of Latimer's occult abilities

As she does with Adam Bede's experience of a mysterious prophetic knocking on the night of his father's death, Eliot leaves Latimer's experiences ultimately unexplained. By refusing Latimer the ability to explain away his disorder, she encourages her readers to speculate further on its cause, and its meaning.

Eliot wrote "The Lifted Veil" not long after the passage of the Medical Act of 1858. After years of contentious debate, this act formalized the distinction between regular and irregular practitioners by instituting the Medical Register.[69] Coverage of these debates in the popular press ensured that readers were well aware of the contested boundaries in science and medicine. Reading the story in the context of these mid-century controversies makes it evident that "The Lifted Veil," though primarily interested in the moral fable emblematized in Latimer's lack of sympathy, also explores the uncertain cultural status of medical knowledge in the early Victorian period, as *Middlemarch* later does. Victorian medicine both authorizes itself and jeopardizes that authority by working along the borders of the unknown, by speculating about and then skeptically investigating unexplained or unexpected symptoms. The story's relation to the speculative cases circulated by "regular" physician-authors demonstrates Eliot's concern with the shifting boundaries of knowledge at mid-century and the vexed process by which knowledge advances.

Winslow articulates this conundrum for us: while he feels that he must justify his inclusion of "inexplicable facts, illustrative of the singular vagaries and wonderful eccentricities of the nervous system," he also feels free to exclaim, "Who can fathom

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and hence his reliability as a narrator" (Galvan, "The Narrator as Medium in George Eliot's 'The Lifted Veil,'" *Victorian Studies*, 48 [2006], 242).

[69] The Medical Act of 1858—the sixteenth bill submitted on the subject—sealed a complicated compromise. The elite corporations (Royal College of Surgeons, Royal College of Physicians, and Society of Apothecaries) effectively retained control over the education and licensure of Fellows, to the dismay of general practitioners, who were merely licenciates or members of the corporations. Unlicensed practitioners were excluded from the Register but could still practice. Medical education was not materially improved or regulated. See M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley: Univ. of California Press, 1978), pp. 30–39; and Irvine Loudon, *Medical Care and the General Practitioner, 1750–1850* (Oxford: Clarendon Press, 1986), pp. 297–301.

the depths, unravel the intricate labyrinths, and penetrate into the secret arcana of the nervous system!" (*On Obscure Diseases of the Brain*, pp. 458n, 457). He acknowledges the limits of positivism when he asks a friend, a "medical sceptic," "Are we . . . to discredit, disbelieve, and put aside everything that is not susceptible of mathematical demonstration, and a satisfactory psychological and physiological explanation? If so, how much valuable knowledge must we entirely ignore?" (p. 458n). If Winslow, endorsing speculation, wonders "how much . . . knowledge must we . . . ignore," Eliot's story seems to ask what methods help us explore the boundaries of that knowledge. Neither mid-century debates over the role of science nor the contemporary medical literature offer a definitive answer to her question, but the story resonates with the concerns of Victorian nerve physiology, a field where experiences like Latimer's serve as a conventional point of departure rather than an extraordinary prospect. "The Lifted Veil" exemplifies how Eliot uses Victorian medicine as a material site of departure; it allows her to celebrate ordinary human experience in the extraordinary, and to trace out the delicate negotiation between reason and imagination that marks the scientist's art, the novelist's practice.

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ABSTRACT

Meegan Kennedy, "'A True Prophet'? Speculation in Victorian Sensory Physiology and George Eliot's 'The Lifted Veil'" (pp. 369–403)

George Eliot's novella "The Lifted Veil" (1859) is often considered an outlier in Eliot's realist corpus, perhaps due to its focus on controversial theories of mind (phrenology, animal magnetism) and physical medicine (blood transfusion, human experiment, reanimation). The story draws on a tradition of Gothic medicine long recognized in the romantic novel but less acknowledged in histories of clinical medicine. As this essay shows, however, mid-Victorian clinicians and researchers accepted speculative cases of hyperaesthesia, prevision, and telepathy as a path for skeptical neurological inquiry. The textbooks of physicians like John Hughes Bennett, William Carpenter, John Elliotson, Henry Holland, and Forbes Winslow codified a range of sensational phenomena, circulating cases like Latimer's and considering both natural and supernatural explanations for them. The events in "The Lifted Veil" are thus more realistic than they may appear; and the story extends rather than interrupts the trace of science in Eliot's early fiction. In Latimer's story, Eliot plays with the boundaries of Victorian physiology, neurology, and cardiology and expands our view of what both Victorian science and

realism accommodate. "The Lifted Veil" performs and invites the same dual movement that mid-Victorian scientists were developing, a two-step of speculation and skepticism. As in Eliot's other work, the analogy with scientific inquiry grounds the story's moral, aesthetic, and epistemological concerns about human knowledge. Finally, these oddities of Victorian nerve physiology paradoxically allow Eliot to make a familiar realist argument, for this sensational story celebrates ordinary life as rare and valuable.

Keywords: George Eliot; "The Lifted Veil"; Victorian medicine; speculation; neurology