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“How Could Anyone but a Madman Have Thought This Sleeping Girl Dead?”:

L.T. Meade’s Approach to the “Buried Alive” Literary Tradition

in Support of Death Certification Reform

Shelby Johnson

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Master of Arts

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ABSTRACT

“How Could Anyone but a Madman Have Thought This Sleeping Girl Dead?”:
L.T. Meade’s Approach to the “Buried Alive” Literary Tradition
in Support of Death Certification Reform

Shelby Johnson
Department of English, BYU
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A March 1866 issue of *The Lancet* observes, “If a newspaper were in want of a startling story with which to enliven a dull copy in the ‘off season,’ it could not do better than select one with the heading ‘Buried Alive’” (“Premature Interment” 295). Stories of being buried alive gave readers of all backgrounds a thrill. However, the stories frustrated the medical and scientific communities who were quick to dismiss the threat of live burial as a possibility in a modern world. Drawing on the literary history of “buried alive” stories and medical knowledge surrounding death signs and catalepsy, this thesis explores how two of L.T. Meade’s stories from her *Stories from the Diary of a Doctor* series engages with the “buried alive” literary tradition in favor of nineteenth-century debate for death certification reform. Through applying common tropes found within the “buried alive” literary tradition, Meade’s *Diary of a Doctor* stories address the most pressing concerns surrounding death certification reform in a way that engage contemporary readers’ interest while emphasizing the need for legislative change.

Keywords: L.T. Meade, buried alive, death certification, medical fiction, *Stories from the Diary of a Doctor*

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TABLE OF CONTENTS

TITLE	i
ABSTRACT	ii
ACKNOWLEDGMENTS	iii
TABLE OF CONTENTS.....	iv
Introduction.....	1
Premature Burial and the Signs of Death.....	6
The Buried Alive Literary Tradition.....	10
Hereditary Madness and the Signs of Death in “A Death Certificate”	13
Catalepsy and Coffins: Hasty Interment in “To Every One His Own Fear”	24
Conclusion	32
Works Cited	34

Introduction

A March 1866 issue of *The Lancet* observes, “If a newspaper were in want of a startling story with which to enliven a dull copy in the ‘off season,’ it could not do better than select one with the heading ‘Buried Alive’” (“Premature Interment” 295). Stories of being buried alive gave readers of all backgrounds a thrill.¹ Due in part to a loophole in British law that did not require a medical professional to verify death before burial, stories of live burial were often interpreted as a credible probability by the public. The stories, however, frustrated the scientific and medical communities who were quick to dismiss the threat of live burial as a possibility in a modern world. While early and popular tales of premature burial functioned as anxious fuel for the already spreading fire that the medical community repeatedly worked throughout the nineteenth century to extinguish, Elizabeth (“Lillie”) Thomasina Meade approached premature burial by taking the side of the physician and arguing for a rational, legal reform to the practice of hasty interment.

Primarily known for her girls’ school stories and for her role as editor of *Atalanta* (1887-98), Meade was a savvy businesswoman who followed popular trends and confessed to being “a very quick writer” who wrote many of her books according to the orders of her publisher (qtd. in Clarke 470). As a businesswoman and novelist, Meade used her “professionalism and canny market sense” to both experience wild commercial success and provide commentary on current societal issues (Dawson, “Write a Little” 133). Many of her novels focus on social problems such as baby farming, alcoholism, drug use, vivisection, and coal mining. Though Meade was widely lost to literary history in the twentieth century, scholars such as Sally Mitchell have

¹ Medical historian Jan Bondeson believes the earliest English story on premature burial is Thomas Amory’s *John Bunckle*, published in 1756.

argued the importance of Meade's girls' stories, while Janis Dawson and Clare Clarke have pointed out Meade's contributions to detective fiction, noting her creation of the first female gang leader, her *femme fatale* characters, and her role as the inventor of the medical mystery genre.²

Meade debuted her medical mystery series, *Stories from the Diary of a Doctor*, in the July 1893 issue of *Strand Magazine: An Illustrated Monthly*, alongside Arthur Conan Doyle's immensely popular *The Adventures of Sherlock Holmes*, which ran from 1891-93. Meade's series—which comprised twenty-four stories that ran in the *Strand* from July 1893 to December 1895—was written in collaboration with Divisional Surgeon of the Metropolitan Police Dr. Edgar Beaumont, who had previously partnered with Meade on *The Medicine Lady* (1892) and had written under the pen name “Dr. Clifford Halifax” in *This Troublesome World* (1893), also co-authored with Meade. Meade's *Stories from the Diary of a Doctor* are narrated by Dr. Halifax, a bachelor physician in London whose medical cases often involve fictitious “old friends” or “fellow medical professionals.” Halifax's frequent claim to authority as a medical man in the tales sees him through both the more mundane cases of substance abuse and cancer treatment and the more fantastical tales of curing blindness, combating hypnosis, and performing brain surgery while asleep.

While scholarship surrounding Meade's reputation as the inventor of the medical mystery can be traced back to Sally Mitchell, who gave Meade credit for the genre in 1995, it should be acknowledged that Meade is not the first writer to use a doctor as a narrator. Samuel Warren's

² I have gleaned biographical information about Meade from the following sources: the Oxford Dictionary of National Biography entry on L.T. Meade by Sally Mitchell, Janis Dawson's “‘Write a Little bit Every Day’: L.T. Meade, Self-Representation, and the Professional Woman Writer,” and Clare Clarke's “‘I Simply Write It to Order’: L. T. Meade, Sisters of Sherlock, and the Strand Magazine,” *Women, Periodicals and Print Culture in Britain, 1830s-1900s: The Victorian Period*.

Passages from the Diary of a Late Physician ran from 1830-37 in *Blackwood's Magazine* and featured sentimental and Gothic patient stories.³ Doyle's famous Sherlock Holmes is, of course, narrated by the loyal Dr. Watson, but Doyle also published a series of tales centered around the life of a physician called *Round the Red Lamp* in October 1894. Meade's medical stories are therefore part of a larger literary movement focused on using medical subjects to attract an audience.

To stand out from her competitors, Meade published a disclaimer in her second volume of the *Diary of a Doctor* stories that stated clearly on the first page of every story, "These stories are written in collaboration with a medical man of large experience. Many are founded on fact, and all are within the region of practical medical science" ("Creating" 34). By claiming her work was within the realm of possibility, Meade utilized a medical ethos that would later catch the attention of the editors of *The Lancet*, a medical journal written and read by medical men. Harshly critical of fictional medical stories, the journal reviewed several pieces of Meade's work. Beginning in 1892, the editors reviewed her novel *The Medicine Lady*, and while they found aspects of the plot "by no means as realistic as they might be," they also offered praise, claiming, "Mrs. Meade has woven a story of much interest and marked power. . . . Disease and its treatment are hardly pleasant subjects for fiction; but we may credit the authoress for dealing with them skillfully" ("Christmas Books" 1394). Her mystery series, *The Voice of The Charmer*, first published in 1895, was likewise favorably reviewed in a section of a December issue of *The Lancet* where it was called "an excellent serial" ("Christmas Books" 1441). Although *The Lancet* enjoyed her characters and found aspects of her work commendable, not all their reviews

³ Warren's text fascinated readers and was reprinted in five editions in as many years. It was reviewed again in 1856 when Warren published his collected works. A sixth edition was published in 1905, so it is possible Meade encountered the series at some point.

were as positive. In 1896, *The Lancet* reviewed a novel Meade had co-written with Beaumont titled *Dr. Rumsey's Patient: A Very Strange Story*, saying, "We do not know who Clifford Halifax, M.D., may be, but his pathology and diagnosis are of the vaguest" ("Review and Notices" 1235). The criticism of vague pathology lay not in Meade's attempt to combine medicine with fiction, but in what the reviewer saw as a failure to fully commit to accuracy. The review notes that while the condition her character is vexed with "is not unknown in epileptics," it takes issue with the fact that "the authors do not mention epilepsy" ("Review and Notices" 1235). Lastly, in 1904 the editors reviewed her novel *Nurse Charlotte*. Although they admit that the novel was "nearer the truth" than other works depicting nursing life, they still took issue with her portrayal of the medical field, stating, "Like many of Mrs. L.T. Meade's writings, this book will serve to amuse medical readers . . . We doubt also if any nurses genuinely engaged in nursing will find the story wholly flattering to the system" ("Reviews and Notices" 1001). Like the previous review, the criticism did not find fault with her writing of medical fiction, but rather with elements of her work that did not portray the medical field realistically.

While *The Lancet* was justified in pointing out inaccuracies in her work, by questioning the sensational elements of Meade's fiction as simply another stretch of medical science, the reviewers neglected to point out how Meade's stories functioned to raise awareness of the contested medical views of her day. Their interest in her medical fiction has created the line of inquiry of this thesis. Although the writers of *The Lancet* found her work interesting enough to give it their attention, they did not praise her as an advocate of specific medical advances or legal reforms they favored despite the fact that she was using much of the same approach and wording they did to amplify contemporary issues. Indeed, Dawson claims Meade's "medical mysteries are significant because they participate directly in the growing discourse on crime as disease"

(“Rivaling” 58). In addition, Douglas Small argues that in her *Diary of a Doctor* story “The Red Bracelet,” Meade joins contemporary conversations surrounding medical advances in anesthesia by featuring cocaine instead of chloroform. I join Small and Dawson in arguing that Meade’s medical fiction engages in contested medical discussions at the same time that it embraces the scandal and intrigue of sensation fiction.

On first glance, two of her *Diary of a Doctor* stories, “A Death Certificate” (1893) and “To Every One His Own Fear” (1895), seem little more than sensational pieces of fiction that occasionally touch upon a demand to change British death certification law. However, upon closer inspection, they offer a nuanced and complex argument adapting language found in *The Lancet* and other medical journals of the period to petition for change to current certification legislation. Her story “A Death Certificate” utilizes a common “buried alive” trope of death-like illness in order to critique the fallible signs of death believed to indicate a person is deceased. She then applies an extreme example of an individual marked with hereditary madness in order to draw attention to flaws in current death certification legislation that allowed unqualified laypersons, rather than an accredited medical professional, to verify that someone had died. Her second story, “To Every One His Own Fear,” continues this discussion by using the common “buried alive” trope of cataleptic fits together with the threat of a jilted fiancé in charge of funeral preparations. Through this application of a common trope in conjunction with an extreme example, Meade highlights the potential of possible harm due to vague parameters within contemporary death certification law that created the opportunity to cover up murder. By combining the “buried alive” literary tradition with contemporary medical discussions, Meade creates a “near-buried-alive” approach that functions to placate public fears rather than promote anxieties surrounding premature burial.

Through applying common tropes found within the “buried alive” literary tradition, Meade’s *Diary of a Doctor* stories address the most pressing concerns surrounding death certification reform in a way that engages contemporary readers’ interest while also maintaining a rational, scientific approach to a sensationalized and fear-driven topic. To demonstrate how Meade successfully interweaves medicine with sensationalism, I will provide a summary of societal fears of premature burial and the methods and procedures that doctors used to verify the signs of death leading into the nineteenth century, as well as an overview of the legislation passed surrounding death certification to explain the medical and public response to this legislation and the demand for reform. This explanation of both prior legislation and public response will show how shocking, sensationalized accounts of being buried alive emerged and how Meade’s stories function within this wider literary and historical context. Through an analysis of Meade’s work in connection to the traditions of a “buried alive” story, I will examine how both stories deal with the near-miss of burying someone alive. Her first story, “A Death Certificate,” addresses the practicalities of death certification. Her second story, “To Every One His Own Fear,” introduces the risk of murderous intent possible due to current wording in death certification laws that allowed for foul play to go unnoticed by law enforcement. As a result, I suggest that in utilizing both medical authority and popular writing tropes, Meade’s two stories operate together to promote a medically and scientifically competent conclusion that adapts the literary tradition of “buried alive” tales in favor of emphasizing the need for legislative change.

Premature Burial and the Signs of Death

In order to understand the significance of Meade’s use of premature burial as a plot device and her stance on death certification reform, it is essential to understand the debate surrounding the reality of premature burial and the subsequent push by men of science to agree

on what qualified as reliable signs of death. The fear of premature burial is ultimately an anxiety composed of two parts: the horrifying idea of being buried alive and the concern of knowing how to accurately distinguish life from death. Since antiquity, the long-accepted indication of death was the absence of a heartbeat and respiration. This belief was challenged when, in 1740, Danish anatomist Jacques-Bénigne Winslow published a thesis suggesting that these signs were unreliable. He boldly declared, “Death is certain, since it is inevitable, but also uncertain, since its diagnosis is sometimes fallible” (qtd. in Bondeson 53). To individuals of the eighteenth century, Winslow’s argument was a startling one; he believed that the only true way to verify death was through the onset of putrefaction. Winslow’s thesis caught the attention of Parisian medical practitioner Jean-Jacques Bruhier, who liberally translated the work into French and included a variety of sensational folklore stories of presumed corpses regaining vitality that supported Winslow’s point that an absence of a pulse and breathing were unreliable. In 1754, Dr. Johann Gottfried Jancke published a translation of the Bruhier/Winslow thesis into German.⁴ These two translations of Winslow’s work excited a well-intentioned but misguided panic in their respective countries that lasted through the end of the eighteenth century and well into the nineteenth.

The primary outcome of Winslow’s translated thesis was a philanthropic endeavor involving the building of waiting mortuaries in Germany and France. These rest stops for the deceased were houses where the assumed dead “could be left to putrefy in hygienic isolation” (Alexander 29). The goal of waiting mortuaries was to assuage all fears regarding the status of the deceased using the latest scientific and medical understanding of the late eighteenth century.

⁴ For a more in-depth explanation of his translations, see Bondeson’s *Buried Alive: The Terrifying History of Our Most Primal Fear*.

Surrounded by other corpses and copious amounts of flowers that worked to both hide the stench and honor loved ones, a ring with a cord attached to a bell was placed on the finger of the deceased that served to alert vigilant attendants of “any vital signs of the apparently dead” (Alexander 29). Following the then accepted belief that death was only verified through putrefaction, corpses were kept for a period of days until the undeniable sign of decomposition resulted in their transfer to permanent interment. In addition, a physician and restorative measures were kept on hand in preparation to revive any corpses found to be still living. Despite the good intentions, there is no indication that a single life was saved by a waiting mortuary, and there are no statistics that claim the reality of live burial was high enough to necessitate the building of waiting houses for the dead.⁵

Although the waiting mortuary establishments themselves were a medical failure, their existence provided a genesis for a cultural phenomenon that spread from Continental Europe to England and across the Atlantic into the United States. Visitors and staff alike were unsettled by rows of bodies dressed in their finery occupying a plane that was neither dead nor living. From this macabre and gothic setting, medical doctor and historian Jan Bondeson notes, “Collections of anecdotes and short stories about apparently dead people either fortuitously awakening in their coffins or suffering superlative torments in their premature tombs were published . . . [T]heir only aim was to make their reader’s flesh creep” (93). Early examples of sensationalized fiction on the subject include Daniel Keyte Sanford’s “A Night in the Catacombs” (1818), John Galt’s “The Buried Alive” (1821), and perhaps the most well-known author on premature burial, Edgar Allan Poe, whose works on this topic include “Loss of Breath” (1835), “Berenice” (1835), “The

⁵ My information regarding waiting mortuaries comes from the section “Hospitals for the Dead” in Jan Bondeson’s *Buried Alive: The Terrifying History of Our Most Primal Fear* and from Marc Alexander’s “‘The Rigid Embrace of the Narrow House’: Premature Burial & The Signs of Death.”

Fall of the House of Usher” (1839), “The Premature Burial” (1844), and “The Cask of Amontillado” (1849).

While the existence of waiting mortuaries never became a widespread practice outside of France and Germany, from Poe down to the obscure writer of the penny press, stories of hasty interment attracted readers and writers of all classes long after houses for the dead had stopped being built. Victorian author Wilkie Collins dedicated the final scene of his 1880 novel *Jezebel's Daughter* to the waiting facility in Frankfurt he had toured years prior.⁶ Across the pond, US writer Mark Twain recalled a visit to a waiting mortuary in Munich in his memoir *Life on the Mississippi*, describing it as a “grisly place . . . thirty-six corpses . . . all of them with wax-white, rigid faces, and all of them wrapped in white shrouds” (262). Outside of flesh-creeping fiction, newspapers also participated in stories of the dead hastily interred only to wake, trapped and suffocating underground. Indeed, there was something of the sensationalist novel in the way accounts of supposed premature interment were written. Headlines such as “‘Buried Alive,’ ‘A Gruesome Narrative,’ ‘Premature Burial,’ ‘Mistaken for Dead,’ ‘A Woman's Awful Experience,’ ‘Almost Buried while Alive,’ ‘A Woman Buried Alive,’ ‘Revivication after Burial,’ ‘A Lady Nearly Buried Alive,’ ‘Sounds from Another Coffin,’ [and] ‘The Dead Alive’” are just some of many titles that could be found across newspapers, journals, and periodicals throughout the nineteenth century (“Burying Alive”). The topic was so prevalent that in 1882 Charles M. Tidy, author of *Legal Medicine*, complained, “modern stories of premature burial in England belong to the domain of the novelist rather than of the scientist” (25). Indeed, the subject of live burial, while prevalent as a source of spine-tingling anxiety, was in reality, a very low

⁶ See the dedication of the 1880 edition of *Jezebel's Daughter*. Collins recalls his visit to the establishment and cites blueprints of the house being used to maintain accuracy in his fiction.

possibility.⁷ Coinciding with the rise of sensationalist and gothic literature that thrived on replicating that same uneasy feeling one must have felt strolling down the rows of corpses checking for life, waiting mortuaries' lasting contributions to history were not the scientific advances they represented, but their legacy as fodder for a sensational subgenre.

The Buried Alive Literary Tradition

Like the sensation-inducing stories inspired by Continental Europe's waiting mortuaries, the British press likewise employed the thrilling tales as a way to engage readerly interest and sell papers. Although Meade's engagement with the buried alive tradition occurs during the conclusion of the nineteenth century, the conventions found in buried alive stories emerged at the beginning of the century. While not formally categorized as a subgenre of the gothic, "buried alive" stories employ tropes commonly associated with the gothic such as a strong emphasis on sensory detail, macabre setting, and unsettling subject matter. Tropes specific to the "buried alive" tradition and most relevant to this thesis include firsthand accounts of live burial, cataleptic fits resulting in mistaken death, and miraculous curing of previously exaggerated anxieties of being buried alive.

US author Edgar Allan Poe is perhaps the most famous author of buried alive tales. His story "The Premature Burial" (1844) features an unnamed narrator with a medical history of catalepsy and an irrational fear of being buried alive who later experiences a miraculous cure of his anxiety. The narrator's paranoia regarding premature interment is so prevalent, that when he falls asleep, "it was only to rush at once into a world of phantasms, above which, with vast, sable, overshadowing wings, hovered, predominant, the one sepulchral Idea" (963). After

⁷ Bondeson cites a Dr. Von Steudel's report on the economics and efficiency of waiting mortuaries between 1828-1849 noting, "approximately a million corpses had passed through the system; none of them awakened in the mortuaries" (104).

providing details on his experiences with catalepsy, the narrator recalls a moment in which he found himself “emerging from total unconsciousness into the first feeble and indefinite sense of existence” (966). Describing in vivid detail, he relates,

I endeavored to shriek; and my lips and my parched tongue moved convulsively together The movement of the jaws, in this effort to cry aloud, showed me that they were bound up, as is usual with the dead . . . I violently threw up my arms . . . they struck a solid wooden substance, which extended above my person at an elevation of not more than six inches from my face . . . thrust deep, deep, and for ever, into some ordinary and nameless *grave*. (967)

As his struggles grow more desperate, the narrator gathers the strength to scream and finds himself on the bunk of a ship, surrounded by annoyed crew members. Eager to abandon such humiliating fears, the narrator “became a new man and lived a man’s life” (969). Forsaking his medical books and collection of horror stories, he instead focuses on exercise and acquiring knowledge. His tale of terror concludes with his new outlook: “From that memorable night, I dismissed forever my charnel apprehensions, and with them vanished the cataleptic disorder, of which, perhaps, they had been less the consequence than the cause” (969). Even though the imagined experience was a manifestation of the narrator’s fears, those few moments spent believing he has been buried alive function as a turning point that enable him to move past his paranoia. By inadvertently addressing his fear head on, he is cured of his crippling anxiety. Although the goal of Poe’s work was largely intended to provide thrilling sensations, by suggesting a way out of the unsettling, he allowed readers of this tale to either believe or dismiss the subject matter. It is only after passing through the moment of terror that a plausible, and therefore comforting, solution is offered.

The premature burial tradition also includes horror stories in which the presumed dead person is aware of their surroundings but frozen, unable to move or speak as their loved ones discuss plans for the funeral. John Galt's "The Buried Alive" (1821) features an unnamed narrator who, after a period of a prolonged and fever-induced illness, is pronounced dead. He recalls, "My friend drew near; and sobbing and convulsed with grief, drew his hand over my face and closed my eyes. The world was then darkened, but I could still hear and feel and suffer" (358). For three days, the narrator is wept over by grieving friends and family until, "The coffin was procured—I was lifted and laid in—my friend placed my head on what was deemed its last pillow, and I felt his tears drop on my face" (359). The narrator describes in vivid detail the screwing down of his coffin lid, the jostling ride to the cemetery, and the sound of dirt filling in around him before being left in all-encompassing silence. After an indeterminate length of time, his coffin is exhumed by what he believes to be his friends, only to find himself in the hands of grave robbers who sell him to dissectionists. Powerless and awaiting dissection, he is subjected to a galvanic experiment that forces his eyes open, granting him sight to recognize the very doctor who pronounced him dead now brandishing a knife. When the surgical instrument makes contact with his skin, "a dreadful crackling . . . throughout my whole frame" (360) breaks his trance and returns him to the land of the living. Galt's story is presented as a true account that should be taken at face value. This emphasis on the narrator's experience being a true encounter was popular in "buried alive" stories as it worked to make them appear more credible. Stories like Galt's were common and popular among sensational presses throughout the nineteenth century because they thrilled readers and could be copied endlessly.⁸ Although an exact number

⁸ Poe's "A Decided Loss" later published under the title "Loss of Breath" was first published in 1832 and can be read as a US version of Galt's story with nearly identical elements.

of how many fictional publications, newspaper accounts, and medical journals published work on premature burial is difficult to quantify, the form was a staple of sensationalist literature throughout the nineteenth century.⁹

Aware of how prevalent these types of stories were, and largely skeptical of them, *The Lancet* published an article in 1866 on the topic that noted their sensationalist appeal: “There is something about the very notion of [being buried alive that] make[s] one shudder, and to send a cold stream down one’s spine There is scarcely room to turn over in the wooden chamber; and what can avail a few shrieks and struggles of a half-stifled, cramped-up man! (“Premature Interment” 295). While *The Lancet* was doubtful of actual accounts of live burial, they understood the appeal of stories involving a battle against life or death. *The Lancet* and its readers were devoted to medical innovation and advancement in the fight against treating and preventing terminal illness. It is at this intersection of death and life that Meade enters the “buried alive” tradition. Her use of a physician as the story’s narrator, rather than a layperson’s perspective such as was used by Poe or Galt, gives her stories a professional credibility not found in other sensationalized stories. By applying the most engaging aspects of the genre through the trustworthy voice of a medical man, Meade’s stories push for a rational response to panic where previous authors had worked only to inspire fear.

Hereditary Madness and the Signs of Death in “A Death Certificate”

Published in November 1895, Meade’s “A Death Certificate” uses an example of hereditary madness to assert a rational appeal that aligns with the need for death certification reform. The story centers around a newly married couple, Will Raymond and Margaret (Maggie)

⁹ Using the Newspaper Archive to search British newspapers for the phrase “buried alive” between the dates 1861-1895 resulted in 1,139 results of both fictional work in story magazines and supposedly true accounts of live burial. The same search term in a much larger database for US newspapers produced over 20,000 results.

Travers, who are involved in a train accident on their honeymoon. Overcome by the shock of the accident, Maggie's once charming and demure personality becomes obstinate and unfeminine before she falls into a death-like state and requires medical attention by the narrator, Dr. Clifford Halifax. The premise of the story is remarkably similar to a newspaper account published in the *Somerset County Herald* one month prior to Meade's story debuting in *The Strand*. The article describes an "exceedingly death-like" trance of a young bride residing near Weymouth. The account notes, "On the day following the wedding Mr. and Mrs. Mortimer, for such is the name of the newly espoused pair, went for a drive, and on returning in the evening, the bride, remarking she did not feel very well, went upstairs, and before long, was in a sound sleep In this condition she remained for a space of five days" (66). Unlike the article in the *Somerset County Herald* that paints a benign scene taking place in the Cotswolds, Meade's story adapts a more sinister tone.

From the beginning, Meade presents a series of concerns regarding the health of Will and Maggie that serve to set the stage for the approaching near-buried-alive encounter. Will Raymond, a friend of Halifax, is described as "a haggard-looking fellow, not the least handsome, with rugged features, deep-set eyes, a wide mouth, and a lean brown face" (511). He is regarded as a hermit who "eschewed society" while living a solitary lifestyle on his estate in Berkshire where his friends "experienced some slight anxiety about him" due to his "peculiar temperament" (509.) Nineteenth-century readers familiar with popular gothic conventions would have recognized that the broody, masculine figure of Will Raymond contains echoes of the Byronic hero—a characteristically tormented outcast. His rough appearance and solitary living, when coupled with the implication of behavioral issues, imply that he is at risk of slipping backwards into something resembling mental instability. Likewise, Maggie's health is also called

into question at the wedding, where Halifax's observant medical gaze notices something unsettling about the bride's countenance. He describes her as "a slight little creature, with fair hair and dark grey eyes" and finds her pupils, "not only rather more dilated than usual, but [possessing] an indescribable expression about them which gave me a sort of uneasiness" (509). The repeated emphasis on Maggie's eyes is not intended merely to draw attention to her beauty, but to draw focus on what a physician might see when noticing that "Mrs. Raymond's . . . eyes were large, of a very dark grey, with such thick lashes that at a little distance, the eyes themselves looked black" (509). Large pupils were symbols of beauty in the Victorian era that could be achieved through various, often toxic, cosmetics. However, for Halifax, it is not the beauty of her eyes that attracts his attention. *The Family Oracle of Health* noted in 1824: "A large pupil, though it is certainly one of the highest marks of beauty, is also a sure token of a weak, and perhaps a consumptive constitution" (176). As a trained physician, Halifax is rightly concerned to notice the unsettling expression in her eyes and her slight body frame. Not only does Maggie's appearance indicate a possible weak constitution, but it also suggests a wasting disease.

In order to stress the need to pay close attention to even the smallest detail Halifax notices about her appearance and condition, Meade continues to emphasize a medically-minded observation of the new bride. However, Maggie's poor condition quickly grows apparent to even those who lack Halifax's keen professional eye. Some weeks after the wedding, Halifax receives a frantic telegraph from Raymond (honeymooning in North Wales), claiming his wife has taken ill after being involved in a train accident. He is told that following the train accident, Maggie is "an absolutely different woman" (511). Despite her strange and despondent behavior, it is once again an emphasis on Maggie's appearance that finds focus in the narrative:

Her abundant tresses of soft, light hair were falling all over her shoulders — . . . she was occupying herself winding one of the tendrils round and round her fingers All the pretty color which had added to her beauty on her wedding-day had given place to a grey sort of pallor—her childish mouth was drawn, her lips looked thin and parched. Her eyes were intensely bright, lovely still in shape and colour, but unnatural and strained in expression. (511)

While Maggie's appearance is admittedly strained and unnatural, there is also something beautiful about the way she is described. The imagery used to describe her as pale, bright-eyed, and languid, would have been instantly recognized by both Meade's lay readers and medical personnel as similar to tuberculosis—the "beautiful" wasting disease of the nineteenth century. Indeed, the emphasis on Maggie's obsession with toying with her soft hair would have been another nod to a consumptive disposition as one of the symptoms of tuberculosis was hair so fine it could not hold its shape. To further accentuate the state of unease regarding his patient's health, Halifax notices Maggie's room is "hung with dark red velvet . . . unpleasant and funereal" (511). The repeated return to Maggie's appearance emphasizes decay and decline, rather than bridal beauty.

While Maggie's physical decline is, at first glance, little more than a tragic circumstance, her death is directly tied to Raymond's quickly deteriorating mental faculties that make him impulsive and prone to rash decisions and therefore, not someone reliable to verify death. Refusing to let anyone see his wife's body, Raymond declares, "'She shall have her coming home I myself will bear her across the threshold of her house and mine. She shall sleep for at least one night under its roof before she goes to join the other wives of our house in the family vault'" (517). As a physician, Halifax expresses concern over both the hasty preparations made

to inter Maggie and Raymond's refusal to let anyone see the body. *Cassell's Household Guide* claims that depending on sanitation requirements and the cause of death, "funerals in winter should take place within one week after death, and in summer in a still shorter time" ("Death in the Household"344). Although the reason behind a short vigil over the body during the summer is not mentioned in *Cassell's Household Guide*, the logic would have been obvious to any reader—warm weather aided decomposition. Concerned with sanitation and the handling of corpses, several acts were passed throughout the 1850s to encourage burial before decomposition and to control overcrowded cemeteries.¹⁰ By the 1890s, law required that following the filling out and submission of the death certificate to a death registrar, the grieving family must wait for a response from the registrar who would then inform them of where and how the body could be buried. Once this information had been received, the family had eight days to bury the body or face penal offense.

Although the time of year of Maggie's death is not specified, it is clear that the brief forty-eight hours that Raymond is demanding is considered hasty. According to Mary Elizabeth Hotz, "laying out was important to the collective grief of the community" (23). It involved preparing the body for burial and allowing time for mourning friends and family to gather. Such a process "meant keeping the body home between five and ten days" (23). In addition, funerary traditions involved visits from grieving relatives and, for the wealthy, elaborate ceremonies.¹¹ With his status as a wealthy man, Raymond's insistence on a quick funeral that lacked the expected mourning customs of his class would have been seen as unusual. Consulting with the

¹⁰ For more information on the Burial Acts of the 1850s and how they related to cemetery sanitation, refer to Julie Joyce Rugg who has written extensively on the topic.

¹¹ Funeral and mourning customs were strict for English Victorians and several guides were published on how to hold a proper funeral. *Manners and Rules of Good Society, Or Solecisms to be Avoided by a Member of the Aristocracy* published in 1888 has an entire section titled "Periods of Mourning" that details everything from how to address condolence cards to what refreshments should be served.

local physician who had seen Maggie through her last illness, Halifax assists in filling out the death certificate, noting, “The usual details were rapidly entered, but when he came to the clause which obliged him to certify the fact of death having taken place, he had to recourse to words provided in the certificate for medical men who had not seen the body” (518). The altered words required are noted in an 1873 issue of *The British Medical Journal* stating, “Whenever you ascertain that no medical man has been in attendance during the last illness of the deceased, you will enter the words ‘no medical attendant’ after the cause of death or after the word ‘unknown’ as the case may be” (“Uncertified Deaths” 487). Although Gray, the local physician, would have been legally regarded as the physician attending during Maggie’s last illness, Raymond’s refusal to let anyone see the body forces Gray and Halifax to sign the death certificate as not certified. This loophole in death certification came directly from the Registration of Births and Deaths Act of 1836 that required a physician to sign a certificate confirming death but did not require a doctor or trained medical personnel to perform a physical examination prior to issuing the certificate. As historian Brian Parsons points out, “The doctor could simply append ‘I am informed,’ leaving any person without medical qualifications or experience to state that life was extinct” (71). *The Lancet* called it “a most objectionable feature” (“Death Certification and Registration” 1611) and although the actual risk of being buried alive was small, the law allowing unprofessional verification regarding the deceased did nothing but justify the public’s fear of premature interment.

The same *British Medical Journal* article that details how to fill out the certificate points out the flaws in the Registration Act, noting, “The necessity for medical certification, in fact, does not appear to have entered the minds of the framers of the Act, or of the legislation that passed it” (“Uncertified Deaths” 487). Likewise, an article from *The Lancet* in August 1894

echoes the demand, claiming, “We have repeatedly insisted upon the importance of verification of death . . . , that no death should be registered without a medical or coroner’s certificate” (“The Fear of” 265). For the medical community, proper verification of death served multiple purposes. It enabled them to keep proper records and track potential outbreaks of illness while also aiding the legal process of ensuring fraud or murder has not been committed.¹² Wanting to make his position on the situation clear, Halifax declares, “I regret beyond words . . . that you did not see Mrs. Raymond after death. You are unable to state as an eye-witness that you saw her. For my part I should be glad to see the present law altered. I would make it compulsory that no doctor should sign a death certificate without having first seen the dead body” (518). His use of the word “eye-witness” is significant because it is the gaze of the trained medical man that has observed, diagnosed, and sought to heal the new bride. The fact that no medical professional—including the local doctor, Halifax, or the attending nurse—have been allowed to see Maggie’s body indicates that without a medically trained witness, the case is unsatisfactorily closed. Halifax’s strong opinion on the need for doctors to view the body before declaring life extinct is drawn directly from the late nineteenth-century argument for death certification reform. Halifax’s insistence that he would like to see the law altered is used in this story as a guard against potential premature burial; his stance is an echo of the consensus British medical men of the Victorian period shared on the subject.

To further emphasize the importance of death verification through proper means, Meade draws focus onto the instability of Raymond’s character. Will Raymond’s reaction to his wife’s

¹² Meade’s story “An Oak Coffin,” published in March 1894 as part of her *Diary of a Doctor* series, features a man who fakes his death in order to commit insurance fraud. Together with the police, Halifax and a local physician uncover the crime, but the man dies before he can be prosecuted. Although a faked death is outside the “buried alive” genre conventions, “An Oak Coffin” promotes death certification law reform in a similar fashion to the stories analyzed here and cites the ability to fake death for financial gain as a legitimate reason to revise current legislation.

death causes a regression in his behavior, resulting in superstitious beliefs and outbursts of emotionally charged ramblings. Convinced his wife's spirit is with him, Raymond declares, "we are twin spirits, and it is impossible to part us. . . . I have an impression, Halifax, that in the future a spirit will haunt Raymond Towers. Nothing will induce Maggie to stay in her grave when I am living close to her. . . . All the future of my life will be devoted to pleasing that poor wandering ghost" (517-18). Raymond's declaration of twin souls and hauntings is reminiscent of Emily Brontë's volatile Catherine and Heathcliff, whose own gothic story involves begging for the deceased to haunt their living existence.¹³ Raymond's insistence that Maggie's ghost haunts him carries him so far as to engage in conversation with her supposed spirit and to forgo sleep in case she visits him. Such drastic conduct alarms Halifax who realizes, "I knew nothing of the psychological history of his house" (516). Where Halifax's credentials as a physician can be traced back to his experience as a house surgeon at St. Saviour's, Raymond's vague but ancient family lines hint at corruption and mental instability. The lack of a clear pedigree coupled with his eccentric behavior further justifies Halifax's belief that only a trained, and therefore *credible*, person can be the one to verify Maggie's death.

The waning mental prowess of Raymond coupled with his grieving denials that his bride is dead validates the concerns found in the larger medical discussion of what it means to verify death. Maggie's body has been stored in a coffin shell screwed down by Raymond's own hand. Distraught and rambling, Raymond says, "I always thought that dead people were cold . . . but she was warm—after death she was very warm. The next day she was cold, but not icy" (521). Logical as always, Halifax tells him, "Sometimes chemical changes account for warmth after

¹³ Raymond's yearning for his 'twin soul' is reminiscent of Catherine's "whatever our souls are made of, his and mind are the same" (81) and his conviction that Maggie's spirit will haunt Raymond Towers is an echo of Heathcliff's agonized prayer that Catherine "Haunt me! . . . I know that ghosts have wandered on earth. . . . I cannot live without my life! I cannot live without my soul!" (169).

death” (521). Although Britain had been less drastic in its response to Winslow’s hypothesis that a cessation of pulse and respiration were fallible signs of death, there was still some doubt in public opinion on what could definitively pass as deceased without the onset of putrefaction. That Halifax is able to easily dismiss the fact that Maggie’s body was still warm speaks to the blurry lines experienced by *fin de siècle* medical professionals to define the signs of death.

The small exchange between Halifax and Raymond hints at the larger medical discussion surrounding the signs of death and their potential fallibility. George K. Behlmer observes that for medical professionals in the Victorian era, the hypothesis “that blood continued to circulate and be oxygenated at a level below the sensitivity threshold of the available instrumentation” was beginning to garner attention (215). It is within the vein of this medical query that Halifax finds himself musing as he reflects on Raymond’s claim that Maggie’s body was cold but not icy. Stunned with this realization, Halifax leaps to his feet, ““Good God! . . . no medical man, not even a professional nurse, saw this poor soul after death. No one expected her death. When I saw her last she was hysterical, nervous, overwrought. . . . She was suffering from shock, and shock might lead to—to *catalepsy!*”” (522). Catalepsy was a common ailment featured in eighteenth and nineteenth-century medical journals. Citing the 1771 edition of *Encyclopedia Britannica*, Behlmer notes the definition of catalepsy “originally designated a seizure where the limbs remain ‘in any position in which they are placed, however painful or fatiguing’” (219). Widely understood to be the result of shock or sudden trauma, *The Lancet* in 1895 explained, “catalepsy, or trance, and profound sleep lasting for a lengthened period, are somewhat similar to the hibernation of animals. To a casual observer, a hibernating animal would appear to be dead, but the vital functions are not arrested, but are reduced to a low ebb; the pulsations of the heart and respiration still occur, though feebly and at lengthened intervals” (“Signs of Death” 787). *The*

Lancet article goes on to mention that respiration while experiencing catalepsy could be as slow as four to five breaths a minute. The medical condition, while obviously of concern to medical professionals, was also a popular plot device in “buried alive” stories because of its ability to mimic death signs.

Whereas other stories within the “buried alive” tradition would emphasize a fatal fear of catalepsy, Meade’s narrator is armed with a physician’s understanding of the condition that allows him to come to a rationally drawn conclusion rather than an anxious one. Halifax voices this conclusion as a rationale for his earlier stance on death certification reform, claiming,

Certainly death certificates ought to be altered—no medical man ought to be allowed to give one unless he has first seen the body, and testified with his own eyes to the presence of death. In this case, no one capable of judging saw that poor girl. Her husband lost his self control—his mind was overbalanced—he became possessed with a desire, which was absolute insanity, to bring her here without a moment’s delay. She was put into her coffin far too soon. (522)

His claim that ‘no one capable of judging’ witnessed Maggie’s body is a return to his observations regarding the unstable mental history of Raymond’s family line. Although Raymond is an educated, upper-class gentleman, he has repeatedly indicated through his behavior that he is of questionable sanity. Despite his lineage as a wealthy estate owner, he is not a trained, rational physician capable of verifying death. Although he is within his legal rights as an acquaintance of the deceased to verify her death, his lack of medical credentials make the situation surrounding Maggie’s not only dangerous but suspect.

Halifax further subverts the literary tradition of a “buried alive” story by preventing the burial from taking place at all. Swift in his decisiveness, Halifax tells the butler, ““There are

cases on record where inexperienced people have mistaken a disease called catalepsy for actual death” (522). Calling for a screwdriver, Halifax sweeps the funeral flowers to the floor and unscrews the ill-fitting shell containing her body, where he “Looked down on the fair face of the dead. Mrs. Raymond looked beautiful in her last sleep. Her hands were folded in conventional fashion on her breast—her head drooped slightly to one side, her lips were parted, and there was a faint, a very faint, tinge of color on her cheeks” (523). In a reversal from the previous descriptions of Maggie’s appearance that had emphasized her pale and fevered features as an indication of illness, the soft flush in her face and fragile beauty signifies a return to health. Eager to confirm his suspicions, Halifax says, “I seized one of the hands and felt for the pulse in the wrist. After a long time, I fancied I distinguished a throb. The hands were limp. There was no rigidity apparent anywhere” (523). His observations regarding Maggie’s condition align with medical opinion in *The Lancet*. As has been mentioned earlier, the pulse of a cataleptic could be as slow as only four to five beats a minute. In addition, her body lacks the rigidity of a corpse. Combining the color in her face, the flexibility of her hands, and the faint pulse, Halifax is appalled that Maggie was ever deemed dead in the first place: “‘Merciful heavens!’ . . . ‘How could anyone but a madman have thought this sleeping girl dead?’” (523). The use of the word ‘madman’ in this context is, again, intended to demonstrate how unqualified Raymond was to certify his wife’s death while also keeping within the narrative frame emphasizing insanity. Halifax confronts the distraught husband, saying, “‘You behaved in a very extraordinary way when you allowed no doctor to see her’” (524). The chiding tone is both the chastisement of a friend and the reprimand of a professional. Due to Halifax’s credentials as a medical man and his ability to discern the symptoms of both Maggie’s illness and health, he is able to restore a sense of order to the newlyweds through reviving Maggie, who has no memory of the incident.

By associating the unreliable signs of death with the instability of an alleged madman, Meade's story engages with the popular conventions of sensational literature while also highlighting the flaw in current legislation that allowed for laypersons instead of trained professionals to verify death. Although her demonstration of hereditary madness is extreme, it is effective in showing that the current legal requirements of death certification are reckless at best and fatal at worst. In connecting "buried alive" story elements to a rational narrative conclusion, Meade subverts the goal of the "buried alive" tradition by offering a placating, rather than inciting, approach to social anxieties surrounding live burial.

Catalepsy and Coffins: Hasty Interment in "To Every One His Own Fear"

While "A Death Certificate" critiques the lack of reliable death signs and the flaw in legislation that allows unqualified persons to verify death, Meade's second story, "To Every One His Own Fear" utilizes the popular "buried alive" trope of catalepsy and hasty interment in order to demonstrate the potential for murderous intent possible due in part to vague requirements of current legislation in connection to the death certification process. Through applying exaggerated examples often found in sensationalized work to an issue currently debated by both legal and medical personnel, Meade's stories function as effective tools to garner and foster interest in the wider debate surrounding death certification legislation.

Unlike her previous story that emphasized a concern for a character's health, Meade creates an outside threat to her protagonist that hints at harmful intent. The story centers around Charlie Fane, a young man of twenty-eight. Charming, bright, and likable, Fane quickly woos and wins the heart of Alice Lefroy at a Christmas party that Dr. Clifford Halifax is attending. Trouble ensues when Alice's fiancé, the older Philip Pennington, is informed of the young couple's infatuation. The contrast between the two men is presented from the start. Where Fane

is described as possessing “clear eyes . . . straight, well-cut features [a] broad, athletic figure [and] muscular hands” (682), Pennington is described as handsome, but with a face “as a wooden mask” (691). His unsettling nature is revealed in his response to Alice’s refusal of his hand when he tells her, “I see child, . . . that I cannot be your husband; but, as I am sincerely attached to you . . . I am willing and anxious now to act the part of a father” (685). The transition in the relationship between Alice and Pennington from an engaged couple to a father and daughter dynamic is reminiscent of the incestuous elements of gothic fiction, undertones that would have been familiar to Meade’s readers. Although Alice and Pennington are not related by blood, the overt shift to a father/daughter relationship taints the dynamic between them by implying it lacks sexual and social propriety. For the savvy reader familiar with sensational genre conventions, this change in the relationship serves as the first indication of danger while also working to position Fane squarely on the right side of things despite his social *faux pas* of wooing another man’s fiancé.

Meade introduces the topic of premature burial in a deliberate manner that balances Halifax’s professional credibility with sensationalist subject matter. Her careful interweaving of medicine with Fane’s concern over being buried alive manages to both secure Halifax’s reputation as a medical man while also engaging in the “buried alive” story tradition. Prior to his departure to the Abbey where he and Alice will holiday as guests under Pennington’s care, Fane approaches Dr. Halifax for a medical examination, asking, “When a man contemplates marriage, he ought to be certain that he is sound in every point. Will you examine my heart, doctor?” (687). As Halifax commences his physical examination, Fane asks if he would like to hear the story of when he was presumed dead by asking, “You believe that death can sometimes be assumed?” (687). The tone he uses is tentative and uncertain. Halifax responds to Fane’s

question with a decisively short answer: “I know it for a fact,” to which Fane replies, “I am glad to hear you say so—I have asked that question of more than one doctor, and in almost every case have received a smile of derision” (687). Fane’s uncertainty on how to approach the topic of assumed death with his physician relates to the medical debate surrounding the topic in the nineteenth century. Although English doctors were interested in solidifying a list of death signs, they were less interested in believing the many tales of the presumed dead that populated the press. Halifax echoes the professional wariness of the truth of assumed dead stories in the way he expresses his interest in Fane’s case. He qualifies his answer by stating, “These assumed deaths are not so common as some nervous people imagine . . . but I firmly believe that there are cases on record where persons have been buried alive” (687). By expressing professional skepticism coupled with belief in buried alive stories, Halifax’s position as a man of science is upheld, thus preventing him from becoming yet another individual only interested in premature burial stories as a source of sensational entertainment.

Meade maintains a sense of medical interest rather than voyeuristic entertainment in the retelling of Fane’s story. In the Victorian period, it was believed shock affected the nervous system to an alarming degree. Moral shocks in particular were linked to attacks of catalepsy. Surgeon James Bower Harrison claimed in the 1852 *Medical Aspects of Death* that “impressions on the nervous system . . . play an important part in the fatal termination of many diseases” (51). In Fane’s case, the death of a loved one constitutes a moral shock severe enough to result in a cataleptic attack. In an account similar to the one given in Galt’s “The Buried Alive,” he tells Halifax, “My nurse and attendants were, I feel convinced, under the impression that I was quite unconscious, but . . . this was never the case. . . . I knew when the doctor visited me and when the nurse moved about by my bedside, and when my mother’s old servant bent over me and

sobbed” (687). Helpless to alert his caregivers to his circumstances, Fane is horrified to hear the elderly doctor announce, “The case is hopeless [. . .] He will pass away quietly within the next hour or two. Let me know when he dies; I will send you down a certificate” (687). The casual decision of the doctor to leave without waiting to verify Fane’s death suggests that due to lax death certification laws, cases like Fane’s could be more common than most would be willing to believe.

Fane’s story of being assumed dead follows the traditional tropes and patterns of the premature burial tradition with a few noteworthy differences. In keeping with the tradition of a “buried alive” story, Meade shifts Fane’s story towards a first-person narrative that emphasizes sensory detail and a feeling of helplessness as he recounts an escape from live burial. Trapped by the doctor’s verdict, Fane recalls,

I lay motionless on my back with my eyes tightly shut—the weight which pressed me down grew heavier and heavier. The nurse lingered for a time in the room. I knew she bent over me—I felt her breath on my cheek—there was a slight warmth and an impression of added light, and I think she was moving a candle before my eyes. I think also that she placed a glass over my lips to see if there were any breath; . . . I felt myself incapable of moving an eyelid—I was bound tightly as if in solid iron. (687-8)

The methods the nurse uses on Fane to ascertain vital signs were acceptable methods in the nineteenth century. Passing a candle before the eyes was intended to check for pupillary reaction while a mirror or glass to the lips was used to look for condensation resulting from exhalation. Although helpful, these methods are decidedly faulty and fall outside the lines of British medical science that continued to argue that “so long as any trace of movement of the heart can be made out, the subject is still living” (“The Reality of Apparent Death” 1401). In Fane’s case, his life is

saved by a young doctor who, when arriving to verify Fane's death, uses a stethoscope and discovers, "sounds of the heart's action, though faint" and applies electrical measures to restore Fane to consciousness. (688). Through the intervention of a second professional opinion, the inability of the aging family doctor to correctly diagnose Fane's cataleptic attack is corrected, thus preventing Fane from being buried alive.

Meade continues to engage with "buried alive" story conventions, but in a way that draws attention to legal action rather than inducing fear-promoting sensations. Fane's recounting of his story to Halifax is not merely an entertaining tale. He finishes his story with a question, "If you are alive, and if I am anywhere in the British Isles, will you make me a promise that I shall not be buried without you verifying my death?" (689). Fane's trust in Halifax as a medical man is meant to be read as absolute. Having already trusted him with checking his heart, Fane is now trusting him with his life.

Halifax's credibility as a physician allows him to function outside of the "buried alive" tradition as his status as a medical man enables him to prevent hasty burials from occurring. After receiving word that Fane has drowned on Pennington's property, Halifax is thwarted at every turn by Pennington, who insists on screwing down the coffin before Halifax can arrive. Just as Halifax is about to depart for the Abbey, Pennington arrives at his doorstep where he presents his case as a friendly visit to save Halifax the hassle of traveling to Birstdale Abbey. He tells Halifax, "In order to assure you that no stone has been left unturned, I sent a messenger on . . . with our local doctor, Bland, who, superfluous as it is, has doubtless acceded to your strange request" (691). The word 'superfluous' is telling. Had Pennington valued Fane's life, he would have ensured that every precaution had been taken to verify the status of his body. Instead, he finds Halifax's insistence to verify the death strange and unnecessary. Halifax responds by

informing Pennington of his pledge as a gentleman to verify Fane's death. In so doing, he asserts both his status as a gentleman and his authority as a physician. Pennington retorts, "I can have no possible dislike to you making experiments on the body of poor Fane. . . . he is dead—dead beyond recall" (691-2). Pennington's dismissal of Halifax's promise as nothing more than a chance to perform experiments trivializes Halifax's role as a physician. This dismissal requires Halifax to appeal directly to Pennington's honor. He reminds Pennington of both the legal and personal duty he is under when he responds, "A promise is a promise Had your local doctor opened the vein and thus proved death beyond doubt, I should have felt that I had kept my promise to poor Fane" (692). Halifax's statement works in two parts: it reestablishes his authority as a medical man to ensure that Fane's body is properly verified, and also sheds light on Pennington's dishonesty. Because Halifax has caught Pennington in a lie, Pennington is forced to admit his physician has refused to open the vein. In revealing Pennington's deception, Halifax's mistrust of the man's motives and unsatisfactory answers validate Halifax's insistence on traveling to the Abbey to verify the death himself. In holding firm to both his personal conviction and the oaths he took as a physician, Halifax effectively prevents Fane's story from turning into another story of live burial by insisting that the body be verified prior to interment.

Halifax's insistence to verify Fane's death under what he assumes to be suspicious circumstances is perhaps the most logical reason behind nineteenth-century demand for death certification reform. In 1893, the House of Commons appointed a Select Committee to investigate the effectiveness of death certification. The report given by the Committee finds fault with the current law, stating, "so far as affording a record of the true cause of death and the detection in cases where death may have been due to violence, poison, or criminal neglect is concerned, the class of certified deaths leaves much to be desired" ("Death Certification 596).

However, the Committee also notes, “In spite, however, of the defects of the existing system, it is stated that it has a powerful influence as a deterrent of crime” (“Death Certification” 596). Highly concerned with the role physicians could inadvertently play in cases of murder or financial fraud, *The Lancet* sided with the findings of the 1893 Committee, noting, “The correct verification of death, certification, and registration of every death is not the duty of the State only, it is everybody’s business. . . . [A]ll advanced students should be taught how to fill up death certificates before becoming qualified It is a most responsible duty and should not be regarded as a mere formality” (“Death Certification and Registration” 1611). Halifax’s persistence, then, is not just tied to his honor, but to his duty as a physician.

As a result of having his body neither medically verified nor properly interred, Fane’s body exists in an in-between state lacking certainty, much like the corpses that waited for signs of putrefaction. When Halifax arrives at the Abbey, Fane has been pronounced dead but not verified for 72 hours—the average wait time for corpses left in waiting mortuaries. His body has been kept in “a little old Norman church which . . . had belonged to the Penningtons for hundreds of years” (695). Because Pennington has refused to let his physician check Fane’s body, Halifax performs an experiment to test for signs of life, stating, “I bared the arm of the dead and taking out my lancet, carefully opened a superficial vein in the forearm” (695). According to George K. Behlmer, a *fin de siècle* British doctor’s medical kit to verify death would contain, “a reliable stethoscope and an accurate body thermometer, and possibly also an ophthalmoscope (to search the retina for early evidence of decomposition), a hypodermic syringe (used for subcutaneous injection of ammonia to test for an inflammatory response), and a magnesium lamp (to examine the skin between the fingers for signs of circulation)” (217). Although the opening of a vein to test for signs of life was an approved method during the nineteenth century, Halifax’s decision to

choose this method over other options available to him is noteworthy considering his location within a church. In the nineteenth century, religion was largely seen as the authority on what happens after death. The scientific study of the body had been considered sacrilegious and suspect by the religious community for centuries leading up to Halifax's moment in the church. In performing a death verification procedure within a religious building, Halifax's actions assert that science has just as much right, if not authority, as religion regarding a body after death. In keeping with the heavily symbolic nature of his location, by cutting a vein where "slowly, sluggishly, faintly, the blood dropped and dropped on the white winding sheet" (695), Halifax's medical procedure not only produces a lifesaving result, but it also mimics the shedding of blood associated with Christ's crucifixion. Had Fane been truly dead, Halifax's actions would have been seen as bodily desecration and aligned him with the feared dissectionists of the Victorian age that used corpses to access the forbidden knowledge of anatomical information. Because the cutting of the vein results in Fane's resurrection, Halifax's action is associated with a miracle at the hand of science.

Like many premature burial stories that provide a rational ending to a character's perilous adventure, Meade's story also concludes with a scene that functions to dispel any remaining concerns. In keeping with the "buried alive" tradition, it is implied that Fane's experience with, and subsequent saving from, premature burial cures him from his paranoia and all future episodes of catalepsy.¹⁴ Fane reveals that "a hole, about the size of a pea, was found, evidently drilled in the bottom of the boat" (696). This clear sign of sabotage validates Halifax's suspicions of foul play. By fulfilling both his promise as a friend and his duty as a medical man,

¹⁴ See the discussion of Poe's use of this trope in the "The Premature Burial" on pages 11-12. Although Fane's brush with death is a literal one instead of a dream-induced panic like the one Poe's narrator experiences, Meade uses the experience to function as a catalyst that cures Fane of his anxiety of premature burial.

Halifax has accomplished the aim set out by the voices behind *The Lancet* who declared, “The medical certifier should take special care not to aid the murderer, and especially the poisoner, in his evil work, but to bring him to prompt justice” (“Death Certification and Registration” 1611). In the eyes of the medical community, a physician’s work was essential to upholding the law. Rather than take the credit for saving Fane’s life, Halifax gives it to the divine: ““God Himself took the matter into His hands when He rescued you as He did from the very jaws of death”” (696). By associating Fane’s return from the dead with both scientific and religious means, Meade dispels the notion of unnatural or ethereal circumstances surrounding live burial taking place in England and makes the need for death certification reform a Christian duty. Although her plot device of live burial is fabricated, her emphasis on preventing crime highlights the necessity of legal changes.

Conclusion

Meade’s approach to the “buried alive” tradition involved combining popular writing conventions with medical advances. By collaborating with a licensed doctor and drawing attention to the need for rational, scientific approaches to the topic of being buried alive, Meade’s stories united the thrill of sensationalized accounts with a medical ethos that lent her voice credibility among the many publications that worked only to incite fear. In using fiction as her vehicle to suggest legislative change to death certification, Meade not only defied the stance taken by editors of *The Lancet* who dismissed the validity of sensationalized stories, but she also wrote back against the very subgenre she was engaged in by echoing the opinions of trained medical and legal professionals rather than the anxiety-promoting voices common in premature burial stories. Meade’s careful balance of extreme examples and measured medical science enabled her to draw attention to the social issue of death certification legislation. Through

relying on tropes found within the “buried alive” literary tradition, she highlighted the need for law reform by providing thrilling cases that emphasized the dangers and flaws possible through gaps in the current legal process.

While her approach to death certification reform has been the topic of this thesis, several of her short stories featuring Dr. Clifford Halifax combined sensational topics such as hauntings, mesmerism, and failing family bloodlines with logical solutions under a header that claimed, “Those stories which may convey an idea of the impossible are only a forecast of an early realization” (“Creating a Mind” 34). Ever interested in promoting social causes, Meade later collaborated with Dr. Eustace Robert, with whom she created *Stories of the Sanctuary Club*, a series that took an anti-vivisectionist stance. Her integration of sensational elements with scientific reasoning marks her as a contributor to the creation of the medical mystery genre and an active participant in contemporary issues. By using fiction as an instrument to draw attention to contested topics such as live burial, Meade’s medical stories, while sometimes fanciful and sensational, drew on contemporary matters and agitated for social change in a way that complemented, rather than detracted from, the voices of the medical community.

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