

## Primitive Doctor and Eugenic Priest: Grant Allen, M.P. Shiel, and the Future of the Victorian Medical Man

Douglas RJ Small

M.P. Shiel's short story, "The S.S." (1895) concludes with an extended monologue in which the protagonist – the exiled Russian aristocrat, aesthete, and amateur detective, Prince Zaleski – contemplates the future of the fin-de-siècle medical profession. Throughout the story, the Prince has pursued a murderous, fanatically eugenicist, secret society – the "S.S." of the title – whose members aim to purify the hereditary health of Europe's population by ruthlessly assassinating the constitutionally sick and infirm. Though he succeeds in breaking up the society, Zaleski is left perturbed and pondering whether, to prevent the wholesale sickening of the human race, the society's violent methods will inevitably have to be adopted by the world at large. Zaleski conceives of a "wild, dark" future, where bodily health is venerated as the commandment of a new religion. In this future world, the medical practitioner has been remade into the holy servant and high priest of a new faith, while medical therapy has been transformed into sanctified ritual murder. Zaleski dramatically asks himself:

Can it be fated that the most advanced civilisation of the future shall needs have in it, as the first and chief element of its glory, the most barbarous of all the rituals of barbarism – the immolation of hecatombs which wail a muling human wail? . . . Shall the physician, the *accoucheur*, of the time to come be expected, and commanded, to do on the ephod and breast-plate, anoint his head with the oil of gladness, and add to the function of healer the function of Sacrificial Priest? (190-191)

Zaleski's description is heady with images of grim piety and sacrificial violence. The "physician of the time to come" wears the ceremonial breast plate and ephod (a sacramental robe) of the ancient Jewish priesthood; the elimination (or "immolation") of the hereditarily unhealthy is compared to the public mass sacrifices (hecatombs) of pagan Greece. Shiel's vision of the "advanced" scientific future is framed as a return to primeval, "barbarous," religious supplication – a future returning to primitivity, and medical science returning to religion. Intriguingly, a similar image of the medical future appears in Grant Allen's story "A Child of the Phalanstery," first published under Allen's *nom-de-plume* of J. Arbuthnot Wilson in *Belgravia* magazine, in August 1884. Allen depicts a future British civilization in which the healthy "untarnished" body and mind are viewed as sacred to "divine humanity" and in which each community's chief "physiologist" is responsible for sacrificing any deformed children on the "altar of humanity" (166, 167, 176).

But why, for these fin-de-siècle authors, did it seem plausible that rational, nineteenth-century medicine might evolve into religious violence? Why might the physician of the coming epoch be remade in the image of the "barbarous" pagan priest? Bernard Lightman and Anne DeWitt have both examined the broader religiously-styled popularization of science in the late nineteenth century. Both authors argue that (throughout the century, but intensifying after the publication of

Darwin's *On the Origin of Species* in 1859) prominent scientists and intellectuals made a concerted effort to promote science and scientific inquiry as a new type of religious "creed" (Lightman 452). In this presentation, science would not only assume Christianity's place "as an account of the natural world," but also take on religion's role "as a cultural authority, [and] a source of values intellectual, moral, and spiritual" (DeWitt 33). This scientific creed was, writes Lightman, "represented as part of a system similar to the Christian Creed, but confirmed by science" (453); scientific investigation would discover physical "laws of the universe that [could] serve as moral laws . . . [and] provide moral lessons for how to live" (DeWitt 36). As this creed of science became more prominent in late-Victorian public discourse there arose the parallel idea that "the objective of transforming science into a religion went hand-in-hand with the objective of establishing a scientific elite – an elite that would assume the role of a priestly class, holding power by virtue of its knowledge about the now-revered science" (DeWitt 52). In effect, if science was to be reconstituted as a new faith, scientific luminaries might become that faith's new priesthood, pronouncing its holy and immutable truths.

Despite these commentaries, however, the figure of the priest of science in fin-de-siècle literature remains understudied, particularly in relation to the idea of a future *medical* priesthood.<sup>1</sup> In part, the objective of this article is to redress this imbalance, looking specifically at the religious future of medical science and the images of violent, primitive religious ritual that both Grant Allen and M.P. Shiel use to characterize their priesthoods of physicians. I argue that those Victorian anthropologists and medical men who delved into the ancient origins of the medical profession tended to emphasize the idea that, before the advent of modern civilization, the healing art had been indistinguishable from religious propitiation. The primitive doctor had been one with the priest, and the body had occupied a central position in man's primitive religious thought. Concurrently, fin-de-siècle proponents of eugenic medicine maintained that their movement should be promulgated as "an orthodox religious tenet of the future", in which sound heredity and bodily fitness were to be promoted as divine moral imperatives (Galton, "Eugenics" 3-4).

I suggest that this hitherto overlooked confluence of trends in fin-de-siècle anthropological and medical discourses impacted perceptions of medical science, and how the figure of the medical practitioner might evolve in the future. This article considers Victorian articulations of both the past and the future of the medical man. The first and second sections detail how Victorian anthropological analyses suggested that the ancient art of therapeutics was inextricably linked with primitive theology. The third section examines comparable trends in the eugenics movement, focussing on its self-presentation as a new religion for a new age which would sanctify the human body. I argue in the final section that, as a consequence of these overlapping discourses, authors such as Grant Allen and M.P. Shiel envisioned a future priesthood of eugenic physicians who would return medicine to the ancient savagery of pagan worship. Allen and Shiel's stories crystallize a tension between the promise of perfect health, and the violent religious regression that might be necessary to bring this about. Both works suggest the possibility that, in pursuit of collective well-being, the medical man might find himself compelled to not only sacrifice the sickly, but to also sacrifice his own rational and moral identity – they juxtapose two different iterations of medical identity, the modern scientific professional, and the ancient spiritual officiant.

### Primitive Priest and Physician

In researching the history of medicine, Victorian commentators asserted that there was a single consistent set of beliefs that informed medical practice across multiple ancient and primitive cultures. In a lecture on *The Evolution of Modern Medicine* (1913), the physician (and, in 1912, founder of the Royal Society of Medicine's History of Medicine Section) William Osler wrote that, in the depths of prehistory, "all diseases came from the gods and were to be averted by prayer and sacrifice." And, as such: "Primitive priest, physician, and philosopher were one" (3-4). Late-nineteenth-century anthropologists, ethnographers, and historians identified a single primordial figure, the first original type of medical practitioner, from whom the modern scientific physician had gradually evolved. This individual, who united the roles of healer and spiritual intermediary, was the "medicine-man", or "priest-physician" (Morris 713; Gray 395).

In the *Edinburgh Medical Journal* of November 1888, J. Allan Gray stated that: "Among all ancient peoples (as among the semi-civilised of today) the functions of the doctor were associated with those of the priest or king – mostly with those of the priest" (393). Gray's conflation of the "ancient peoples" of the past with "the semi-civilised of today" illustrates a fundamental premise that underpinned many fin-de-siècle analyses of the history of medicine. While individual anthropological thinkers differed as to the exact processes and conditions that had impelled human progress, by the late-nineteenth century there was an increasingly widespread view that it was possible "to classify human culture along stages of evolutionary development" (Rajan 42) producing a single "unitary scale of intellectual and moral development" (Stocking 229) that might be applied to all cultures throughout history. Temporally and geographically diverse peoples could, as such, be presumed to proceed along a universal evolutionary trajectory from savagery to civilization: ancient (even prehistoric) man and the modern savage were alike in their shared primitivity, and were essentially identical in their patterns of thought, practices, and attitudes.

Late-Victorian medical practitioners absorbed this same logic of cultural evolution, and reproduced it in their writings about the history of their profession. Different cultures in different times and places could be said to belong to "the same culture-grade" and to share the same underlying conceptions about the mystical nature of medicine. Belief in, for example, the "invariable ideation . . . [and] unanimity of motive among all primitive peoples" allowed writers such as the Peruvian physician Manuel Antonio Muñiz to state that: "Among the Indians of North America and South America, among the Australian aborigines, among several native African tribes, and among different Eurasian peoples after the dawn of history, the shamanistic diagnosis and motive were closely similar" (Muñiz 69-70). Muñiz's phrase "shamanistic diagnosis" indicates the perceived mingling of medicine and the otherworldly that was supposed to prevail amongst all such primitive peoples. Likewise, the Dublin-based obstetrician and amateur medical historian Thomas More Madden described the similarly supernatural conceptions of disease and medicine that held sway among the Homeric Greeks, the modern "North American Indians" and Sri Lankan "Singhalese," the Ancient Celts, and the "Hindu Vedas . . . [of] the Fourteenth Century before the Christian era" (Madden 465-466).

By the end of the nineteenth century, the idea that the primitive physician was synonymous with the priest was already well-established. As early as 1866, an article by Dr W.B. Cheadle (who had, only two years previously, returned from

accompanying Viscount Milton's exploratory expedition into Western Canada<sup>2</sup>) in the *Fortnightly Review* on "The Progress of Medicine" had argued that, "In the earlier ages of mankind . . . medicine was intimately associated with religion; among the more barbarous nations, the priest and the medicine-man were identical" (567). Twenty years later, Malcolm Morris's introductory address to the students of St Mary's Hospital asked them to consider the history of their profession. Commencing with medicine's most basic beginnings, Morris speculated:

Could [a] New Zealander enter this assembly, he would be puzzled to recognise our business as that of the initiation of men into a knowledge of the processes of life and death. Medicine and mystery are with him interchangeable terms, and he would miss the incantation, the weird dance, and all the saturnalia that are for him the natural concomitants of the healing art. Noise, panic, and mystery are the three accessories of aboriginal medicine. The "medicine man" is a protoplasmic element in evolution. . . . He is, nevertheless, the germ from which, as a profession, we must acknowledge our descent. (713)

Morris invokes a clear parallel between biological and cultural evolution. Just as humanity had evolved over untold millennia from its origins in undifferentiated protoplasm, so too had the modern doctor evolved from the "protoplasmic," incantatory medicine-man. Morris describes reasoned, scientific medicine progressing out of primordial mysticism, a state in which the "processes of life and death" were still opaque – the mysterious purview of the gods.

In *Folk Medicine: A Chapter in the History of Culture* (1883), the amateur Glaswegian anthropologist George William Black reasoned that among the earliest, pre-civilized peoples: "The governing class was at once medical, legal, and religious; the chief, the priest, and the medicine man were one." While savage priesthoods ministered to the needs of their deity, "the chief function of their body as a profession is, we find, to discriminate in matters of medicine" (15). J. Allan Gray identified further examples of the physician-priest in the ancient Egyptian and Hebrew civilizations. With a touch of irony, Gray remarked that the people of the Pharaohs "so precocious in many things", had "even advanced to specialism in the treatment of disease," each limb and organ having a separate group of specialized holy-doctors to take charge of its health. Gray writes: "Whether this specialism arose from scientific or from magical considerations we have no means of knowing. Certainly the Egyptians placed each of the limbs and organs of the body under the care of a god, and the priest-physician specialist of the [body] part may have been accredited with possessing some peculiar influence with the corresponding deity" (395). The extent to which the alignment between ancient priest and doctor was generally inferred can be seen in Gray's passing reference to Hebrew culture: "That among the Hebrews there were physicians we may gather from the frequent references to them in Scripture. Likely enough they were priests as well" (397). So closely aligned were these two roles, that where there was evidence for the primitive medical man, it followed that there too must a people's priesthood be found.

Alongside ancient cultures, observers consistently pointed to the "medicine-men" of Native North American communities as evidence for the original priestly state of medicine. In "The 'Medicine Man'; Or Indian and Eskimo Notions of Medicine" (1886) the Canadian geologist, explorer, and doctor Robert Bell affirmed that "a 'medicine-man' is not simply a doctor of medicine, but a sort of priest,

prophet, medium and soothsayer" (457). Louise Jordan Miln's 1899 book on the lives of children in different cultures, *Little Folk of Many Lands*, described, "the *schaman*, who is the medicine-man, the priest, the conjuror of many of the Eskimo tribes . . . and is both the *medico* and father confessor of the tribe" (44). Victorian anthropologists and medical practitioners, then, concurred that, in its (to use Malcolm Morris's language) "protoplasmic" condition, the art of healing consisted of the propitiation of the supernatural; primitive man saw medicine and mystery as "interchangeable," and both the whims of the gods, and the disorders of his body were to be appeased by ritual, incantation, and worship. Thus, medicine and religion were combined into one person; the shamanistic medicine-man was the embryonic form of the scientific medical man and his art was one which combined the restoration of the body with the appeasement of the gods.

### Embodied Godhood

Depictions of the pre-civilized priest-physician, however, also reflected broader fin-de-siècle anthropological views on the primitive body and its central position in primitive religion. Many late-nineteenth-century works of anthropology not only emphasized that the "childlike races" and "infant civilisations" (Walters 42) attributed a supernatural origin to all disease, they also regarded the physical body as primitive man's primary source of veneration and communion with the divine. That the roles of priest and doctor were imagined to be combined, reflects the fact that the human body was often depicted as the devotional centre of man's earliest faith.

For Edward B. Tylor – both the first Reader in Anthropology (1884) and the first Professor of Anthropology (1896) appointed at Oxford University – the metaphysical conceptions of primitive peoples could be "most plainly seen in what uncivilised men believe about disease." "Uncivilised" disease was for Tylor a predominantly supernatural phenomenon. "Weakness or failure of health [was] thought to be caused by the soul or part of it going out [of the body]," and conversely, demons, ghosts, or foreign souls might intrude into the patient bringing sickness with them (353). In this analysis, states of health and sickness were thought to be dependent on otherworldly transmissions into and out of the body: the essence of the soul might escape from the mortal frame, taking health with it, or some metaphysical contaminant might infiltrate into the sufferer's body. Primitive man imagined his body to be inherently permeable to supernatural forces, both malign and beneficent.

Anthropological and medical commentators interpreted the pre-civilized body as being essentially supernaturalized, effected by the divine blessings of health and the maledictions of "disease demons" (Osler 3). But many theorists also maintained that the body was at the heart of man's most basic religious ritual and philosophy. In his comparative study of pagan ritual and mythology, *Strange Survivals: Some Chapters in the History of Man* (1892), the Reverend Sabine Baring-Gould emphasized that the body (particularly its death and dismemberment) held a profound cosmological significance for savage peoples:

The world itself, the universe, was a vast fabric, and in almost all cosmogonies the foundations of the world were laid in blood. Creation rises out of death. The Norse-men held that the giant Ymir was slain, that out of his body the world might be built up. . . . So among the Greeks Dionysos Zagreus was the Earth deity, slain by the Titans, and from his torn flesh sprang [the earth] . . . In India, Brahma gave himself to form the universe. (33)

Here, the "vast fabric" of creation is constituted from the fabric of the body: flesh is transfigured and transubstantiated into the material of cosmogony. For Baring-Gould, the body appeared to be the mythological basis of primitive man's universe and therefore the essential material of creation.

Fin-de-siècle anthropological theorists dwelt at length on the intensely physical, bodily character of primitive worship, while also constituting the primitive body as a locus of supernatural energy and agency. Savage man was portrayed as signalling his piety through a closely connected set of bodily rituals: consecrated forms of human sacrifice, mutilation, torture, and cannibalism. At the same time, these writers argued that, in the words of the medical essayist Henry Maudsley: "The savage . . . regards spirit as a sort of finely attenuated matter" (362). As such, the physical substance, or "matter" of the savage body could be regarded as closely congruent with the immaterial substance of spirit, and of divinity. Anthropological thought developed a view of the earliest theology wherein the somatic was of the same stuff as the divine, and the supernatural; the first deities were of one flesh with their subjects.

This paradigm can be clearly seen in the work of writers like H. Clay Trumbull, whose *The Blood Covenant: A Primitive Rite and its Bearing on Scripture* (1887) interrogates the practice of ritual exsanguination (the offering of one's own blood to god or gods) across the world and throughout history. Trumbull focuses particularly on rituals such as those practiced:

Among the primitive peoples of North and South America, [where] it was the custom of priests and people to draw blood from their own bodies, from their tongues, their ears, their noses, their limbs and members, when they went into their temples to worship, and to anoint with that blood the images of their gods. (90)

This enumeration of different body parts – the puncturing and cutting of the face, the genitals, and the limbs to acquire devotional lifeblood – emphasizes the intense physicality of primeval faith, just as the blood smeared across the images of the gods asserts the immediate and tactile connection between ancient peoples and their gods.

*The Blood Covenant*, however, also argues for blood offerings to be understood in the context of savage man's inherently somatic theology. The worshipper who donated blood to his god, Trumbull claimed, believed that he could literally mingle the substance of his body with the substance of his god. The gift of blood meant a transfusion of the devotee's life and "self" (90) into the god, and, in return, the essence of the divinity would pass into the worshipper's own veins. "Blood-giving was life-giving," wrote Trumbull, "that was the primitive thought in the primitive religions of the world" (96). Primitive man "longed for oneness of life with God. Oneness of life could only come through oneness of blood" (184). Trumbull's analysis rests on the notion that primitive peoples did not recognize a distinction between the physical substance of their own bodies, and the mystical substance of the godhead. The two were basically coterminous, able to pass into each other and materially connect the mortal body to the divine body. "Blood," Trumbull concludes, "made them one with God . . . That they reasoned thus seems evident" (185).

Albert Réville's *The Native Religions of Mexico and Peru* (1884) presents an equally corporeal characterization of early religions. Réville refers to the offering of

blood as, "an act of individual devotion, a gift made to the gods, by the worshipper out of his own substance" (99). And if the worshipper's "substance" could be gifted to the gods, then so too could the worshipper absorb divine substance through human sacrifice and ritual cannibalism. Réville states:

Almost everywhere . . . we find the notion that the victim devoted to a deity, and therefore destined to pass into his substance and become by assimilation an integral part of him, is already co-substantial with him, has already become a part of him; so that the worshipper in his turn, by himself assimilating a part of the victim's flesh, unites himself in substance with the divine being. (89-90)

Réville's (faintly incantatory) reiteration of "substance," the substantially co-substantial natures of gods and mortals, points to the fact that primitive theology is depicted as being inseparable from the body and its blood, organs, meat, and tissues. Body and spirit are, in this conception, of one nature, and able to be assimilated, transformed, and incorporated into each other.

Both Réville and Trumbull establish the underlying unity of the savage body and supernatural power, but the intellectual tendency to mysticize or deify the primitive body reaches its apogee in the work of James George Frazer. Frazer's work explicitly identifies the somatic character of primordial religion. He not only orientates a significant number of religious and mythological archetypes around the health of individual human subjects, but also assumes that most primitive religious ritual had an essentially medical function – to ensure the constitutional wellness and reproductive effectiveness of an incarnate god.

Published in 1890, *The Golden Bough: A Study in Comparative Religion* (later editions changed the subtitle to "A Study in Magic and Religion") consists primarily of Frazer's efforts to articulate a pattern of ritualized murder which he imagines to underpin all world religions and myth-structures. The theories expounded in *The Golden Bough* hinge upon the recurring figure of the "incarnate god" or the "human god" (1: 30, 37), entities who appear in all human cultures and who are "in some undefined way" (to use Frazer's language) supposed by their worshippers to be either "permanently possessed by a deity or . . . endued with so high a degree of supernatural powers as to be ranked as a god" (1: 37). Among the numerous specific examples of human gods offered by Frazer are the Pharaohs of ancient Egypt; "the Mikado, or Dairi, the spiritual emperor of Japan"; and the Dalai Lama of Tibet (1: 49-50, 110, 42-44). These and the other human gods are imagined to embody not only divine spirit, but also the vital forces of the natural world:

His [the human god's] person is considered, if we may express it so, as the dynamical centre of the universe, from which lines of force radiate to all quarters of the heaven; so that any motion of his – the turning of his head, the lifting of his hand – instantaneously affects and may seriously disturb some part of nature. He is the point of support on which hangs the balance of the world; and . . . the established order of nature. (1: 109-110)

The incarnate god's body is permeated by supernatural, cosmic energies; its motions and conditions "radiate" out into nature, altering, reordering, and rebalancing the universe. Frazer's description contains a curious blend of metaphors that simultaneously emphasize the material, and also the insubstantial nature of this

connection. On the one hand, the godly body seemingly puppeteers the natural world, pulling upon it with "lines" that are bound to the movements of its hand or head. But it is also described using images drawn from physical science and architecture. Images of "balance" and "support" merge with allusions to "radiation," electric wires, and dynamic gravitational "forces." These subtly mixed metaphors illustrate what Frazer takes to be the mixed theological conceptions of primitive man: that the body is at once physical and transubstantial, that mortal flesh nevertheless assimilates, receives, and transmits mystical energies.

The body of the human god is not unique in its blend of organic and incorporeal operations. Elsewhere in *The Golden Bough* Frazer describes "the deeply engrained dread which primitive man universally entertains towards menstrous [sic] blood" and the ritual confinement which primitive cultures consequently impose on menstruating women and pubescent girls (2: 238). If the body of the incarnate god-king was the source of ineffable but immediate and almost telegraphic communications with the rest of the world, then the pubescent girl was similarly suffused with a kind of reproductive radioactivity. Frazer states: "In short, the girl is viewed as charged with a powerful force." Her temporary removal from the rest of her people is necessary to insulate the community from this power. Writes Frazer: "In short, she is rendered harmless by being, in electrical language, isolated" (2: 241-242). His apparently unconscious repetition of "in short" (twice in two pages) underscores Frazer's electrical simile. The girl's charged fertility is apparently in danger of short circuiting; like the mortal god, she threatens to transmit her physical condition, her harmful electric puberty, out into the ether around her. *The Golden Bough* articulates a vision of primitive man as almost perpetually wary of religious, supernatural, or magical energies, and their intimate connection to the human body. The states of paranormal forces were contingent upon the body's health or sickness, and, conversely, ill-health could transpose itself into otherworldly emanations.

Frazer's "human gods" and his "menstrous girls" both illustrate an underlying conjunction of ideas: the abstract intermingling of primitive religious conviction, continuing fertility, and bodily health. These concepts play an even more emphatic role in the eventual fate of the incarnate god. The god's body was bound (almost literally hand and foot) to the natural world; his strength and vitality meant abundance of game and crops, but his sickness or enfeeblement betokened poor harvests and hunger. Periodically, therefore, Frazer imagined that the god's worshippers would be compelled to slay him so that the divine part of this nature might be liberated from an ageing mortal body and reborn into a new one. The sacrificial death of the god was a means by which his people might maintain him in perfect health. "The god was annually slain", writes Frazer "for the purpose of maintaining the divine life in perpetual vigour, untainted by the weakness of age" (2: 214). As vital as was the god's own immediate health, though, his reproductive health was equally imperative. The incipient fertility of pubescent girls had to be managed, lest it have destructive consequences for their tribe. The reproductive potency of the human god was of even greater moment. Frazer depicts various cultures (such as the ancient Greeks of Asia Minor) ritually cutting or beating the god on the genitals before his sacrifice, so as to "release his reproductive energies." *The Golden Bough* infers that, "before [the god] was put to death it was not unnatural to stimulate his reproductive powers in order that these might be transmitted in full activity to his successor . . . [Thus] he might infuse his own youthful vigour into the stagnant energies of nature" (2: 213-215). The god's "youthful" sexual fertility had to be renewed as his body was reborn, lest the world itself sicken, wither, and fall into sterility. And this could only be accomplished by a

feat of primitive, sacrificial medicine, an archaic variety of "surgical operation" (2: 234).

Victorian anthropology, then, largely understood primitive religion to have been assembled around the bodies of its devotees. The body was the foundation of savage man's ritual observances, the body absorbed and conveyed theomorphic energy, and (according to Frazer) the perfect body – able to perfectly reproduce itself – was essential to divinity. The priest could be identified with the doctor because the metaphysical ordering of the cosmos was united to the medical ordering of the body. But if these ideas formed the substance of ancient religion, they were equally resonant with the character of a future theocracy of eugenic medicine.

### The Eugenic Religion

In 1909, Maximilian A. Mügge wrote to the *Eugenics Review* about the practical necessity of disseminating a eugenic religion. According to Mügge, if the movement was to endure and become a vital part of national (and international) culture, "Eugenic Science will need the co-operation of a sentimental artistic factor, a Eugenic Religion." Mügge continued: "The great thing is the creation of a popular sentiment, a right public opinion. And if this is to become a *permanent* sentiment, if it is to create a *feeling* of responsibility towards the race, a religious atmosphere is needed to preserve that sentiment" (190). For Mügge the preaching of a eugenic faith would be essential to convert the hearts and minds of the world to the movement's ideals. The "feeling" he described was to be an emotional and reverential investment in perpetuating the best qualities of race and nation, and producing (via eugenic techniques of selective breeding) a better "ideal race" of men, "as superior to the present mankind . . . as man is superior to the worm." This new humanity would be stronger, more beautiful, and more hale than the present, would "be a symbol, an object for the spiritual need of future mankind; its hope and its wished-for goal of existence" (190-191). The future religion was destined to enshrine health and the hereditary improvement of health as the single goal of man's spiritual and moral striving, an eternal hope and the longed-for consummation of evolutionary destiny. For many of its proponents, eugenics was both a scientifically and spiritually redemptive movement: "the eugenic ideal" was, writes Christine Ferguson, "of an impending society in which sickness and suffering had been eliminated, in which handsome and fit bodies replaced old and diseased ones, and in which each race or type preserved only its best specimens" (67). The movement united the practical goal of cultivating humanity with a prophecy of eschatological transcendence.

Though Mügge was writing at the beginning of the twentieth century, he was reiterating a religious rhetoric that had been integral to eugenics since its inception.<sup>3</sup> Francis Galton had first proposed the term "eugenics" to describe "the science of improving [human] stock" in *Inquiries into Human Faculty and its Development* in 1883 (25), and while the book advocates for the practical, biological, and social potential of eugenic policy, Galton frequently couches these benefits in a pseudo-evangelical rhetoric of prophetic destiny. The book's concluding lines run: "To sum up in a few words. The chief result of these Inquiries has been to elicit the religious significance of the doctrine of evolution. It suggests an alteration in our mental attitude, and imposes a new moral duty" (337). Galton's sentiment is obviously relatable to Anne DeWitt's suggestion that scientific (in this case, evolutionary) laws could be transmuted into "moral laws" and "moral lessons" (36). Man's principles and practices should, Galton argues, be set in accordance with the dictates of evolution and natural selection, rather than vainly seeking to defy them. Galton likewise imparts

a "religious significance" to the enhancement of humanity through eugenic procedures. In a chapter bearing the (somewhat scientifically revelatory) title of "The Observed Order of Events" he states:

An incalculable amount of lower life has been certainly passed through before that human organisation was attained, of which we and our generation are for the time the holders and transmitters. This is no mean heritage, and I think it should be considered as a sacred trust . . . Man has already furthered evolution very considerably, half unconsciously, and for his own personal advantages, but he has not yet risen to the conviction that it is his religious duty to do so deliberately and systematically. (Galton, *Inquiries* 303-304)

Here, human evolutionary development is elevated into a specifically "religious duty". The deliberate unfolding of the "great work of evolution" requires a moral and spiritual ascension – mankind must "rise" and "awake" from its "half unconscious" perception of evolutionary destiny, must – in effect – move from seeing evolution only through a glass, darkly, to knowing it face to face. The "heritage" of successful natural selection, accumulated through untold millennia, is a "sacred trust," held briefly by one generation before being conveyed to the next, a transcendent destiny perpetually "transmitted" from infinite past into boundless future. Galton's articulation of practical eugenics is, therefore, also an articulation of a new spiritual mission: mankind must work "deliberately and systematically" to "further" his evolutionary ascension and pass on the eternal flame of healthful heredity.

Galton subsequently insisted that eugenics "must be introduced into the national conscience like a new religion. It has, indeed, strong claims to become an orthodox religious tenet of the future" ("Eugenics" 3-4). Despite promising "a new religion", though, many of the fundamental principles of the eugenic faith seemed to recapitulate the details of savage, unevolved religious thought. As with man's primitive faith, the human body was the theological centre of the religion of eugenics, and – in its desire to preserve and perfect humanity – the movement appeared to promise a return to the violent, sacrificial appetites of primordial gods.

In describing the "racial religion" of eugenics, Maximilian Mügge delineated how the priorities of the new faith would differ from those of older creeds like Christianity. In earlier doctrines, he averred, "'The Salvation of the Soul' was considered much more important than that of the 'vile' body." Eugenics, however, would instruct the faithful in the proper reverence for the physical form, to venerate the body's health and the holy work of passing on that health to their descendants. The advent of eugenics meant that, "Man now realises more and more the importance of the body. And that is a good sign of our time" (187). Consciously or not, Mügge's description of the growing sense of the body's importance as a "sign of our time" replicates the biblical language of the Gospel of Matthew (See Matthew 16: 2-3.), giving his words a palpable sense of theological pronouncement. As the followers of Christ were able to detect the coming of God in "the signs of the times", the eugenic believer could foresee the coming veneration – or deification – of the body. At the heart of eugenic theology was the "adulation of the physically, morally, and mentally fit individual" who would reproduce that fitness in the next generation (Ferguson 67). Eugenics ordained a new covenant with evolution and a new tabernacle of the human body.

In preaching the sacredness of the fit body, however, eugenics also established that the sickly or degenerate body should be viewed as profane. In tandem with the desire to preserve the best aspects of the present generation, it was also necessary to weed out its imperfections so as to prevent the decay of the ideal future race. Nancy Reeves points out the widespread conviction within the eugenic movement that, to preserve the collective fitness of the future, the mentally and physically unfit of the present would have to be purged, either through sterilization or through euthanasia (101-103). As such, for the good of the majority it seemed necessary that a sacrifice be made – that the deaths of impure individuals be dedicated to propitiating mankind's evolutionary destiny, that "spiritual need" and "wished-for goal" of the future (Mügge 191). Intriguingly, this abstract interweaving of fertility, sacrifice, bodily perfection, and communal health mirrors Frazer's theorization of the primordial "human god" whose sacrifice and rebirth were essential to maintain the reproductive vitality of the world (1: 37). Both the eugenic future and the savage past envisioned the perfect human perpetually reborn, renewing itself from generation to generation, and maintained by constantly recapitulated sacrifice. In forecasting a religion for the future, eugenic theorists seemingly resurrected the body-centred faith of the ancient past, and (by implication) impelled the practitioner to return to his priestly origins.

#### **"The Child of the Phalanstery" & "The S.S."**

Both Grant Allen and M.P. Shiel imagine futures in which the creed of eugenics has been permanently enshrined as orthodoxy. In Allen's "The Child of the Phalanstery" (1884) and Shiel's "The S.S." (1895), the eugenic deification of the body is predicted to lead to a resurgence of primitive religious barbarity: the physician is destined to again become the priest, and again take up his ancient sacrificial blade. Both stories are concerned with medically-sanctioned and heavily-ritualized acts of human sacrifice – the elimination of the unhealthy individual having become the most sacred dedication that the eugenic faithful might offer to the omnipotent forces of evolutionary fitness. The function of the medical man is, in these works, projected to return to its ancient origins: equal parts divine veneration, and sanctified murder.

Born in Canada, Grant Allen lived in England, France, and Jamaica, before finally returning to Britain in 1876 to begin a career as a writer – both of fiction, and of works on popular scientific subjects. Allen was fascinated by contemporary theories of religious anthropology, and the topic recurs throughout much of his work. Peter Morton writes that, "Allen claimed to have actually invented the anthropological romance" later popularized by writers such as Henry Rider Haggard (114). Allen's short story "Pallinghurst Barrow" (1892) and his novel *The Great Taboo* (1890) both dwell extensively on the violent religious rituals of primitive peoples – Polynesian Islanders in *The Great Taboo*, and the ghosts of stone age tribesmen in "Pallinghurst Barrow". (For more detailed examination of Allen's overlapping interest in anthropology, religion, and the late-nineteenth-century ghost story, see Parrinder "The Old Man and His Ghost".) His short story "The Reverend John Creedy" (1883) addresses itself to "students of modern anthropological papers and reports" as a study of the "barbarous" mind, and "primitive condition" (*Strange Stories* iv). Allen spent more than a decade in researching and writing his own anthropological work *The Evolution of the Idea of God* (1897), which he hoped would emulate "Mr J.G. Frazer's admirable and epoch-making work *The Golden Bough*" (*Great Taboo* v) by producing an expansive account of mankind's cultural-religious evolution (Morton 178-180; Parrinder, "The Old Man and His Ghost" 171-174). Given the extent to which

anthropological analyses informed Allen's other works, it is perhaps unsurprising that "The Child of the Phalanstery" portrays the future of eugenics regressing back into a new religious primitivity.

"The Child of the Phalanstery" begins with an italicized paragraph describing a chance encounter between the author, his friend, and a lame child. This opening positions the story as a response to the moral concerns implied by contemporary medical (and eugenic) ethics:

*"Poor little thing," said my strong-minded friend compassionately. "Just look at her! Clubfooted. What a misery to herself and others! In a well-organized state of society, you know, such poor wee cripples as that would be quietly put out of their misery while they were still babies."*

*"Let me think," said I, "how that would work out in actual practice. I'm not so sure, after all, that we should be altogether the better or the happier for it."* (163)

Allen's description of his friend as "compassionate" and "strong-minded" in his desire to kill off the little girl is clearly intended to ironically point the reader towards the warped moral priorities of eugenic advocates. The narrative of "The Child of the Phalanstery" is, as such, introduced as an attempt to skewer (as Allen remarked in a later introduction to the story) "the moral conceptions" engendered by eugenic ideology (*Strange Stories* v). Though Allen was a supporter of what Patrick Parrinder terms individualistic "free love" eugenics – hereditary improvement of humanity through sexual liberation and freedom for women to choose the best mates irrespective of economic and social pressures – "The Child of the Phalanstery" nevertheless conveys his disapproval of authoritarian, mass-mandated "state eugenics" (Parrinder, *Utopian Literature and Science* 73).

"The Child of the Phalanstery" is set in the future civilization of Euramerica. Seemingly lacking a national government, Euramerican society is organized into small, semi-theocratic communes called "Phalansteries" where hereditary soundness is enforced by religious and medical fiat. The story follows a young couple, Olive and Clarence, residents of the Avondale Phalanstery, who apply to their community authorities for permission to marry and have children. The phalanstery council – led by the kindly Hierarch Cyriac and Brother Eustace, "physiologist to the phalanstery" (167) – agree to their request despite some reservations surrounding Olive's "slight feebleness of constitution" (166). This decision ends in disaster, however, since Olive and Clarence's first child is born with severely deformed feet, and is therefore fated to be put to death. After the lapse of a few weeks the new-born baby, whom Olive mournfully names "Rosebud," is ceremonially chloroformed by Brother Eustace. As Rosebud dies, Olive succumbs to a combination of shock and chloroform fumes and expires herself. The final image of the story is Brother Eustace and the assembled congregation of "celibate sisters" (the phalanstery's corps of nurses) presiding over this double "sacrifice" and intoning "the fixed formula of their cherished religion" (176).

The state religion of the phalanstery is (like Maximilian Mügge and Francis Galton's prospective eugenic religion) devoted to the human body, venerating its health, aesthetic perfection, and fertility. The PhalanstERIC faithful hold that "the great impersonal laws and circumstances of the Cosmos" (173) are embodied in "the progressive evolution of universal humanity" (164), and prayers and observances are offered to "The Spirit of Humanity" (170). When the phalanstery's ruling council

approves of Clarence and Olive's marriage, the couple are captivated not only by their love for one another, but also by the opportunity it affords them to "work together for the advancement of the good of divine humanity" (166). The phalanstery's wedding vows explicitly reinforce this portrayal of marriage and child-bearing as a collaborative spiritual endeavour; the couple are married before "the altar of humanity" with the Hierarch's declaration:

In the name of the Past, and of the Present, and of the Future, I hereby admit you, Clarence and Olive, into the holy society of Fathers and Mothers, of the United Avondale Phalanstery, in trust for humanity, whose stewards you are. May you so use and enhance the good gifts you have received from your ancestors that you may hand them on, untarnished and increased, to the bodies and minds of your furthest descendants. (166-167)

The entire religious and moral alignment of the society is predicated on the sanctity of reproductive health. Pure heredity is a blessing, perpetually handed on from generation to generation, embodying the phalanstery's sacred evolutionary mission. The Phalanstery's most "obviously wrong and immoral acts" are thought to be "marriage with a person of ill-health, or of inferior mental power." Hierarch Cyriac muses to himself that such acts "are as clearly wicked as idling in work hours or marriage with a first cousin" (165-166). Healthy childbirth and "progressive evolution" are the phalanstery's most serious undertakings.

Alongside its explicitly eugenicist dogma of social and biological progress, however, the worship of "divine humanity" (166) also reproduces contemporary anthropological formulations of primitive medicine and religion. In Allen's story, divinity is parsed through the physical condition of worshippers' bodies, in much the same way that anthropological theorists like Réville, Trumbull, and Frazer imagined the savage's body to be essentially "co-substantial" (Réville 90) with the savage's god. In this vein, it is Brother Eustace, the Phalanstery's senior-most medical authority, who serves as the community's sacrificial priest, the "protoplasmic medicine-man" or "priest-physician" (Morris 713; Gray 395) reborn (and re-consecrated) into a new age. Eustace's prominence in the eugenic faith is clearly signalled by his name: 'Eustace' (derived from a Greek origin meaning 'fruitful' or 'fertile') resembling 'eugenics' (similarly coined from the Greek 'eu' and 'genos' meaning 'good stock').

Of all the story's characters, it is Eustace who is the most rectitudinous in his religious convictions. When the avuncular Hierarch Cyriac learns of Rosebud's deformity he sadly owns to Eustace that he loves the baby's mother, Olive, "like a daughter" (167). The physiologist's wry response is:

"So we all love all the children of the phalanstery Cyriac, we who are elder brothers," said the physiologist gravely, half smiling to himself nevertheless at this quaint expression of old-world feeling on the part even of the very hierarch, whose bounden duty it was to advise and persuade a higher rule of conduct and thought. (167)

It is Eustace who truly embodies this "higher rule of conduct and thought", a refusal to allow personal feeling to interfere with the phalanstery's medical-heredity undertaking. Cyriac opines to Eustace that: "Your functions make you able to look more dispassionately upon these things than I can" (168). In this remark, the

dispassionate analysis of the medical functionary is aligned with the unflinching commandments of eugenic theology; it is Eustace who serves both as the phalanstery's therapeutic and spiritual linchpin.

In the final scene of the story, it is Eustace who carries out the "sacrifice" (176) of young Rosebud. In this scene, Allen takes pains to emphasize the ritual solemnity of the event. When Olive perishes from chloroform inhalation, Brother Eustace states: "No sister on earth could wish to die more nobly than by thus sacrificing her own life and her own weak human affections on the altar of humanity" (176). This might seem like a mere figure of speech, until we remember that the phalanstery has a real, physical altar of humanity; the altar before which Clarence and Olive entered into "holy matrimony" (165) has now received Olive and Rosebud as sacrificial offerings. The final lines of the tale go to Brother Eustace and the celibate sisters, who utter liturgical observances over the dead mother and child:

"The ways of the Cosmos are wonderful," said brother Eustace solemnly; "and we, who are no more than atoms and mites upon the surface of its meanest satellite, cannot hope so to order all things after our own fashion that all its minutest turns and chances may approve themselves to us as light in our own eyes."

The sisters all made instinctively the reverential genuflection. "The Cosmos is infinite," they said together, in the fixed formula of their cherished religion. "The Cosmos is infinite, and man is but a parasite upon the face of the least among its satellite members. May we so act as to further all that is best within us, and to fulfil our own small place in the system of the Cosmos with all becoming reverence and humility! In the name of universal Humanity. So be it." (176)

Together, the utterances of Eustace and his subordinates form a catechismal call and response, enfolding the sacrificial deaths into the pattern (or "fixed formula") of veneration. The twin "sacrifice" of mother and child is enacted "in the name of universal humanity". Here, the logic of eugenic purging is reconfigured into the logic of sacrificial propitiation.

The means by which Eustace effects the sacrifice is also significant: he administers a lethal dose of chloroform via "a sort of inhaler of white muslin" (176). The repurposing of a medical technology into a means of execution serves as a microcosm of the story's wider transformation of medical therapy into devotional murder. It also illustrates the extent to which medical science has seemingly stagnated in phalanstetric society. Despite being equipped with surgical anaesthesia, we are informed that the phalanstery's medical experts are unable to improve Rosebud's condition through any "surgical relief" (171). Medical-scientific improvement has ceased in the phalanstery, supplanted entirely by the single expedient of eliminating the unhealthy. A persistent and deliberate irony of Allen's narration is that the inhabitants of his community are often made to contrast their "world of hearty, healthy, sound-limbed useful persons" with (in the Hierarch's words) the "cripples [who dwell] in those semi-civilised old colonial societies, which have lagged after us so slowly in the path of progress" (169). Believing ardently in their own "progress" – the refined condition of their civilization and their bodies – the phalanstery's population are shown to be unable to see how far they themselves have regressed into imitation of "semi-civilised" superstition and the customs of barbaric religion. The enlightened future of humanity has faded, returning to – in the words of the

anthropologist Edward Clodd – the “cringing, awestruck” devotions of the savage past (249). And presiding over this change is the medical man, now returned to his origins as the sacrificial physician-priest.

M.P. Shiel’s “The S.S.” suggests a parallel image of the future medical man. Matthew Phipps Shiell (he was later to drop the second ‘l’ from his surname for publishing) was born in Montserrat in 1865. He was of mixed race, his mother being described as “free” on her birth record (MacLeod 357). He moved to Britain in 1885, where he became an enthusiastic contributor to the English Decadent movement, and an early proponent of Asiatic invasion literature – works describing Japanese, Chinese, or pan-Asian attacks on the West – with novels like *The Yellow Danger* (1898) and *The Yellow Wave* (1905). Critical discussions of depictions of medicine and eugenics in Shiel’s work have tended to focus on their connection to Decadent fears of degeneration<sup>4</sup> and the wider racial anxieties expressed in Shiel’s Asiatic invasion novels (See Morgan 628; Svitavsky 9-10). “The S.S.,” however, reproduces the notion of a future eugenic faith which returns the function of the medical practitioner to “the function of the Sacrificial Priest” (Shiel 101).

The story begins with an epidemic of elaborately-staged suicides sweeping Europe. In investigating these events, Shiel’s detective protagonist Prince Zaleski comes to realize that many of these deaths are actually disguised murders carried out by the eugenically-motivated “S.S.,” or “Society of Sparta”<sup>5</sup> (the remaining fatalities are found to be genuine suicides carried out in hysterical imitation of the S.S.’s murders). Posing as a member of the society, Zaleski is able to infiltrate one of their meetings and, with the threat of exposure, convince them to abandon their crusade. He correctly infers that the society will not kill him (or anyone else with whom he has shared his deductions) to preserve their secret, because they view all healthy human life to be inviolably sacred. The story’s closing section shows Zaleski wondering – out loud and at length – to the narrator (who is metatextually supposed to be Shiel himself) about the present state of medical science, its course in the future, and the seeming inescapability of an approaching eugenic age.

Like “The Child of the Phalanstery,” “The S.S.” has a self-consciously contemporary edge in its engagement with fin-de-siècle medical-eugenic issues: Zaleski insists that the necessity (and vexed morality) of eugenic intervention in human health is, “The question of the hour . . . the supreme, the all-important question for the nations of Europe at this moment” (181). Both Zaleski and the S.S maintain that a hidden pestilence besets the human race, one which is “destructive, subtle, sure, horrible, [and] disgusting.” Zaleski dramatically announces: “The name of this pestilence is Medical Science” (183). The basic thesis of Shiel’s story is that modern medicine has proved too effective in preserving those who are hereditarily disposed to disease. Consequently, these constitutionally unsound persons survive to pass on their infirmities to their children, and gradually, over generations, humanity will be afflicted by a disastrously “altered ratio of the total amount of reproductive health to the total amount of reproductive disease” (184).

Zaleski’s discussion of how to resolve this looming crisis is localized in an extended discussion (or critique) of the nature of the medical practitioner; the question of what the medical man is in the present, and what he will become in the future, becomes the key to rescuing humanity from oblivion. Zaleski observes:

The physician as we know him is not, like other men and things, a being of gradual growth, of slow evolution: from Adam to the middle of the last century the world saw nothing even in the least resembling him. No son of

Paian he, but a fatherless, full-grown birth from the incessant matrix of Modern Time, so motherly of monstrous litters of "Gorgon and Hydra and Chimaeras dire"; you will understand what I mean when you consider the quite recent date of, say, the introduction of anaesthetics or antiseptics, the discovery of the knee-jerk, bacteriology, or even of such a doctrine as the circulation of the blood. (185)

Shiel's lurid, hallucinogenic prose paints the fin-de-siècle practitioner as a creature out of time, at once the inheritor of an abyssal lineage of monsters, and a sudden excrescence of the modern age. Rather than an enlightening evolution from the "protoplasm" (Morris 713) of mysticism into civilized rationality, the physician is a sudden, rootless germination of nineteenth-century science. Shiel's fixation on the abnormal ancestry of the practitioner – his status as a "fatherless" entity, mothered by a hideous, unnatural modernity – implicates the physician's very being in the reproductive aberrations and evolutionary inversions that he has produced among his patients. Birthed, "full-grown" by forces outside of evolutionary order, the doctor continues to defy natural selection, and allows the sick to go forth and multiply their diseased offspring. Both doctor and patient are defined (literally and metaphorically) by bastardized and corrupted parentage.

Most significantly, Shiel presents the modern physician as an entity altogether separate from what should be his ancient and proper lineage – the medical man is "no son of Paian", a Homeric, adjectival designation of Aesculapius, meaning both "the healing" and "the deliverer". The practitioner has cut himself off from the true, spiritual origins of the healing art, so that he is doomed to blasphemously "mingle . . . [a] poison-taint . . . in the pure river of humanity" (186). In this reference to Aesculapius, Shiel appeals to the idea of an original, divinely-inspired medicine. Indeed, throughout "The S.S.", medicine, health, and disease are all persistently figured as having clear religious associations. Zaleski admits to sympathizing with the Society's eugenic perspective, calling contemporary medical therapy "a blasphemy against Man" (188). He likewise designates the healthy individual as "the holy citizen" (192), and nominates the incurably sickly to be "unholy ones" (188). The Prince explains that the eugenicists of the S.S are motivated to undertake their "too rash warfare against diseased life" by "a quite immoderate . . . reverence for the sanctity of healthy life" (203). Both the hero and the villains of "The S.S." express the principles and use the language of eugenic religiosity – like the inmates of Grant Allen's phalanstery, they perceive the "hale, integral, sane, [and] beautiful" body to be "divine" (192).

In his final monologue, Zaleski struggles, with an "agony of reluctance" (189), to entirely condemn the Society's actions and motives. When he describes his confrontation with them in their subterranean headquarters, he states that "fully as I coincided with their views in general . . . I could not but consider [their methods] too rash, too harsh, too premature" (205). Elsewhere in his speech, though, Zaleski seems almost deliberately intent on enfeebling his own objections. When the Prince confronts himself with the question of whether it is just to save "the State" by destroying its unhealthy citizens, he opines: "Ah, do not expect me to answer that question – I do not know what to answer" (188). He immediately follows this with the pained reflection that he is "a child of the present", and "cannot but be borne along by [and] coerced into sympathy with" the moral conceptions of the present age (188). In these lines, Zaleski raises the possibility that he only fails to fully endorse the actions of the S.S because his thinking is limited by the temporary moral constraints of the

present. It is worth looking here at the way in which Zaleski qualifies his objection to the S.S.'s murders as "too premature", implying that there may well come a proper time for such methods – a time when mankind must confront the harsh "necessity" (189) that diseased humanity needs be disposed of, so that the healthy may survive. Faced with the fact that "disease, to men and to nations, can have but one meaning, annihilation near or ultimate" (193) Zaleski concludes that "on the whole, an answer will have to be found . . . [because] what is, is" (189-190). Terrible as the eugenic future may be, it is the only answer Zaleski can see to the sure and certain "annihilation" of disease.

Despite lingering moral doubts, Zaleski foresees only one possible solution to the unholy "pestilence" that fin-de-siècle medicine has become. Rather than "self-gloriously perpetuating the incurable" (187), the medical man must resume his old religious duties. As we saw in our opening quotation, Zaleski imagines an "advanced civilisation of the future" that perforce glories in "the most barbarous of the rituals of barbarism": only by sacrificing the unhealthy "shall the race of man find cleansing and salvation" (189-190). Zaleski ponders:

Shall the physician, the *accoucheur*<sup>6</sup>, of the time to come be expected, and commanded, to do on the ephod and breast-plate, anoint his head with the oil of gladness, and add to the function of healer the function of Sacrificial Priest? (190-191)

Shiel presents the reader with a future practitioner who has returned to his original condition as a priest of the human body. Though this change marks a return to "barbarism" it nevertheless (in Shiel's view) also signifies a form of redemption for the medical practitioner. The introduction of modern, scientific medical techniques – such as "anaesthetics", "antiseptics", and "bacteriology" (185) – is represented as having disassociated the physician from his essential, religious role: a "son of Paian" (185). Shiel posits the future removal of technological, scientific medicine and the substitution (or resurrection) of a spiritual, ritualistic medicine. Tellingly, the S.S. commit their murders with "a powerful and little-known anaesthetic" (206), recalling the phalanstery's reappropriation of chloroform as a sacrificial poison. (For discussions of the wider significance of chloroform and other anaesthetics as iconic nineteenth-century medical technologies see Burney 137-164, and Small.) Shiel's punctuation in the above passage also allows for a significant double meaning. Zaleski employs the phrase: "the physician, the *accoucheur*, of the time to come". Shiel's punctuation here suggests that the accoucher will, in future, be required to assess and, if necessary, eliminate his infant charges, but it also (more poetically) implies that the physician himself might be "the accoucher of the time to come" – that the future physician will enable the of birth a new age. In regressing to his primeval condition, the doctor nevertheless redeems himself and assures the "divine result" (192) of an eternally healthy and perfect mankind.

### Conclusion: Self-Sacrifice

In describing the practices of the Native American medicine-man, Robert Bell began by comparing the Indian's "primitive ideas" of medicine with the modern state of the profession:

The science of medicine has now arrived at such perfection among civilised nations that we have almost forgotten the crude beginnings out of which our

present knowledge has gradually evolved. But from our pinnacle of learning, it is curious and interesting to observe the darkness amidst which some of our fellow-men are groping even yet. (456)

Bell's opening emphasizes a comfortable separation between the "false and mistaken notions" (456) of Indian medicine, and the "evolved" scientific "perfection" of "civilised" practice. The fin-de-siècle doctor had, over long centuries, scaled a "pinnacle of learning", ascending into the light of reason, and away from the superstitious, priestly condition of his origins.

For Grant Allen and M.P. Shiel, though, the advent of eugenic medicine – and the cultic dimension of eugenic thought – troubled this straightforward narrative of medical progress. The goal of a stronger, healthier human race appeared to be at odds with the modern medical virtues of rationalism, humanitarianism, and compassion. Shiel, through his princely detective Zaleski, acknowledged the fundamental problem that eugenics appeared to present for the identity of the physician:

The whole spirit of the present is one of a broad and beautiful, if quite thoughtless, humanism, and I, a child of the present, cannot but be borne along by it, coerced into sympathy with it. "Beautiful" I say: for if anywhere in the world you have seen a sight more beautiful than a group of hospital *savants* bending with endless scrupulousness over a little pauper child, centering [sic] upon its frailty the whole human skill and wisdom of ages, so have not I. (188)

The medicine of the late-nineteenth century is a "beautiful" medicine – humanitarian, wise, and skilful, "centering" the aggregated knowledge and technical mastery of ages upon the recuperation of the vulnerable and the sick. In a eugenic context, however, this compassionate medicine (and medical man) is seemingly doomed by its very "thoughtlessness": it is beautiful, but Zaleski qualifies, with a "surface beauty" that is "like the serpent *lachesis muta*<sup>7</sup> . . . beautiful [but] deadly too, *inhuman*" (189). For the modern clinician compassion is a destructive virtue – to attain perfect health for a "divine humanity" (Allen, "The Child of the Phalanstery" 166) the duty of the eugenic physician is to sacrifice the imperfect and unhealthy. Both Allen and Shiel imagine futures where medicine has apparently reversed its evolutionary progression, returning to savage priesthood and ritual murder. In this sense, the practitioner is called upon to make a further sacrifice: to extinguish his ailing patient, but also to sacrifice reason for superstition, empathy for dispassionate regard, and individual healing for collective health. To become again the physician-priest, the modern doctor would, in effect, have to sacrifice his selfhood on the altar of humanity.

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## Notes

1. Both Anne DeWitt (43-52) and John C. Waller examine the rhetoric of scientific priesthood primarily from the point of view of the developing professionalization of science in late-nineteenth century, arguing that the use of the priesthood metaphor by the scientific community represented a strategy by which scientists might "acquire the [professional] prestige and exclusivity that typified the Church" (Waller 90). Bernard Lightman also considers the use of priestly imagery by opponents of "scientific naturalism" to criticize the "dogmatic [and] tyrannical" (461) cultural authority of professionalized science. (See Lightman 459-463.)

2. On their return in 1865, Cheadle and Milton co-authored an account of the expedition entitled *The Northwest Passage by Land*. Interestingly, the book describes more than one instance of Cheadle himself being identified as "a white medicine man" among the Native American tribes which the expedition encountered (73, 124, 173).

3. For other examinations of the international eugenic movement's self-presentation as a religion, and its interactions with other religious movements such as Christianity, Judaism, and Spiritualism, see: Baker, "Christianity and Eugenics"; Ferguson, "Eugenics and the Afterlife"; Kevles, *In the Name of Eugenics* (57-70); Rosen, *Preaching Eugenics*; and Truda, *Eugenics and Nation in Early 20th Century Hungary* (49-61).

4. For more details on eugenicist responses to the medical and moral threats of degeneracy, see Rimke and Hunt, "From Sinners to Degenerates: The Medicalization of Morality in the 19th Century", and Bland and Hall, "Eugenics in Britain: The View from the Metropole". For a more specifically anthropological context to degeneracy and eugenic formulations of the "dying race theory" see Levine, "Anthropology, Colonialism, and Eugenics".

5. NB: The Society have so-named themselves in imitation of the supposed Spartan custom of exposing unhealthy or feeble infants to die, rather allow than grow up to weaken the state. The resemblance of Shiel's S.S. to the later Nazi SS is (despite their shared eugenic ideologies) purely coincidental.

6. An antiquated French term for a midwife or obstetrician. See OED.

7. A venomous species of South American viper.

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