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To Whom It May Concern,

As General Editor of the open-access *Neo-Victorian Studies* e-journal (henceforth NVS), I hereby confirm that Dr. Alessandra Serra, Senior Researcher in English Linguistics and Translation at the Department of Linguistic-Literary, Historical-Philosophical and Legal Studies (DISTU) at the University of Tuscia, has had her article, 'Hacker Monsters: Frankenstein's Creatures in TV Series and Neo-Victorian "Viral" Re-Writing of the Canon', accepted for publication in NVS with no further revisions or amendments required.

Regrettably, due to pandemic knock-on effects and the journal's transition to a new digital platform, the special issue in which Serra's article will appear, entitled *Neo-Victorian Contagion: Re-Imagining Past Epidemics, Infection Control and Public Health Crises*, has been significantly delayed and will now only appear in 2023, rather than in 2022 as had been planned.

Sincerely yours,

Dr Marie-Luise Kohlke

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# **Viral Monsters: Frankenstein's Creatures in TV Series and Neo-Victorian 'Contagious' Re-Writings of the Canon**

## **Abstract:**

Contagion was a topic at the core of late-nineteenth-century anxieties as much as it is today: a narrative symbol of social reaction to real and figurative causes of crisis. Often employed as a metaphor for various conditions associated with cultural and political issues, contagion appears to be particularly pertinent to historical contexts of transition and modernization. Fictional representations of infection contributed to equating normalcy with a healthy state and compliance with the established order, categorizing outcasts and non-compliant individuals as enemies of development and menaces to society. Indeed, Victorian and neo-Victorian fiction, with their ideas of modernity as a brutal process achieved at the expense of the weakest and the *non*-ordinary, often represent contagion as diseases caused by, or connected to, those who do not conform to such standards.

The neo-Victorian characters examined here are both adaptations of Frankenstein's creatures. They go against the tide of the social system and are themselves entrapped in various forms of contagion. In *Penny Dreadful*, John Clare sacrifices any hope of winning back his family life and decides to interrupt the virtually endless cycle of resuscitating corpses during the outbreak of an apocalyptic infection. In *The Frankenstein Chronicles*, John Marlott is a police officer who was infected with syphilis before becoming an 'undead being'. He investigates the moral corruption at the root of the epidemic that is plaguing the poorest districts of London and rebels against the very governance and social system he is supposed to be defending. Although ostracised owing to their monstrous status (thanks to acts of scientific arrogance) and their subversive behaviour, Clare and Marlott both have the power to decode, and somehow fix, the rotten mechanisms of society, exposing its body and how it is riven by economic inequality and political division.

The challenging subtexts in these examples highlight the neo-Victorian endorsement of anti-institutional and unconventional practices carried out by radical deviant characters who function as 'contagious carriers' and attempt a re-writing of the canon of history and storytelling. A canon contaminated and breached by them through acts of (counter-cultural) viropolitical resistance in a ceaseless dialogic exchange between past and present.

**Keywords:** adaptation, contagion, *Frankenstein*, Gothic, Monsters and Monster Theory, Neo-Victorian fiction, Neo-Victorian Studies, *Penny Dreadful*, *The Frankenstein Chronicles*, TV series, viropolitics.

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Contagions haunt humankind. Even before the Covid-19 pandemic, infections accounted for more than a quarter of deaths worldwide and are firmly established among the major threats to our planetary future. Being a constant source of fear and anxiety, the event of contagion has been elaborated by societies and cultures via metaphorical and narrative representations of their causes, their spread and their potential cure. For Veronique Eicher and Adrian Bangerter “Human groups have adapted to disease by evolving patterns of behaviour [...] but they have also elaborated symbolic representations of the origins of diseases, their transmission, and means of prevention and cure” (Eicher, Bangerter 2015: 385). Storytelling on the issue of infection is, in fact, a constant in human history, as “there have been narratives of contagions for as long there have been contagions” (Chen 2020: 2). This seems to be particularly the case when transmittable diseases coincide with scientific, cultural and economic turning points.

Being connatural with human relations and states, contagion is two-sided, comprising both concrete and figurative elements: it is a very *real* cause of social crisis and, at the same time, a powerful metaphor *representing* this condition. As Priscilla Wald points out in her illuminating study, *Contagious. Cultures, Carriers, and the Outbreak Narrative*, the issue is associated with a vast area of social discourse and ideology: “Contagion is more than an epidemiological fact. It is also a foundational concept in the study of religion and of society, with a long history of explaining how beliefs circulate in social interactions” (Wald 2008: 2). Wald then examines the close correlation between human interaction, disease transmission and their transformation into symbolic representations: “The interactions that make us sick also constitute us as a community. Disease emergence dramatises the dilemma that inspires the most basic of human narratives: the necessity and danger of human contact” (Wald 2008: 2).

Expanding this definition underlines the fact that transmissible infections have been, and still are, employed in narrative realms as metaphors for various other conditions, especially those connected with social and political issues. Tropes of contagion associated with these concerns often represent a common thread that runs through a variety of fictional works. This

is particularly evident in nineteenth-century England when public health and sanitary conditions were a focus of general interest and infectious diseases acquired ubiquitous status in the artistic imagination (Burgan 2002). Significant examples include Mary Shelley's *The Last Man*, where the depiction of an infamous plague veils the alarm that she feels for the ideology of *sympathy* that underpins nineteenth-century policies of community and nation formation. Or, Charles Dickens' condemnation of London's corrupt class-based financial and legal institutions, which he transforms into the infections suffered by several of his characters and into the epidemics affecting the poor (Gurney 1990, Woodward 2012). In the same vein, Elizabeth Gaskell's works on industrialism, like *Mary Barton*, where 'fallen women' are dramatised as carriers of deadly infections, revealing Gaskell's concern with the exploitation and commodification of women's bodies (Deren 2017).

Analogously, in the last and in the present centuries, popular novels, films and television series have adopted images of contagion as metaphors for other fears and anxieties, e.g., the fear of an all-pervasive capitalism, of communism, of social/racial marginalization and so on. The frequently cited cases of films produced in the Cold War years, such as *The War of the Worlds* (1953) by Byron Haskin and *Invasion of the Body Snatchers* (1956) by Don Siegel, provide good examples of this. Both films symbolise the western fear of communism and its nuclear menace, employing contagion as a narrative device to represent political and social themes. In the *War of the Worlds*, a banal bacterial disease caught by the Martian invaders of the Earth is the unexpected solution to a seemingly apocalyptic attack from another planet, while *Body Snatchers*, with its allegory of societal massification, describes an invasion of aliens, arriving in pods from outer space. One by one, the inhabitants of a small US town are replaced with emotionless copies. The event is initially thought to be a mysterious viral infection, and indeed, its progress is identical to that of a disastrous epidemic right up until its fatal consequences (see Ostherr 2005).

This *narrative turn* is one of the several modes of reacting to, and elaborating on, mass infections. From a historical and sociological point of view, this leads to the emergence of specific behavioural patterns like avoidance of the *outgroup* and the process of *othering*. An *outgroup* is a group with which individuals do not wish to identify. It thus contrasts with the *ingroup*, which is the group with which individuals identify and of which they

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feel members. Specific cognitive mechanisms – like symbolic representations – encourage individuals to manifest positive feelings and grant privileged treatment to those belonging to the ingroup and, conversely, to have and display negative feelings/unfair treatment towards the members of the outgroup. The concept of *othering* is strictly linked to the latter group and describes the phenomenon by which some individuals or groups are labelled and stigmatised as not fitting in within the norms of a social group. This influences the way people perceive and treat those who are considered part of the ingroup versus those who are considered part of the outgroup. The term was originally coined in the field of Postcolonial Studies by Gayatri Spivak to describe “the process by which imperialism creates its ‘others’ [and] the various ways in which colonial discourse produces its subjects” and by which it enacts its policies of exclusion and marginalization (Ashcroft, Griffiths, Tiffin 2000: 156).

This sociological framework sheds light on the fact that widespread contagion has always affected and conditioned social structures and interpersonal relations, transforming and modelling whole civilizations. One might cite the crucial role of plagues like the Black Death to have some idea of their impact on history and culture. Protective social approaches such as the avoidance of outgroups and symbolic representation of disease help to “explain or cope with the breach of meaning that a suddenly occurring social change like an infectious disease outbreak can provoke” (Eicher, Bangerter 2015: 385). In other words, specific acts, namely the isolation of (alleged) infective vehicles and the production of contagion narratives, have a dual function: on the one hand, they aim to reduce the risk of transmitting the disease and, on the other, they sustain the symbolic and ideological dominance of the group. These cultural and political practices, stimulated by the threat of contagion, lead to a complex web of implications that redefine social interactions and spaces (Wald 2008: 6).

Not surprisingly, the general reaction to HIV/AIDS and the Covid-19 pandemics resulted in an extensive hunt for a culprit on a planetary scale that entailed (in the first instance) homophobic and (in the second) xenophobic reactions. In the 1980s gay people, as transgressors of established social and moral norms, quickly became scapegoats for the spread of HIV/AIDS, while in the case of SARS/COVID the innumerable stories of presumed Asian backwardness in terms of cleanliness and lifestyle, heralded a global resurgence of the racist “Yellow Peril” narrative. The described attitude is

nothing new: this pattern of reaction to contagion is well-established in history, the only change being the narrative amplitude regarding its cultural/informative pervasiveness. In her seminal essay, *AIDS and its Metaphors* (1989), Susan Sontag had stressed how a dangerous, biased view of HIV contagion was categorising the disease as a sign of decadence and thus condemning specific ways of life: “The unsafe behavior that produces AIDS is judged to be more than just weakness. It is indulgence, delinquency – addictions to chemicals that are illegal and to sex regarded as deviant” (Sontag 1989: 25).

A recursive pattern that gives rise to multiple biases and the “outbreak narrative” is what Priscilla Wald describes as the usual human reaction to the emergence of a contagious disease. Her historical examination of the phenomenon shows how it progressively generates “a set of conventions – a vocabulary, images and storylines – that collectively comprise what I have called ‘the outbreak narrative’: an account of an outbreak – in its most archetypal and apocalyptic incarnation” (Wald 2021:xiv). This thus “emphasising the ways in which the politics of fictions and the fictions of politics have always been intertwined” (in de Bruin-Molé and Polak 2021:1). It is a narrative typology prevalent in times of rapid social transformation that “has contributed to a larger contemporary obsession with metaphors and modalities of contagion” (in de Bruin-Molé and Polak 2021:2). Furthermore, contagion pertains to a sphere where public and private overlap: it is a physical individual event and a collective experience associated with a psychological condition of fright and alarm that is perceived both personally and socially. In this sense, contagion and its representations are a *political issue*.

The term “contagion” will thus be employed here both in its literal sense – since the cases examined contain actual episodes of infectious diseases – and as a trope underpinning a complex and multi-layered representation of *viropolitics* in the nineteenth century and in present times.

## 1. Victorian and Neo-Victorian Representation of Contagion

There is a long-standing association between the body politic and the human body: the employment of political metaphor to drawing on the human physical condition has a long history stretching back to the classical era, with a significative shift emerging in the Victorian age when revolutionary

developments both in politics and in medicine occurred. The huge progress in both areas produced a merging of discourse where medical and political themes became interchangeable with the conceptual dyads of order/disorder and morality/immorality representing the pillars of a common medico-political language. Medical/scientific terminology contaminated all forms of political expression: definers like natural/unnatural, healthy/sick, clean/unsanitary etc. were often used to judge political actors and actions, thus establishing a discursive criterion of social admittance/exclusion based on physical status.

Corinna Wagner remarks how the conflation of medical and political language had become significant in the late eighteenth and early nineteenth century when scientific development provided new theories on reproduction and sexuality, cleanliness and contamination, nutrition and disease. From then on, “these new theories circulated not only in popular medical manuals [...] but also in all forms of political expression, including broadsides, philosophical treatises, pornography, anti-Jacobin novels, plays, poetry and graphic art” (Wagner 2013:7). The consequent combining of scientific and literary language was boosted in Victorian times when culture and society were deeply impacted by advances in biology and in other scientific areas. This said, we should recall, however, that Mary Shelley’s *Frankenstein* (1818) and the aforementioned *The Last Man* (1826) predate this full flowering of textual contamination between fiction and science.

Late eighteenth-century issues regarding health were strongly associated with contagion: according to prevalent theory, infections were caused by environmental factors, a belief that led to various medical and social reforms that have been referred to as ‘Sanitationism’ (Baldwin 1999). It was a socio-scientific approach derived from the Galenic model of medicine, which assumes that any disease can be warded off provided that the environment is kept clean and is untainted by noxious substances or individuals, i.e., it is *healthy*. This generated a series of government initiatives culminating in the Public Health Act of 1848, which established a General Board of Health to regulate and manage sanitary conditions, especially in particularly poor districts.

Massive slum disinfection and urban rebuilding (causing evictions with the subsequent gentrification of plebeian areas), were passed off as an act of solidarity, but it really stigmatised the lower classes as plague carriers who were a menace to society as a whole. The sanitation perspective, though



it did not explicitly correlate to the Victorian medical-social approach, did, however, impact strongly on the nineteenth-century world view, triggering a vast literary and cultural output on disease containment. Indeed, this was part and parcel of a general “moral economy of surveillance” aimed at what was considered the dysfunctional space of contagion within urban agglomerations and “a larger project to control contaminating elements that endangered the social order” (Chen 2020: 5).

Narratives focussing on notions of touch, transition, contact and restraint flourished, with images of once peaceful realms now infiltrated by carriers of pestilence: “Contagion is a visualization of the unknown, invisible agents transgressing boundaries: in times of emergency, it lends itself to metaphors of invasion” (Chen 2020: 2). It became part of an overarching narrative that permeated the Victorian mindset and extended into the literary realm.

As sanitationism gave space to germ theory, the idea of unhealthy environments gave way to the concept of invisible, insidious vehicles of disease. This presupposes contact between organisms and was favoured by such technological innovations as microscopes, and the work of scientists like Louis Pasteur and Robert Koch. The rapid spread of new sanitary protocols went hand in hand with the growth of accounts that overtly attributed contagion to specific social categories and to individual (im)moral conduct. Illnesses were thought to have their origin in the moral failings of emarginated groups of urbanised or rural lower-class unfortunates, promptly stigmatised through stereotypes as being the unfit, dangerous sections of society, lacking self-control and decency. The Victorian process of *othering* the threat of disease was thus realised by creating narratives of specific outgroups, bestowing on them a series of negative traits (promiscuity and sexual excess, filthiness, ungodliness etc.) and linking this to the causes of infections<sup>1</sup>.

The outcome of this discursive approach was the emergence of a medicalised culture that incorporated strict policies of health, surveillance, morality, prudery and classism. The background to all this was the looming presence of a dominant ideological structure generated by (medical) science that enjoyed cultural and literary support.

In evoking the political implications of contagion, Michel Foucault’s concept of *disciplinary strategy* comes to mind. Drawn upon by governments in their management of plagues, Foucault observes how there is a frequent recourse to fictionalization, and subsequently to institutional restrictions:



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A whole literary fiction of the festival grew up around the plague: suspended laws, lifted prohibitions, the frenzy of passing time, bodies mingling together without respect [...] But there was also a political dream of the plague, which was exactly its reverse: not the collective festival, but strict divisions; not laws transgressed, but the penetration of regulation into even the smallest details of everyday life through the mediation of the complete hierarchy that assured the capillary functioning of power (Foucault 1977 [1975]: 197-198).

While Foucault is referring to seventeenth-century Europe in this passage, his intent is to evidence how modernity implements ‘normalcy’ as the organizing principle, thus eliciting the idea of disease as deviance<sup>2</sup>. In fact, infections and epidemics recur in the patterning of Victorian *and* neo-Victorian narratives, with explicit links to social division and compliance/noncompliance with the established (sanitary) order. In all this, the individual is marginalised and excluded, stigmatised as an obstacle to modernization or, even worse, as a social menace. The implications of this make for a painful awareness of modern rationality as a discriminating and cruel process obtained at the cost of wiping out the weakest and the non-ordinary. In this way, the brutality of modernity is often represented in the guise of deathly plagues caused by *who* and *what* does not conform to necessary standards.

I will therefore explore the connections between the two characters under discussion – both, significantly, depicted as creatures of Frankenstein and associated with various forms of infectious diseases – and the neo-Victorian drive to represent anti-institutional and unconventional practices as counterpublic resistance strategies. With their non-human bodies, the two creatures’ radical deviant behaviour is a patent effort to break into, infect and defy the dominant structures at the basis of social and discursive mechanisms. Metaphorically, they thus expose a rotten social organism, riven by economic inequality and political cynicism that can only superficially be stitched up into some kind of respectable order. The omnipresent imagery of contagion, moreover, adds to the portrayal of hostile, alienated characters. They witness the horrors triggered by the process of entering a new era and become actors of subversive contamination.

## 2. Contagious Creatures

The two versions featured in the TV series *Penny Dreadful* (2014-2016) and *The Frankenstein Chronicles* (2015-2017) differ significantly from Mary Shelley's original creatures. However, they too are the offspring of arrogant medical-scientific behaviour and as such are appropriate fictional embodiments of the monstrous side effects of the nineteenth-century's blind faith in science.

The choice of these characters thus relates explicitly to the central, aforementioned, issue – intensely felt by the Victorians and by us today – of an economy of health, where the individual body is subject to external manipulation and internal discipline, a move that goes beyond the realm of physicality into that of creating moral standards. (Chen 2020: 156). At the time, its progressive implementation led to a set of ordinary, authoritarian practices that also won general consensus. Analogous mechanisms operate in our own age: present throughout society, inherent in social relationships, embedded in a network of procedures, institutions, and technologies, they affect the 'micro-levels' of everyday life. These control strategies exerted on the human body are, in many ways, a legacy of the alienated, crowded and medicalised nineteenth century. Like Victorians, people in our own century have astonishingly similar preoccupations, living, as they do, in overcrowded urban spaces, an over-exploited environment and with the idea that the world is being transformed by unmanageable forces<sup>3</sup>.

Moreover, extending – in characteristic neo-Victorian fashion – the timespan to cover a period outside Victorianism proper, these television dramas are examples, as we shall see, of *appropriation*<sup>4</sup>, i.e., in this case transferring Mary Shelley's literary invention to the Victorian age. Rather than regurgitated nostalgic clichés, however, these representations are a means of engaging with the era critically: "Twenty-first-century screen neo-Victorianism [...] responds to the period in multivalent ways, recovering the experience of marginalised communities and challenging received ideas" (Loutitt, Loutitt 2018: 7).

The choice of Frankenstein's monstrous creatures as protagonists in a nineteenth-century environment plagued by contagion, is thus coherent with the morbid fascination that Victorians – and, by extension, neo-Victorian fiction – had/has in diseased and/or anomalous bodies. An alternative version of the attraction to deviance that lies beneath the surface of a hyper-regulated society (Tomaiuolo 2019). As the health of the body and spaces came to be

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considered the ‘regular’ state, contagious bodies and spaces implied disorder, corruption and transgression:

According to Victorian medical and moral standards, the notion of contagion is seen as a deviation from the normal state of health, which is in turn defined by habits and lifestyles seen as healthy. Due to the abhorrence of disease, discomfort, and death, contagion becomes an abnormality that demands remedy and containment, if not cure (Chen 2020:156).

In both television series, the monstrous abnormality of the two characters is also reinforced by a stereotypical representation of a Gothicised city. The British capital is depicted as a nineteenth-century “Horror London”: nocturnal, full of dark misty alleys barely lit by gas lamps, haunted by impending outbreaks of epidemics and full of apocalyptic menace (Hutchings 2009 and Louttit 2016).

### 3. John Clare

In *Penny Dreadful*, Victor Frankenstein’s firstborn brutally slaughters his ‘brother’ – the second creature, the meek Proteus – in a fit of jealous rage after being abandoned by his creator. However, despite his monstrous appearance and instincts, he acutely feels, and claims for himself, a humanity that he is deprived of, a desire to be reconciled with the natural world that his own existence denies. Significantly, he re-names himself after the Romantic poet John Clare, the ‘outsider’ who sang the glories of the natural world that he saw being destroyed by industrialization. Like the so-called ‘peasant poet’, an uneasy embodiment of unbalanced Romantic and Victorian concerns, the fictional John Clare is painfully aware of being a misfit of his age.

The series is concerned, and even obsessed, with a desire to define human identities caught at a moment of transition. The social and psychological uncertainties of the new millennium are, thus, another direct correlation with contemporary issues:

[*Penny Dreadful*’s] exploration of new technologies, its references to mapping and conquests of the physical world, its fascination with monstrous possibilities of science, with genocidal abuses of power, its pervasive mode of doom, and anticipation of apocalypse, are only too familiar for its contemporary audience. This dark and crisis-ridden

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world is beautifully crafted from elements of the past but speaks to us of ongoing concerns (Howell, Green, Shubart, Bech Albertsen 2017:2).

Clare is the living proof of a fallacious attempt at managing the course of nature: he has a repulsive appearance and violent behaviour, and for this reason is promptly shunned and dismissed<sup>5</sup>. Metaphorically speaking, he is an infection that must be treated and eliminated so that the social body can remain intact. His own creator starts the process of exclusion: born covered in blood and uttering a *primaeval* scream of terror, the creature is immediately ‘aborted’ and cast aside. Any further attempts at forming regular social bonds result in failure. He is rejected by Lily, Frankenstein’s female creature, then banished from the Grand Guignol theatre: here he was accepted as a stage rat until he misinterpreted the small acts of kindness that a beautiful young actress had shown him out of pity. Even his attempt to fit into an apparently welcoming household is a failure, as he ends up exhibited in the family business freak show (an episode that ends in carnage).

The sad progress from one frustration to another very much follows Mary Shelley’s original plot, expanded here to convey the complex psychological journey of a creature who painfully longs for a vanished “natural world” and who feels estranged from a modern discriminating sick environment. This too evidences a typically neo-Victorian *trait d’union* between *fin-de-siècle* anxiety and fears, and the cultural and socio-economic malaise of our own times (Howell, Baker 2017)<sup>6</sup>. In a sad reply to his young creator, Clare disparages the artistic ambitions of his ‘father’, giving a disconsolate depiction of a cold-hearted Modern Age:

From your penciled notations I learned that you favoured Wordsworth and the old Romantics. No wonder you fled from me. I am not a creation of the antique pastoral world. I am modernity personified. Did you not know that’s what you were creating? The modern age. Did you really imagine that your modern creation would hold to the values of Keats and Wordsworth? We are men of iron and mechanization now. We are steam engines and turbines. Were you really so naive to imagine that we’d see eternity in a daffodil? (*Penny Dreadful*, S01, E03).

He is left with no choice but to escape this daunting ecosystem and seek refuge among other outcasts, keeping to the shadows, out of sight and beyond the ‘legitimate’ spaces of the city. It is only in the company of pariahs,

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“in the underground dwellings of London’s homeless and impoverished” (Howell, Baker 2017) that he finds relief from “the chaotic and bewildering environment of rapid industrializing and growing cities of the nineteenth century” (Parsons 19). The only area where he is admitted is, significantly, an underground soup kitchen that has been converted into a quarantine area. Here the wretched underbelly of society finds refuge during outbreaks of cholera. It is thus in an infective and plagued context that he establishes his only pseudo-friendly relationship. This is with Vanessa Ives, the female protagonist of the series, who is a woman with a dark past; she is endowed with supernatural powers, devil-possessed, her true nature being ‘Queen of Hell’. Vanessa is doomed to cause a world pestilence and the annihilation of mankind and with such a destiny, she recognises her affinity with Clare. Both are torn between a monstrous self and a deep, but fragile, humanity. Both are driven to show solidarity with the dejected, the tainted lower classes, found, appropriately enough, in the depths of the “steel-hearted city”<sup>7</sup>.

Moreover, the crowded vaults of the soup kitchen are situated right under a train station, a telling example of the divided, unequal societal demarcation of Victorian London. The noise within is constant, the ground shakes incessantly, and the walls are covered with posters warning of a cholera epidemic. This whole situation is clearly a metaphor for the compromised weak condition of those excluded from ‘normalcy’ and from the aggressive technology of modern times, symbolised by the railway above (the infrastructure that at the turn of the century was changing the face of London forever). As said above, since Victorians viewed contagious diseases as the result of disregarding discipline – stigmatising poverty as guilt – indigent victims of the frequent urban outbreaks were consigned to the abhorred filthy underbelly of the social system. The railway itself, which so characterised Victorian cities, was a conduit of contamination, clotting “everything in soot” and adding to the constant “filth and noise” (Matthew 1984: 474) of Victorian London.

This image of the space reserved for outgroups, the dark underground tunnels where the exiled, poor and sick are hidden away from view, is in line with the representation of the urban space, afflicted with disease and governed through surveillance of the individual – a reflection of “the administrative and financial priorities of a state and society which obsesses over what they see as the economically dysfunctional place of contagion” (Chen 2020: 3). Sitting in this refuge, surrounded by the virulent losers of the social system,

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the creature eventually admits his love of art and humanity, telling Vanessa why he has always felt a kinship with the Romantic poet:

I've always been moved by John Clare's story. By all accounts he was only five feet tall, so considered freakish. Perhaps due to this, he felt a singular affinity with... the outcasts and the unloved... the ugly animals... the broken things (*Penny Dreadful*, S02, E05).

The profound awareness, not only of his condition, but also of the discursive context in which he is located, is in itself an act of *decoding*: it is a pragmatic approach and, at the same time, an act of interpretation. Ironically, it takes a subversive outcast to unravel the collapse of one society – to which he does not belong – and the move towards a possibly darker one – where he would be considered damaged goods from an imperfect era. The paradoxical trope is that the Frankensteinian monster is entrusted with the burden of being the sole clear-sighted commentator on a sick brutal age that favours pure violence.

This provides an explanation for the sad arc of the creature's progress through life. Having recovered his memory, he rejoins his family only to discover London consumed by a plague that is killing people by the thousand, while his own young son is consumptive. He finds his wife and child reduced to penury, living in a run-down hovel. Such is the fate of poor families when they suffer the economic loss brought on by the departure of the male head of the household. An initial spark of happiness is soon extinguished as Clare's son succumbs to the disease and his wife is unable to accept his death. She insists that her husband takes the corpse to Victor Frankenstein so that the boy can be re-animated as the creature himself was: "Take him to Doctor Frankenstein. Let him perform his miracles. He will bring our son back." (*Penny Dreadful*, S03, E09).

Her plea is like an ultimatum, and the negative response John Clare gives is a vain attempt to dissuade her from such an accursed decision. He tells her that she would be dooming their child to a wretched life, where he will be seen as a freak, as a creature deprived of humanity:

And have all the humanity burned out of him? To become an unholy freak as he who stands before you? [...] You see a monster. A grisly undead thing. That is what I am. That is what Dr. Frankenstein has made

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of me [...] To make him suffer as I did? Those little bones? That face?  
To become something so unnatural, so hated. No.  
(*Penny Dreadful*, S03, E 09)

His heartbroken words do not convince the woman who wants her son to be ‘revived’ even at the cost of having him back in dehumanised form. What John Clare, the creature, understands is the need to escape the whole pathological cycle of a rampant ‘zombification’ of humankind. Perceiving this loss of humanity as the actual exterminating contagion of modernity, he makes the most subversive and costly choice at his disposal: he will not cooperate. He will not take his son to Frankenstein, even though this will rob him of any remnant of domesticity<sup>8</sup>. He thus chooses to ‘bury’ his son’s tiny body in the Thames, letting him be reclaimed by nature rather than keeping him as an aberration, an entity destined to be isolated and forbidden.

This is undoubtedly both an act of insubordination – as he refuses to submit to the dominant system of modern science – and of supreme self-sacrifice. Reuniting his son with the watery maternal womb is a rejection of his very self or, at least, a rejection of the power that made him – the boundless faith in the ability to control the body. He, subversively converted into a harmless, sterilized being, ultimately surrenders to the old, natural system.

#### 4. John Marlott

The trauma of losing loved ones to contagious disease is also at the heart of *The Frankenstein Chronicles*, pervaded here with a sense of guilt since the protagonist is the carrier of the infection that causes the death of his family.

The series follows war veteran and (Bow Street Runner) detective John Marlott in his investigation of a series of murdered children, whose corpses have been used to create a monstrous assemblage of sutured body parts. They are the results, he will discover, of the cruel experiments carried out by a Lord Hervey, whose scientific intent – in an umpteenth adaptation of Mary Shelley’s prototype – is to resuscitate the dead and vanquish disease. *The Frankenstein Chronicles*, set in early nineteenth-century London is, like *Penny Dreadful*, a mash-up of various historical and literary sources: Marlott comes across Robert Peel, Charles Dickens as ‘Boz’ and William Blake, while Mary Shelley and Ada Byron-Lovelace have more central roles. Of the two series in question, this is the most evident case of *Frankenstein*



‘*appropriation*’ – “an interesting combination of re-enactments of some fragments of the novel, and metareferences to the author and the text itself” (Braid 2017: 234). The metaphor that Mary Shelley employed to criticise the insensitive illuministic bourgeoisie, albeit very obliquely, is here made patent: the ideological conflict between the high/middle and lower classes is fully revealed and provides the narrative backbone of the series. Here the metareferences are even more explicit in that Mary Shelley is one of the main characters, and her book is a crucial element in the story.

The whole narrative is, however, full of historical references, which, although deliberately inaccurate, are intended to create an explicit link between the political, ideological and social issues of the nineteenth century with those of the present. Much attention is given to the Anatomy Act of 1832, which authorised and regulated the use of corpses for medical purposes. It was meant to stop the widespread illegal practice of body-snatching, but, at the same time, was a cause of concern mainly among the poor, who feared becoming fodder for the dissecting table. The Act did, in fact, recommend that the government confiscated the bodies of the destitute as well as those who died in workhouses or hospitals and could not afford the cost of a funeral. It thus aroused fierce controversy and heated protests from the lower classes, who strongly believed that the ‘resurrection of the flesh’ was the resurgence of the *whole* body, and not a dissected one. The great changes made in earlier years in the field of anatomy, and in medical science in general, paved the way for epochal shifts that were borne on the shoulders of the most unfortunate members of society. Ideological and/or religious beliefs thus went hand in hand, consolidating the idea that in the new modern age, even the afterlife was a matter of status and income<sup>9</sup>.

This theme is even more central and explicit in *The Frankenstein Chronicles* than it is in *Penny Dreadful*. John Marlott struggles to defend the rights of the underprivileged, decrying the abuses of the cadaver trade before and after the Anatomy Act, and denouncing the intolerable living conditions in the slums of London: a pitiless city characterised by heinous crimes and a lack of sanitation. In fact, one of the central conflicts depicted in the series involves class and capitalist exploitation, as the driving force of modernity is reflected in the amoral objectification of the body, since “the bodies of the poor *are* commodities, in life (through physical work) as in death (as cadaver)” (Braid 2017: 239).

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However, social and ideological divisions are more complicated than the mere divide between rich and poor: monstrosity is rooted in the aristocratic desire to maintain dominance over science and religion – it refuses to yield to the new bourgeois world that is secular and disrespectful of a patronising approach to medicine. In her initial conversation with Marlott, Lady Hervey defends her brother’s practice as a philanthropic physician (significantly, in the end he is found to be the murderer and dissector of children) and argues against assigning the unclaimed bodies of the poor to the anatomy schools:

A punishment formerly reserved for murder. Denying them their last hope of redemption on Judgement Day. No holy burial, no body intact. No resurrection. See, if we deny Christ to the poor, Mister Marlott, don't we also deny him to ourselves? And that's what is at stake here. Not merely the future of medicine. But the prospect of a world without God.  
(*The Frankenstein Chronicles* S01, E02)

In this scenario, the ineffectiveness of the protagonist and the subplots concerning epidemics in the indigent areas of the city, have multiple functions: contagion means the stigma of social exclusion and, at least in the case of John Marlott, a trigger for existential turmoil. The physical deprivation of the needy and the derelict districts of London, ravaged by epidemics, exploited by the ruling classes and sold off by cynical politicians, reflects the material and metaphorical topography of the cruel nineteenth-century governance of the marginalised that Marlott despises and defies. Taking sides with the neglected matches his status as an isolated misfit; he is deprived of his family, but still longs for his lost wife and child, is barely tolerated by the institution he serves because of his unconventional approach to the investigation and his direct manner and unprepossessing apparel.

He is no flawless hero, however: the sense of guilt, stemming from the idea that contagion is a transgression of moral standards, is represented by his syphilis. The quintessential shameful disease, sexually transmitted, and here the cause of the destruction of his family: his baby daughter contracted it from him via her mother and died, and the woman then succumbed to despair and took her own life. Marlott is a traumatised and hopeless entity, trudging around London, mostly in the poorest districts, and prey to the hallucinatory effects of the mercury he takes for his illness. In one of his semi-

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conscious moments (a supernatural vision or a simple dream, the viewer cannot tell for certain) what he sees in the mirror is a monster. A monster hidden within this man who administers justice and seeks out perversion, this is sufficient for him to identify with the daemonic beast that the visionary William Blake character in the series suggests is the perpetrator of the uncanny killings: “The beast with the face of a man” (*The Frankenstein Chronicles* S01, E02).

John Marlott undeniably represents the conflictual society of his time and is, somehow, doubly tainted: he takes sides with the virulent squalid population of the slums, but, by virtue of his occupation and role, he is also an integral part of the capitalist bourgeoisie and at service of arrogant aristocrats, precisely those who promote the idea that immoral and undisciplined activities are intrinsically connected to contagious disease. In this respect, he *is* the monster from the very beginning of the story. Well before becoming “The Creature” himself, he represents the whole contradictory, paradoxical period.

Marlott is initially recruited by Robert Peel, the Home Secretary and thus part of a government that is soon revealed to be even more rotten and diseased than those who are damned to crowd together in the city’s filthy marginalised slums. His idiosyncratic methods and growing suspicion of the upper classes, combined with his growing solidarity with social outcasts, quickly puts him in an awkward position. He realises he is just a pawn on Peel’s political chessboard, where he is repeatedly promoted or destroyed, depending on the Home Secretary’s needs. In the series, this coincides with the fortunes of the imminent Anatomy Act and its ideological implications regarding the commodification of the body (Turner: 1984).

Having solved the mystery by discovering that the perpetrator of the crimes is Lord Hervey, the scientist opposed to the Anatomy Act, Marlott receives no recognition. On the contrary – already ruined by his own Police Department – he is indicted for murder, condemned to death and his body is made available for dissection. In the plot twist of the first season finale, Lord Hervey turns into a real Frankenstein and revives Marlott. The scene replicates the famous one in the source text, as Hervey performs the ‘miracle’ uttering the words: “He lives!” (*The Frankenstein Chronicles* S01, E06). At this point, the troublesome unaccommodating detective becomes, in all respects, a monster to fear. While his new ‘zombie’ status has rid him of

syphilis, he is little more than rubbish to be disposed of by the very system he had dared to defy by revealing its evil.

Nonetheless, Marlott does not surrender to the constrictions of health control, nor does he go along with the exploitation of the lower classes. He strives to disrupt the system from within, while continuing to investigate the complex links between the mechanisms of power that dictate health issues in the city. Marlott gives up his name, thus registering his lost identity (John Clare makes an analogous choice in *Penny Dreadful*) and assumes the name Jack Martins. With the ambiguous outcast Spence, an ex-priest, he works as a casual undertaker, burying the victims of the epidemic that is devastating London. The two men soon discover a plan centred on the notorious Devil's Acre (Pye Street, Duck Lane, Anne Street and Stretton Grounds), a filthy overcrowded part of the city with foul alleys lined with ramshackle buildings.

In fact, there is building speculation going on in the area. The clergy might talk of God raging against the poor wretches who live there, but their only guilt is occupying property that could be made profitable. A desperate sick mother, who has buried almost all her children, half realises she is nothing but a puppet in the hands of a superior will:

MARLOTT: Do you know how your children came by the sickness?

WOMAN: They say it's the air that's killing us. They gave us a choice. Freeze to death without a roof over our heads or hold our breath. Whatever the cause, no one is coming to save us. It is God's will (*The Frankenstein Chronicles* S02, E03).

However, not 'God's will' by any means: it is all too earthly, and who manages to reveal the deceit and the deceivers is Marlott, the unhuman Frankensteinian creature in league with a disgraced church minister:

SPENCE: Pye Street [...] The church blames the devil, the Pye Street deal goes through, and the Dean's pockets burst with gold.

MARLOTT/MARTINS: Pye Street? Who would buy it?

SPENCE Fetch me another nail for my coffin, and I shall think on it. Small beer, please. The plague is clearing the place. You forgot my drink.

MARLOTT/MARTINS: You said the Dean wanted to sell Pye Street, but you don't know who to? This land is worth a hundred times that

value. If they cleared the slums, that is. The plague is doing that for them.

SPENCE: Read the bible, Martins. Only God can send down a pestilence to punish us sinners.

MARLOTT/MARTINS: Not only God's work. A man of science who believes he has God's power...

(*The Frankenstein Chronicles* S02, E03)

As a neo-Victorian monster, Marlott is a departure from the archetypal solitary figure who avoids mankind and (romantically) finds refuge in nature (Dodworth 2018: 105). Likewise, even the nostalgic John Clare does not eschew the city: he is portrayed as a sophisticated thinker who dwells only in an urban landscape. As for Marlott, any references to nature, are limited to his delusional reveries, most probably the result of the damage caused by syphilis. He often imagines a redemptive future and a happy reunion with his family in a bucolic peaceful scene, and just as often he has nightmarish visions where he wanders along a desolate beach beside an enraged sea. This last situation, mirroring his unresolvable purgatorial state, is again found at the end of the final episode of the second season, leaving us with an open ending: Marlott is on the seashore, looking out at the horizon, but whether it is real or hallucinatory, we cannot tell.

The abrupt ending to the series, cancelled after two seasons, does not allow for a full examination of the complete character arc and Marlott is left in his undead limbo. However, the idea of a radical departure from the original literary source, and even from the historical period of the setting, is finely perceived.

## 5. Conclusion: Infective Monsters of Modernity

The Neo-Victorian penchant for taking “an activist stance against their source text” (Dodworth 2018: 105) is explicit in the portrayal of the central characters in these two series. Adopting the Frankenstein template, the series provide new narratives that quote and purposely alter the literary original, with a postmodern inflexion directed at refashioning an entire period as a means to speak about our own (Sanders 2016: 154).

Beneath the apparently predictable tropes of Gothic fiction are challenging subtexts that highlight a call for anti-institutional and unconventional practices. They are a form of subversion to the de-humanizing drive of modernity, of objectifying individual existence and exploiting the disadvantaged through the malicious control of science and technology. The creatures examined here have radical and deviant traits: they break into the established structures of institutionalised power that have hitherto condemned them to an existence of perennial suffering and exclusion. Their condition is, thus, in many ways parallel to that of infective carriers, disruptors of the established order, and thus significantly associated with contagion, either metaphorically and/or through real situations of infectious diseases that they suffer from, or cause, in contexts of urban dereliction. Aptly exploiting the idea of contagion as “a social network which subversively connects us all” (Chen 2020: 12) they find a space for self-definition and expression against the marginalizing forces of dominant structures.

In this sense, these characters function as ‘viral monsters’ at the service of a neo-Victorian bid to re-write the canon of history and its narrative. They enter and contaminate it with infective acts of counter-cultural resistance in an ongoing dialogic exchange between past and present.

### Notes

1. On human response to (contagion) risks and othering, Hélène Joffe writes: “People respond ‘not me’, ‘not my group’, ‘others are to blame’ when initially faced with risks [...] People tend to attain a sense of personal invulnerability to risk by externalising the threat” (Joffe 1999: 1).
2. “Nineteenth-century medicine [...] was regulated more in accordance with normality than with health; it formed its concepts and prescribed its interventions in relation to a standard of functioning and organic structure, and physiological knowledge – once marginal and purely theoretical knowledge for the doctor – was to become established [...] at the very centre of all medical reflexions. Furthermore, the prestige of the sciences of life in the nineteenth-century, their role as model, especially in the human sciences, is linked [...] with the fact that these concepts were arranged in a space whose profound structure responded to the healthy/morbid opposition” (Foucault 2003 [1963]: 35).

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3. “The Victorian concept of the healthy social body and the productive national body contributed to the emergence of a modernised bio-political body of discipline, productivity and efficiency” (Chen 2020: 10).
  4. Here I adopt Julie Sanders’ distinction between ‘regular’ adaptation and appropriation, where “the intertextual relationship may be less explicit, more embedded, but what is often inescapable is the fact that a political or ethical commitment shapes a writer’s, director’s or performer’s decision to reinterpret a source text” (Sanders 2016:3).
  5. With reference to the monstrous characters in *Penny Dreadful*, Tobias Locke stresses that they are situated “amidst one of the Gothic principal discursive archetypes, the abhuman, through which the [Victorian] Gothic media demarcates or interrogates the ideological division between the human and the monstrous”, specifying further that Victorian depictions of the abhuman/monstrous body were based on the juxtaposition of a conventional “stable” identity (i.e., male, white, middle-class) “against an abhuman other, in a process that foreshadowed Kristeva’s theories of abjection” (Locke 2017).
  6. “Despite being himself a creature of modernity, of industrial manufacture, Clare [...] turns inward and back in time to the ethical and aesthetic frameworks of Romantic poetry to find meaning in a world he experiences as utterly hostile, a source of continual anxiety and pain” (Howell, Baker 2017).
  7. “May the gods bring us storms. Good night, Creator. I need to be looking for work, not a simple thing in this steel-hearted city of yours” (*Penny Dreadful* S02, E01).
  8. “Return with him alive, or don't return at all. I could not bear to look at your face if you let him remain like that when you could save him. Bring him back as he was, or turn from this house forever”. (*Penny Dreadful* S03, E 09)
  9. “Dissection became recognised in law as a punishment, an aggravation to execution, a fate worse than death.” (Richardson 2009: 32)

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