

Detectives, Doctors and Degenerates: Sherlock Holmes and Jack the Ripper

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Abstract

In 1876, the criminologist Cesare Lombroso claimed that the criminal represented an atavistic throwback to an earlier stage of human development, a so-called “degenerate” with an inherently debased nature. His theories appealed to the Victorian imagination, and the degenerate criminal became embodied in the great monster-myths of the age, from fictional characters like Robert Louis Stevenson’s Dr Jekyll and Mr Hyde to real criminals like Jack the Ripper. Influenced by fictional representations of degenerate middle-class men like Stevenson’s Mr Hyde, journalists covering the notorious Whitechapel murders in 1888 constructed a popular image of Jack the Ripper as a homicidal doctor: degenerate, predatory, but also educated and resourceful. Jack the Ripper represented a terrifying new kind of criminal at the close of the century, one whose presence in London necessitated the creation of a new breed of crime-solver. Arthur Conan Doyle provided the definitive example of the modern sleuth in his “Sherlock Holmes” stories. Sherlock Holmes appears to offer an antidote to the social contagion of criminality, reflecting the principles of order and reason, but this paper will argue that there is also a darker side to London’s favorite sleuth. If he represents a consoling figure for late-Victorian anxieties about criminality, he can also be seen to articulate certain anxieties about the professional classes and the potentially degenerate nature of genius in his eccentricity and rampant experimentalism. This paper will consider the homeopathic nature of Holmes’s social marginality and ambiguous sexuality as one response to the problem of the potentially degenerate doctor: a man of perverse genius who knows perhaps too much about the shadowy underbelly of the respectable world.

Keywords

Victorian imagination, Victorian literature, degenerative character, crime

“When a doctor goes wrong he is the first of criminals. He has nerve and he has knowledge” (Conan Doyle, 1892/1981, p. 270). Sherlock Holmes makes this remark about the potential moral ambivalence of the medical mind in one of his earliest adventures, “The Adventure of the Speckled Band” (1892). It is a rather telling comment to come from Sir Arthur Conan Doyle (1859-1930), who was himself in practice at the time. The medical world provided a lot of early inspiration for the Sherlock Holmes stories: not only was Holmes himself based on Conan Doyle’s own teacher, Dr Joseph Bell (1837-1911), of the University of Edinburgh, but the detective also had a physician, Dr John Watson, as his loyal sidekick, and many of the most devious villains in the stories are doctors. In “The Adventure of the Speckled Band,” for instance, Holmes and Watson come up against a corrupt and homicidal doctor, Grimesby Roylott, whom Holmes suspects of murdering his stepdaughter. The detective eventually proves that Roylott slipped a poisonous snake into the girl’s bedroom while she slept, ensuring an inevitable but virtually untraceable death. The story encodes a host of Victorian anxieties about the idea of the predatory doctor, the medical specialist who it was feared would use his training to kill or harm instead of to heal: Roylott is dangerous precisely because of the extent of his medical knowledge, and the phallic image of the snake connects the idea of the pathologized doctor with a suspicion of sexual predation. The concept of the doctor gone wrong was a popular late-Victorian archetype. It arose, in the first instance, after the trials of several doctors who were convicted of homicide in the first half of the nineteenth century; and, secondly and more enduringly, from the crimes of the serial killer dubbed “Jack the Ripper” in 1888. The archetype of the depraved doctor is an important motif in Conan Doyle’s Sherlock Holmes stories, not only because so many of the detective’s adversaries are doctors, but also because the image can, to some extent, offer an interpretative framework for Holmes himself.

The idea of the depraved doctor was informed by a set of post-Darwinian ideas with which the Victorians were especially preoccupied, particularly the possibility that the individual could revert to a primitive stage of evolutionary development. These theories originated with the influential Italian criminologist Cesare Lombroso, who had argued in *Criminal Man* in 1876 that the criminal was an atavistic, a so-called degenerate (Lombroso, 1876, as cited in Horn, 2003). His

theories struck a chord in the popular imagination and provided a fashionable framework for interpreting criminal behavior. The idea of the atavistic became the particular obsession of a number of writers at the *fin-de-siècle*, and was embodied in some of the greatest monster-myths of the age. Figures like Robert Louis Stevenson's Dr Jekyll and Mr Hyde, Bram Stoker's Dracula and the arch-criminal Professor Moriarty in Conan Doyle's stories became part of a late-Victorian Gothic code that explored the monstrous potential of the post-Darwinian human being. Readings of such texts informed and were then retrospectively informed by popular responses to the real-life crimes of Jack the Ripper, who represents another great monster myth of the *fin-de-siècle*. Press coverage of the Whitechapel crimes was influenced by the archetypes of criminality that Gothic fiction provided and elaborated: Jack the Ripper was figured as a degenerate Mr Hyde to the Dr Jekylls of civilization, or as an upper-class vampire preying on lower-class women as Dracula hunts down the female characters in Stoker's novel (Greenslade, 1994, p. 84). He represented a new kind of serial killer, one who necessitated a new species of crime-solver, which Conan Doyle produced definitively in the character of Sherlock Holmes. The famous Baker Street detective represents a consoling figure for late-Victorian anxieties about crime, however, he is also a somewhat equivocal figure. His narcotic habit, eccentric behavior and uncanny degree of familiarity with the criminal underworld all signify a marginality that undermines his ostensible status as a straightforward, morally unproblematic hero. The following discussion will consider how Holmes, as a potentially perverse man of genius, in fact embodies the idea of the degenerate doctor even as he represents an archetypal crime-solver in Western popular culture.

The Contagion of Degeneracy

After Charles Darwin postulated in *The Descent of Man* (1871) that humanity originated from a primitive animal form, many theorists concluded that the organism, having evolved, was also capable of regressing (Greenslade, 1994, p. 93). Popular discourse threw the theory of evolution into the widest possible frames of reference. The stage was set for the arrival of a new Victorian nightmare: the idea of the “degenerate,” a throwback to a primitive era of human development (Horn, 2003, pp. 15-17). The term was coined by Lombroso (1876, as cited in Horn, 2003)?, who applied the theory of degeneration in the context of criminal anthropology, equating the criminal with the atavistic and by the same motion pathologizing criminality as a biologically determined predisposition. His student Max Nordau elaborated on some of Lombroso’s earlier research to argue for the existence of what he described as a higher degenerate, a kind of savant whose genius combined with a genetic predisposition towards deviancy. In his major treatise, *Degeneration* (1892), Nordau describes this new breed of criminal: “As regards their intellect, they can attain to a high degree of development, but from a moral point of view their existence is completely deranged [. . .]” (Nordau, 1898, p. 102). The implied danger of such a figure was his ability to pass as a respectable member of society, allowing him to move, undetected, through the streets of the metropolis. The idea held a particular fascination for writers of fiction, who focused on the conflict that such a figure appeared to embody between the oppositional forces of civilization and chaos. This conflict was often dramatized as a process of doubling between two characters or as an embodied duality within one subject. The Gothic mode, fundamentally invested in the process of rendering the unspeakable, provided the most enduring images for this duality: the split subject in Robert Louis Stevenson’s *The Strange Case of Dr Jekyll and Mr Hyde* (1886), the eponymous character in Oscar Wilde’s *The Picture of*

Dorian Gray (1890) or the conflict between Van Helsing and the vampire in Bram Stoker's *Dracula* (1897). The theme of duality has a long history that predates the Victorian era, of course, but this theme was now reworked in pseudo-scientific terms as part of a discourse about racial degeneracy and its potentially dangerous manifestations in society. The underlying cultural anxieties from which a text like *The Strange Case of Dr Jekyll and Mr Hyde* gained its particular power was the fear of the divided subject - especially the divided male subject - in middle-class society, and the implications of this fractured subjectivity: the apparently respectable professional could harbor degenerate tendencies beneath the veneer of civilization.

This typology of reversion and its accompanying literary archetypes provided a discursive context for the Whitechapel crimes in 1888. Fictional models like Dr Jekyll and Mr Hyde helped to shape the popular image of the murder as a degenerate middle-class doctor (Joyce, 2003, pp. 145-155). Jack the Ripper appeared to represent a Mr Hyde lurking among the respectable Dr Jekylls of the London medical establishment: a criminal who was marked by a primitive disposition to violence and equipped with the ideal cover under which to commit his crimes. Historians disagree about which crimes can be attributed to Jack the Ripper, but his first victim is generally agreed to have been Mary Ann Nichols, who was found in Whitechapel with her throat cut on Friday 31 August (Begg, 2006, p. 39). The next victim was Annie Chapman, whose body was discovered on Saturday 8 September. Chapman's uterus had been removed and her abdomen cut with what was believed to have been a surgical amputating knife (Begg, 2006). An eyewitness who had seen the suspect speaking with Chapman described him in rather amorphous terms as "shabby-genteel" and "foreign-looking" (Begg, 2006, p. 75). The bodies of Elizabeth Stride and Catherine Eddowes were discovered on Sunday 30 September. As in the case of

Chapman, a section of Eddowes's uterus as well as a kidney had been removed. The body of a fifth victim, Mary Jane Kelly, was found on Friday 9 November. Suspicion first fell upon the marginalized others of Victorian society. Initially, the official police investigation and the tide of public opinion took an anti-Semitic turn (Knepper, 2008; House, 2011). Suspicion against London's Jewish community was heightened after the press noted that Stride was killed outside the mainly Jewish International Working Men's Club, and the situation reached crisis point after the discovery of what became known as the Goulston Street graffito; a message left near the scene of Stride's murder, which read: "The Jews are the men that Will not be Blamed for nothing" (Eddlestone, 2001, p. 171). Commentators continue to debate the significance of the message, which is widely believed to have been either a hoax or a deliberate attempt to shift blame onto Jewish communities (House, 2011). The anti-Semitic tensions surrounding the investigation largely defused after Samuel Montagu, a practicing Orthodox Jew and the Member of Parliament for Whitechapel, offered a reward for the capture of Jack the Ripper, and the public focus then shifted to the middle and upper classes of London society (House, 2011, p. 98).

The medical profession became the focus of the investigation after the coroner at the second inquest testified that organs had been surgically removed from the body of the victim, Annie Chapman. The murderer was believed to possess some degree of medical knowledge or at least to occupy a position in society that allowed him access to medical literature (Begg, 2006, p. 52). These assumptions contributed to the popular idea that Jack the Ripper was a doctor from the middle or upper classes. The image of the predatory doctor drew on a number of widespread prejudices against the medical profession that had been encouraged by virulent anti-vivisectionist lobbying in London during the decades preceding the crimes. As Tabitha Sparks observes, the

rhetoric used in such campaigns tended to associate the practice of vivisection with a culture of brutal, immoral and unregulated medical experimentalism (Sparks, 2009, p. 20). Anti-vivisection rhetoric provided journalists with a political and discursive framework within which to portray the Whitechapel murders as deranged medical experiments, while writers like Robert Louis Stevenson provided a vocabulary and a set of images that contributed to the pathologization of the doctor in popular discourse. Stevenson's character dyad of Dr Jekyll and Mr Hyde became an enduring image for the paradox of the deviant doctor, offering a kind of symbol for the dark underside of the respectable medical man. The degenerate doctor undermined the primary goals of medicine, violating the Hippocratic Oath by harming the body instead of healing it, and he presented, therefore, an epistemological conundrum that destabilized traditional ideas about medicine, sickness and healing. The pathologically violent and deviant nature of such a figure appeared to represent a contaminating threat to society. Conan Doyle provided Victorian culture with what appeared to be the perfect cure for the infection: Sherlock Holmes.

The Detective's Cure

The famous detective first appeared in *A Study in Scarlet* (1887), published the year prior to the Whitechapel murders. Holmes solves crimes with his famous science of deduction, which, he claims, enables him to analyze a subject "by his coat-sleeve, by his boots, by his trouser-knees, by the callosities on his forefinger and thumb, by his expression, by his shirt-cuffs - by each of these things a man's calling is plainly revealed" (Conan Doyle, 1887/1981, p. 23). As a fictional methodology, the science of deduction originated not in criminological science but in medicine. Conan Doyle famously based it upon the techniques of Dr Joseph Bell (Coren, 1995, pp. 21-23),

who had become renowned for his ability to diagnose a patient's condition based upon the observation of apparently insignificant details. Conan Doyle provides a celebrated example of Bell's abilities in his autobiography, in which he describes how Bell once deduced information about the career of a soldier whom he had never before seen:

“Well, my man,” Bell said, after a quick glance at the patient, “you’ve served in the army.”

“Aye, sir,” the patient replied.

“Not long discharged?”

“No, sir.”

“A Highland regiment?”

“Aye, sir.”

“A non-com officer?”

“Aye, sir.”

“Stationed at Barbados?”

“Aye, sir.”

Bell turned to his bewildered students. “You see, gentlemen,” he explained, “the man was a respectful man but did not remove his hat. They do not in the army, but he would have learned civilian ways had he been long discharged. He has an air of authority and he is obviously Scottish. As to Barbados, his complaint is elephantiasis, which is West Indian and not British, and the Scottish regiments are at present in that particular island” (reproduced in Stashower, 1999, pp. 27-28).

Medical practice, like the work of detection, requires a scientific use of deductive reasoning in order to interpret the symptoms of the body. In this sense, the science of deduction as practised by Sherlock Holmes can be seen as a symptomatology of crime: Holmes prides himself, as did his real-life model Bell, on his ability to read symptoms as keys to an underlying truth, only in Holmes's case this truth is the secret of a criminal rather than a medical puzzle. Holmes represents a kind of doctor of crime, a rarefied diagnostician who offers the perfect antidote to the social contagion of criminality.

While Holmes is not a doctor himself, his faithful sidekick, Watson, is a practicing physician, and Holmes's own methodology has a marked forensic element, in that it allows him to profile the body of an individual by reconstructing his or her physical details based on material clues. Conan Doyle's stories affirm a comforting positivism by depicting the power of a mind that is always able to produce a logical explanation for apparently inexplicable events in a post-Darwinian world, in which traditional epistemological structures were increasingly destabilized. Gary Coville and Patrick Luciano have suggested that Holmes's tremendous appeal for the late-Victorian public was partly due to the climate of uncertainty and fear in the aftermath of the Whitechapel murders (1999, pp. 9-13). Holmes represents a kind of super-sleuth, capable of tackling the new breed of super-criminal embodied by Jack the Ripper and equipped with the tools and methodologies to stabilize the epistemological categories that had been undermined both by the failure of the police to apprehend the murderer and by the emergence of the middle-class doctor as a theorized identity for the suspect. Sherlock Holmes and Jack the Ripper appear to represent polar opposites, with the detective standing for justice, logic and rationality against the chaos and violence of the murders of 1888. Holmes's celibacy also contrasts with the

pathologized sexuality of the strongly gendered murders. The famous detective and the infamous serial killer have become a classic metafictional pairing in texts which tend to historicize the fictional Holmes while fictionalizing the historic Jack the Ripper. Such texts usually imagine Holmes investigating the crimes and bringing Jack the Ripper to justice, but some authors, such as Michael Dibdin in *The Last Sherlock Holmes Story* (1978), have Holmes himself turn out to be behind the murders. While this scenario is doomed to remain in the twilight zones of Sherlockian fan fiction, such texts do draw attention to the implications of the detective's moral ambivalence and social marginality, and to the darker potentialities of his role as a doctor of crime. If the famous detective represents a consoling figure to address Victorian anxieties about crime and degeneration, he can also be seen, in some ways, to embody the figure of the degenerate doctor himself. Like Jack the Ripper, Holmes seeks to attain a sense of mastery over the bodies of others through a deconstructive process; while the murderer physically deconstructed the bodies of his victims, the detective mentally deconstructs suspects in order to read the clues and signs of guilt encoded on their bodies. The difference is primarily a moral one: the fear behind the figure of the degenerate doctor is that the rampant deconstructionist project underpinning his crimes is pathological and directed against society, while the detective's investigation is, ostensibly, authorized by the cause of justice.

Holmes's role as a doctor of crime, treating the afflictions of late-Victorian society, is emphasized, of course, by the fact that his companion Watson is a doctor, which reinforces the remedial purpose which ostensibly underpins Holmes's own work: Watson almost functions as a double for Holmes, protecting the individual body as Holmes appears to police the social body. The point of difference between them is the detective's eccentric character, which contrasts with the stolid English

propriety of his companion. If Watson is the flatfooted version of the Victorian doctor - bumbling but benevolent - Holmes is a genius of deductive science and criminological diagnosis, but there is also a sense in which this genius becomes pathologized in the stories. From the moment when Holmes is first introduced to readers as Watson's highly unconventional flat mate in *A Study in Scarlet*, Holmes's lifestyle is depicted as unusual, his approach to chemistry and criminology unorthodox, his sexuality ambiguous and his moral status more problematic than might at first be apparent. Holmes is first encountered in the chemical laboratory at St Bart's hospital, a setting that is perhaps more suggestive of the mad scientist than the criminal investigator, and which serves to emphasize the strong forensic component of the science of deduction. Indeed, in the early chapters of the novel, Holmes is portrayed as a kind of eccentric scientist, employing an experimental and unorthodox methodology. Watson describes Holmes's medical knowledge as "desultory eccentric," and notes that his scientific experiments are often extreme and even violent (Conan Doyle, 1887/1981, p. 16). The detective famously beats the cadavers in the mortuary with a stick to "verify how far bruises might be produced after death" and enthusiastically uses his own blood in chemical trials (Conan Doyle, 1887/1981, p. 17). His body testifies to the unorthodox physical experimentalism that underlies his intellectual activities, foreshadowing the masochistic morbidity of his cocaine habit: Watson describes how Holmes's hand is "mottled over with [. . .] pieces of plaster, and discolored with strong acids" (Conan Doyle, 1887/1891, p. 18). Stamford, a mutual friend of both Holmes and Watson, also suggests that this penchant for morbid kinds of bodily experimentation might extend to other, less willing subjects: "Holmes is a little too scientific for my tastes — it approaches to cold-bloodedness. I

could imagine his giving his friend a little pinch of the latest vegetable alkaloid [. . .] in order to have an accurate idea of the effects” (Conan Doyle, 1887/1981, p. 16).

More problematic still is Holmes’s infamous cocaine habit, which is described at length in the opening passages of *The Sign of Four* (1890), the second of the four full-length novels about Holmes and Watson. The language that Conan Doyle uses is not only suggestive of the compulsive nature of Holmes’s reckless, self-directed experimentalism, but also hints at a pathologized, sublimated eroticism:

Sherlock Holmes took the bottle from the corner of the mantel-piece, and his hypodermic syringe from its neat morocco case. With his long, white, nervous fingers he adjusted the delicate needle and rolled back his left shirtcuff. For some little time his eyes rested thoughtfully upon the sinewy forearm and wrist, all dotted and scarred with innumerable puncture-marks. Finally, he thrust the sharp point home, pressed down the tiny piston, and sank back into the velvet-lined armchair with a long sigh of satisfaction. (Conan Doyle, 1890/1981, p. 89)

Holmes makes it clear that he uses intravenous cocaine as a substitute for the thrill of the criminal investigation, without which, he remarks, his mind “rebels at stagnation” (Conan Doyle, 1890/1981, p. 90). Indeed, when he is suffering boredom from a lack of crime-solving opportunities in a later story, “The Bruce-Partington Plans” (1912), his agitation resembles narcotic withdrawal: Watson describes how Holmes “paced restlessly about our sitting-room in a fever of suppressed energy, biting his nails, tapping the furniture, and chaffing against inaction” (Conan Doyle, 1912/1981, p. 913). Joseph McLaughlin has interpreted Holmes’s cocaine habit as auto-erotic

(McLaughlin, 2000, pp. 61-66). The phallic mechanism of the syringe, the intensity of Holmes's fixation on his own body and the structure of the prolonged delay and release certainly suggest a degree of erotic sublimation. Moreover, Holmes reaches again for his cocaine bottle on learning about Watson's engagement to Mary Morstan, the heroine of *The Sign of Four*, with a remark that suggests his use of stimulants can be seen as an alternative to the libidinal outlet of marriage:

“The division seems rather unfair,” I remarked. “You have done all the work in this business. I get a wife out of it, Jones gets the credit, pray what remains for you?”

“For me,” said Sherlock Holmes, “there still remains the cocaine-bottle.”
(Conan Doyle, 1890/1981, p. 158)

The sexualized pathology of Holmes's compulsive self-medication sits rather uncomfortably against a climate of late-Victorian anxieties about unregulated experimentalism and the figure of the degenerate doctor, and particularly the degenerate foreign doctor. As noted earlier, public hysteria about the possibility of a depraved atavistic stalking Whitechapel had been compounded by virulent anti-Semitism after the murders of Stride and Eddowes by Jack the Ripper, and was further amplified by a more general and less defined complex of fears about the foreign other infiltrating London. The image of Holmes's self-medication condenses this complex of anxieties about racial degeneration, medical experimentalism and the contamination of British society. Cocaine, which is both a foreign body when injected intravenously and a substance of foreign origin, is here represented as a poisonous, undermining influence introjected into the British male body, enacting and

condensing popular fears about the contaminating presence of the foreign element in the body capital. Moreover, the syringe allows Holmes to reenact the criminal act itself: the injection forces the body to submit to a process of penetration, violation and eventual submission which echoes not only the sexual act but the act of murder.

This process of identification with the murder, and, by extension, the murderer who committed the crime, is a common motif in the Holmes stories. Holmes is frequently compelled to identify with the position of the criminal in order to outsmart his antagonists. His occupation as a consulting detective not only leads him to contaminate his body physically, but also obliges him to contaminate himself morally by identifying with the criminals he pursues. In a story called “The Final Problem” (1893), he broods upon his own familiarity with the world of crime: “There is no one who knows the higher criminal world of London as I do” (Conan Doyle, 1893/1981, p. 471). The story ends with Holmes’s apparent death in Austria’s Reichenbach Falls as he and his nemesis, Professor Moriarty, drag one another to their mutual destruction. Moriarty, described as “the Napoleon of crime” (Conan Doyle, 1893/1981, p. 471), is Holmes’s foremost adversary and also functions as a kind of criminal other for the detective: a man as prominent in the London underworld as the detective is pre-eminent among crime-fighters. Describing his arch-nemesis, Holmes might almost be referring to himself: “He is a genius, a philosopher, an abstract thinker. He has a brain of the first order. He sits motionless, like a spider in the center of its web, but that web has a thousand radiations, and he knows well every quiver of them” (Conan Doyle, 1893/1981, p. 471). The image is strikingly similar to the way Watson describes Holmes in “The Resident Patient” (1893): “He loved to lie in the very centre of five millions of people, with his filaments stretching out and running

through them, responsive to every little rumour or suspicion of unsolved crime” (Conan Doyle, 1893/1981, p. 423).

In order to anticipate Moriarty's movements during their showdown in “The Final Problem,” Holmes must internalize his own compromising knowledge of the underworld. The process of identification always implies some degree of incorporation, and Holmes's eccentricity suggests that the detective is a contaminated figure, tainted by his intimacy with the criminal world. If we consider him as a Victorian doctor-figure, equipped with the methodologies to combat the social contagion of criminality, the process through which he treats the afflictions of nineteenth-century society has a peculiarly homeopathic quality. In order to gain the knowledge that he needs to solve crimes and apprehend perpetrators, Holmes is obliged to internalize the contaminating influence of criminality and identify as much as possible with the higher criminal degenerate. In fact, Conan Doyle's stories tend to dramatize the internal conflict of the split subject that recurs in the Gothic fiction of the *fin-de-siècle* in a number of ways: firstly in the doubling that occurs between Holmes and Watson, who represent, as it were, the light and dark sides of the Victorian doctor, and then, to a greater extent, between Holmes and his criminal double Moriarty, but also as an embodied duality within the detective subjectivity. On one level, the detective appears to offer an antidote to the social contagion of crime: an investigator whose powers appear to guarantee that no criminal is capable of evading capture. On another and more subtle level, however, the Dr Jekyll of detection appears to harbor the capacity to unleash a Mr Hyde of his own. In one of the earliest stories, “The Boscombe Valley Mystery” (1891), Watson notes how Sherlock Holmes becomes transformed once he is on the case: “Men who had only known the quiet thinker and logician of Baker Street would have failed to recognize

him. His face flushed and darkened. His eyes were drawn into two hard black lines, while his eyes shone out from beneath them with a steely glitter. [. . .] His nostrils seemed to dilate with a purely animal lust for the chase” (Conan Doyle, 1891/1981, p. 211). The fact that Holmes is motivated by an animal lust for the pursuit, rather than intellectual considerations of justice and legality, again imply that a process of doubling is occurring between the detective and the criminal whom he is pursuing. As a deceptively ambiguous protagonist, and one who is always potentially contaminated by this intimacy with his adversaries, Holmes does not simply represent the direct opposite of the criminal underworld and of the monsters of Victorian fiction. He is, rather, a character whose representation also owes a peculiar debt to figures like Mr Hyde and Jack the Ripper. As such, Conan Doyle’s stories offer an intriguing contribution to discoveries of monstrosity and degeneration in late-Victorian fiction.

References

- Begg, P. (2006). *Jack the Ripper: The Facts*. London: Robson.
- Conan Doyle, A. (1981). *The Penguin Complete Sherlock Holmes*. Ed. by C. Morley. London: Penguin. (Original works published 1887-1927)
- Coren, M. (1995). *The Life of Sir Arthur Conan Doyle*. London: Bloomsbury.
- Coville, G., & Luciano, P. (1999). *Jack the Ripper: His Life and Crimes in Popular Entertainment*. London: McFarland and Company.
- Dibdin, M. (1978). *The Last Sherlock Holmes Story*. London: Jonathan Cape.

- Eddlestone, J. J. (2001). *Jack the Ripper: An Encyclopedia*. Santa Barbara: John Blake Ltd.
- Greenslade, W. (1994). *Degeneration, Culture and the Novel 1880-1940*. Cambridge: Cambridge University Press.
- Horn, D. (2003). *The Criminal Body: Cesare Lombroso and the Anatomy of Deviance*. New York: Routledge.
- House, R. (2011). *Jack the Ripper and the Case for Scotland Yard's Prime Suspect*. Hoboken: John Wiley and Sons.
- Joyce, S. (2003). *Capital Offences: Geographies of Class and Crime in Victorian London*. Charlottesville: University of Virginia Press.
- Knepper, P. (2008). The Other Invisible Hand: Jews and Anarchists in London before the First World War. In *Jewish History*, 22, 295-315.
- McLaughlin, J. (2000). *Writing the Urban Jungle: Reading Empire in London from Doyle to Eliot*. Charlottesville: University Press of Virginia.
- Nordau, M. (1898). *Degeneration*. London: William Heinemann.
- Sparks, T. (2009). *The Doctor in the Victorian Novel: Family Practices*. Farnham: Ashgate.
- Stashower, D. (1999). *Teller of Tales: The Life of Arthur Conan Doyle*. New York: Owl Books.