

**Nationalistic Contagion in Dacre Stoker  
and J. D. Barker’s *Dracul*: or,  
“the umbilical cord wrapped around my neck”**

*Christian Gallichio*  
(Emory University, Georgia, USA)

**Abstract:**

Dacre Stoker and J. D. Barker’s prequel/biofiction *Dracul* (2018) not only rewrites Bram Stoker’s novel *Dracula* (1897) but also inverts the relationship between foreignness and contagion. By reimagining Bram Stoker’s early childhood sickness, and fictionalising a relationship with his nanny Ellen Crone, *Dracul* portrays contagion as an inherently localised, isolating issue, and suggests the possibility of treatment and the development of a cure as a direct result of globalism, personified in the character of Crone. Unlike other Stoker biofictions, including Dacre Stoker’s sequel *Dracula: The Un-Dead* (2009), which reinforce fear of reverse colonisation in Stoker’s source text, *Dracul* posits a direct correlation between global interconnectedness and remedy. This inverted relationship is particularly resonant in relation to the isolationist rhetoric that emerged during the 2020-2023 COVID-19 pandemic.

**Keywords:** J. D. Barker, biofiction, global contagion literature, COVID-19, *Dracul*, *Dracula*, Otherness, Bram Stoker, Dacre Stoker, vampirism.

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Following *Dracula the Un-Dead* (2009), his co-written sequel to Bram Stoker’s *Dracula* (1879), with Ian Hart, J. D. Barker and Dacre Stoker’s prequel/biofiction *Dracul* (2018), continues to draw on the Victorian writer’s biography. While the 2009 sequel imagined a semi-fictionalised theatre director Bram Stoker alongside the characters of his iconic Victorian novel, *Dracul* co-mingles Stoker’s own early life history with an imagined interaction with Count Dracula, grafting the source text’s characters and structure onto Stoker’s own life. Collapsing the space between author and text, *Dracul* was reportedly inspired by viewing Bram Stoker’s original manuscript, also entitled *Dracula: The Un-Dead*, which included references to an excised introductory “101 pages [that] would later become this novel” (Stoker and Barker 2018: 492). This extra-textual flourish, which Dacre

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Stoker, in association with Hart, also used to promote their sequel, rhetorically positions their work as a truthful continuation of Bram Stoker's original text, suggesting Bram Stoker's 'ownership' of the material instead of their own.

Dacre Stoker, the great-grandson of Bram Stoker, and J. D. Barker, a horror writer in his own right, also go to great lengths to merge their fictionalisation with Stoker scholarship and biography, explicitly drawing connections between Stoker's own childhood illness, his miraculous recovery, and vampire lore.<sup>1</sup> However, they invert the relationship between nationalism and contagion from Stoker's own *Dracula*. This article first explores the rhetoric of disease in the 1897 novel's positioning of vampirism and bloodletting as a foreign-born contagion. Instead, *Dracul* views contagion and disease as native-born, problematically partitioning off nations, communities, and even families from each other. I then turn to *Dracula*'s representation of transfusion, which reinforces Victorian ideology related to nationalised purity that both conforms and troubles conservative views of deviancy in the nineteenth century. Thereafter I argue that *Dracul* presents an inverted viewpoint, reversing notions of foreign-born contagion and ethnocentric cure, by positing the remedy itself as vampirism or, more specifically, globalism. In this sense, Stoker and Barker's representation is at odds with several other neo-Victorian biofictions of Bram Stoker, which tend to reinforce *Dracula*'s fearful representations of foreignness. I conclude by reading recent debates about contagion tied to the COVID-19 outbreak as a rejection of *Dracul*'s globalist perspective and a regression back towards *Dracula*'s fear of the exotic and Otherness.

Neo-Victorian biofictions about Stoker and adaptations of his novel have been popular in the last three decades, with authors repeatedly merging Stoker's own life with his famous novel. Of particular interest to critics and fictional authors has been Stoker's own relationship to disease, echoing Pascale Krumm's declaration that Stoker was "a diseased writer who wrote about disease" (Krumm 1995: 7). Tammy Lai-Ming Ho even reads blood "as a signification of Stoker's originary power", deeming neo-Victorian biofiction authors, including Dacre Stoker, as "akin to vampires who drain Stoker of his authorial vitality and suck their literary ancestor's life-blood to maintain their own existence" (Ho 2019: 96). Because of his familial connection to Bram Stoker, Dacre Stoker is particularly susceptible to such a

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reading, pulling from family lore to craft prequels and sequels of *Dracula* with hereditary authority.

*Dracul* continues this parasitic relationship between original novel and neo-Victorian adaptation, moving back and forth between “[n]ow”, the diegetic present in which Bram stands guard in a room having “covered the walls with mirrors” and “nailed crosses, nearly fifty of them” on the walls (Stoker and Barker 2018: 5), and Bram’s fictional journals recounting his childhood. *Dracul* proceeds through much of Stoker’s early life, centralising the image of the bedridden child Bram. This period constitutes a story the real Stoker often repeated, though “the precise onset of [his] debilitating illness is not recorded” (Skal 2016: 12), with *Dracul*’s Bram being cared for by the Stoker family nanny, Ellen Crone. Suffering from an unknown debilitating illness, Bram is slowly nursed back to health by the mysterious Crone, who is soon discovered to be a vampire. Having forged a psychological bond with Crone, he spends the rest of his adult life trying to track her down with the help of his sister Matilda and brother Thornley. Eventually, they discover Crone is really Dolingen von Gratz, who was brought back to life by Count Dracula, and punished when she refused to submit to the Count, in part by his dismemberment of her lover Deaglan O’Cuiv. Dracula buried Deaglan’s body parts across the globe, and Crone in due course teams up with the Stokers, as well as the Hungarian professor Arminius Vámbéry, to track down the body parts and confront Dracula.<sup>2</sup> At the novel’s climax Crone gives herself to Dracula to save Bram and Deaglan, but not before passing Bram a note with coordinates of the Count’s castle. As Bram prepares to confront Dracula, he is visited by Mina Harker, who gives him a “sheaf of papers, neatly typed and bound” (Stoker and Barker 2018: 473-474), which the novel implies Bram will publish under his own name. *Dracul* ends before both the confrontation with the Count and the publication of Mina’s work as his own.

The focus on the young Bram’s illness reconfigures *Dracula*’s relationship to foreign-born contagion, as well as anxieties about degeneracy and “reverse colonization” (Arata 1990: 623), tied to infection. As Stephen Arata contends, *Dracula* expresses “the fear [...] that what has been represented as the ‘civilized’ world is on the point of being colonized by ‘primitive’ forces” (Arata 1990: 623) in the form of a foreign-born contagion, personified by Dracula’s Otherness. The extraction and transfusion of blood facilitates Lucy Westenra’s (and, to a lesser extent, Jonathan Harker’s) deviancy from intransigent conservative Victorian social norms, unlocking

repressed sexual desires. In relation to *Dracula*, I argue that *Dracul* inverts the global origins and cure of contagion, physicalised in young Bram's illness. Lucy's bloodletting by the foreign Count Dracula and transfusions by the Anglo and Germanic group of Arthur Holmwood, Dr. John Seward, Quincey Morris, and Van Helsing, which help fortify Lucy's ailing body, position the antigen to Dracula's disease as definitively Eurocentric compared to the international approach of *Dracul*.

Vampirism itself has proved a particularly salient interest within neo-Victorian writing about contagion and sexuality. As Joan Gordon and Veronica Hollinger argue, the vampire works well as a metaphor that "can tell us about sexuality, of course, and about power; it can also inscribe more specific contemporary concerns, such as relations of power and alienation, [and] attitudes toward illness" (Gordon and Hollinger 1997: 3). *Dracul* embraces what Rohan McWilliam calls a new focus on "the ecology of vampirism", which is "an attempt to work out what a vampire society might look like" (McWilliam 2009: 110). Yet, unlike Kim Newman's *Anno Dracula* (1992), Charlaine Harris's *The Southern Vampire Mysteries* (2001-2013), adapted as the *True Blood* (HBO, 2008-2014) series for television, or other recent neo-Victorian rewritings, *Dracul* is less concerned with viewing the vampire as a metaphor for sexual deviancy. Instead, the text is invested in rewriting Stoker's interest in the "vampire as the ultimate other" and in "considering the psychological and structural forces that govern vampire life" (McWilliam 2009: 110).

Accordingly, *Dracul* depicts contagion as a regressive return to conservatism, physicalised in Bram's immobility, but more crucially, also portrays the disease's curative as tied to cosmopolitanism, personified in the figure of Bram's vampiric nanny, Crone. She aids in his recovery in part because of her worldliness, which allows her to cure Bram's mysterious ailment, inverting Stoker's original configurations of bloodletting as disease and infusion as merely a temporary method of rehabilitation. This approach differs from other adaptations and biofictional portraits of Bram Stoker. Neo-Victorian biofictions, including *Dracula: The Un-Dead*, and Robert Masello's *The Night Crossing* (2018), reinforce the source text's thematic fear of globalism. In contrast, *Dracul* prefigures Joseph O'Connor's *Shadowplay* (2020) in rethinking the connections between nationalism and contagion: a particularly resonant relationship considering the return of

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nationalised isolationist rhetoric tied to the 2020 declaration of the SARS-CoV-2 global emergency.

**1. (Neo)Victorian Contagion: “very, very close to me”**

Ever since Arata’s call to consider *Dracula* as enacting “the period’s most important and pervasive narrative of decline, the narrative of reverse colonization” (Arata 1990: 623), the metonymic connection between contagion and degeneracy has been foregrounded in medical discourse surrounding the novel. Leila S. May, for instance, contends that “[t]his terror of contamination by minute particles of corruption is thoroughly reinforced in Stoker’s novel”, before reading this contagion as distinctly gendered: “Dracula, the walking, waking emblem of the nineteenth-century horror of disease and contagion, infects not men [...] but women, who, much like prostitutes, act as ‘reservoirs of infection’ and ‘potential pollutants of men’” (May 1998: 18). Contagion is thus tied not only to the female body, but also to corrupting activities and social class, linking sickness with marginalisation, prostitution or, more generally, viewing sexual deviancy as a rejection of traditional patriarchal (and Christian) values. Chung-jen Chen says as much when arguing that “Victorian narratives of contagion posited contagion as a selective process, and the marginalized and social minorities as the most likely victims” (Chen 2019: 20).

Proximity and its attendant intimacy, of course, constitute the binary opposites of the faraway in a globalised economy. More recently, Martin Willis has succinctly explored how *Dracula*’s close focus on disease highlights both “the social and cultural repercussions of disease transmission” leading to “the disruption of political and economic capital caused by infection” (Willis 2007: 302), as dramatically evident in the recent pandemic. Willis proceeds to stress how “a determined part of the novel’s ideological structures”, as he puts it, “illuminates the often chaotic and contradictory reception of the meanings of disease as they are passed from specialist to non-specialist” (Willis 2007: 303).<sup>3</sup> Again, the COVID emergency witnessed a comparable “chaotic and contradictory” interpretation of the virus, precipitating controversy between real and professed experts about risk and containment. Willis’s call for a surface reading of disease, exploring the generalist ways in which disease is treated in relation to the novel’s interest in foreignness and degeneracy – instead of the ways the text haphazardly treats historical shifts in epidemiological understanding – aligns with the

conflicting ways that Stoker treats Lucy's vampiric disease. Blood is both the cause of and (temporary) cure for Lucy's sickness, as she cyclically moves between hunger and repletion.

*Dracula* presents Lucy's infection as parasitic, repeatedly draining the life from her, and invokes a sexualised image of the vampire's first victim. As Mina recounts, she discovers Lucy as a "half-reclining figure, snowy white", laying amidst "the ruins of the Abbey" where her virginal purity is taken by "a white face and red, gleaming eyes", later revealed to be Dracula (Stoker 1993: 100-101). Initially, Dracula's bloodletting of Lucy endows her with "voluptuousness," before emaciating her, as she turns "ghastly, chalkily pale; [while] the red seemed to have gone even from her lips and gums", as her body demands ever more blood; as Van Helsing explains, "blood she must have or die" (Stoker 1993: 130, 132). As Lucy continues through cycles of bloodletting and transfusion, she oscillates between contradictory independence and dependence. Her late-night visits by Dracula give her apparent autonomy, culminating in a "blatantly sacrilegious reversal of motherhood" (May 1998: 19) when as the "bloofer lady" she feeds off children following her death (Stoker 1993: 189) – transformed in the popular imagination into an exotic Other like the Count.<sup>4</sup> Throughout, Dracula is described in expressly foreign terms, often referenced as the indistinguishable between "man or beast" (Stoker 1993: 101). This links him to the "political threats to Britain caused by the enervation of the Anglo-Saxon 'race'" (Arata 1990: 630). Considering popular Victorian rhetoric that linked foreignness to "primitive forces", Stoker's invocation of the "beast" in *Dracula* represents a regressive portrait of the foreign as animalistic (Arata 1990: 628). *Dracula*, then, presents the Count's Otherness as a spreadable contagion, capable of transforming Lucy into a wanton figure, freed from regressive gender roles, but also dependent on the 'mercy' of Dracula. Moreover, the Count alienates Lucy from her maternal reproductive function in her intended marriage to Arthur, hence literally undermining the continuance of "the Anglo-Saxon 'race'".

Alternatively, *Dracul* presents young Bram's illness as isolating, confining him to his room, his interactions restricted to family members and Ellen Crone. Lucy's recursive movements between giving and taking blood allow her space to contravene social customs, with the novel treating each bloodletting or transfusion as a coded sexual interaction between foreign and native forces contending against each other. In contrast, *Dracul's* view of

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contagion is notably homogenous, as in the biofictional Bram's description of his illness:

On my worse days, it was a feat for me to cross my room; the effort would leave me winded, bordering on unconsciousness. A mere conversation drained what little energy I possessed; after speaking but a few sentences, I often grew pale, and cold to the touch, as sweat crawled from me pores, and I shivered as my moisture met the seaside air. (Stoker and Barker 2018: 10)

Unlike Lucy's parasitic relationship with Dracula, Bram's illness is ill-defined, both by the protagonist himself within the novel and by his real-world biographers, including David J. Skal, who notes that "Bram never contracted cholera, or famine fever, or any other diseases or condition (such as a spinal injury) that might medically account for his inability to walk" (Skal 2016: 24). Drawing, albeit loosely, on Stoker's mysterious biography, the novel's portrayal of Bram's symptoms may diverge in relation to origin, but Bram's appearance nonetheless echoes Lucy's complexion, "horribly white and wan-looking" after bloodletting (Stoker 1993: 137). Bram's inability to move farther than a few steps beyond his bed and his "shiver[ing]" when exposed to outside air essentially quarantines him within the home, more specifically within his bedroom, cut off from the rest of his family downstairs (Stoker and Barker 2018: 10). Disease is represented as a crippling isolationist force, forcing Bram to stay within, but also at the margins, of his own familial structure, unlike Lucy's ability to wander outside of the confines of her home, gender, and social class. Bram's confinement also means he is unable to see the members of his family even though his "illness had persisted for years and no one else in the family had contracted it – yet we all seemed to be agreed it was best not to risk a contagion with the infant" (Stoker and Barker 2018: 23). Bram's quarantine extends to most of his family, as even his father and mother limit their interactions with him, and Thornley almost entirely avoids spending time in his brother's room.

While Bram's illness is not contagious, as far as anyone knows, it nevertheless segregates him from most of his family. The two rooms besides his own occupying the top floor provide him with a self-sustaining but socially marginalised space and group, including his sister Matilda and Ellen

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Crone. Matilda's gender and Ellen's socio-economic status as a servant align the ailing Bram with traditionally lower Victorian classes. Matilda becomes, in effect, Bram's caretaker. She is also the first to notice Crone's troubling night-time activity, as Matilda's curiosity extends towards the macabre, including a newspaper report about a man buried alive, because "Ma said the man was diseased, and when he pleaded for help, the men who answered only dug a hole in the earth and pushed him in" (Stoker and Barker 2018: 12). Evincing communities' fear of disease, the live burial suggests that not only does his unknown 'disease' immure Bram in his room, but it also metaphorically confines the town of Clontarf, outside of Dublin, where the Stoker family resides: the other town's residents keep to themselves for fear of contagion. Bram's mother reinforces this isolation, in conversation with Matilda about the man buried alive, noting, "[w]hen I was a little girl and cholera ran rampant, I witnessed men do far worse than bury a single sick soul" (Stoker and Barker 2018: 42). As Bram records this in his journal from 1854, the family would have only been thirty years removed from the 1832-33 Irish Cholera Epidemic, which splintered communities, putting an end to the communal "popularity both of wakes and of frequent evening visits to neighbouring homes" during the outbreak (Fenning 2007: 77). As social connection was suspended, "[t]o maintain a psychological sense of life in a world at risk, it suddenly seemed incumbent to avoid community (and risk) altogether in order to preserve bare, physical life" (Nixon 2020: 4). Bram's mother is acutely aware of these communal changes, re-enacting them at the familial level, creating various sub-quarantine communities within her own home. While Bram's family notes that "[t]here is sickness, yes, but nothing like cholera" (Stoker and Barker 2018: 42), his parents reactivate quarantine measures from their youth, treating his illness on a communal level by reducing his (and their) contact with others. Bram's home becomes a microcosm of various restrictions that were enacted countrywide during the 1830s cholera outbreak.

While Lucy's infection frees her from the tyranny of domesticity, allowing her to transgress outside of the socially acceptable bounds of her gender, Bram's mysterious disease contains him within the home, reinforcing hierarchical familial structures and social stratification in the process. Bram personifies "my affliction" as "wretched fingers" that cling to him, continually forcing him back into bed (Stoker and Barker 2018: 18). He also becomes increasingly dependent on Nanny Crone and Matilda, not only for



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strength and recovery (discussed in the subsequent section), but also to complete traditionally autonomous tasks, such as bathing. As a result of Crone's caretaking, Bram's reliance on her builds to the point where he can barely complete any task without her. This inverts Lucy and Dracula's relationship, as Crone often saves Bram from the brink of death, from which he emerges "with my health waxing and hers waning. This pattern would repeat dozens of times in those early years" (Stoker and Barker 2018: 18). In *Dracula*, the host-parasite relationship depicts the parasite as foreign-born and Other, while *Dracul* conversely portrays Crone as the host and Bram as a parasite, emphasising Crone's maternalism and familiarity in contrast to Bram's infantilism in his limited ability to leave the domestic sphere, sequestered in the attic of the house with the servants and females. When Thornley does persuade Bram to leave the house, shockingly taking him to see a massacre of hens where "the muddy ground was littered with brown and white feathers and streaks of red" – a scene suggested to have been caused by Crone – Bram rebuffs him, feeling increasingly weak at the sight, and pleads with Thornley to take him back to his room, as his brother chastises him for being a "ninny", itself a childish term (Stoker and Barker 2018: 56). Thornley's performative masculinity, including witnessing the slaughter as well as protesting his continued work in the field, while Bram languishes in his room, further communicates Bram's child-like isolation. On multiple occasions, Thornley's demands that Bram leave his attic room and the protection of the house has dramatic repercussions, with Bram, like Lucy, falling ill from the movement outside of the domestic space of the home. In fact, Bram develops a fever that "escalate[s] to the point of hallucination" (Stoker and Barker 2018: 23).

While in the throes of that hallucination, the family calls on Uncle Edward, a renowned doctor and family member, to treat Bram, insisting that "bloodletting is the only treatment called for by such a case" (Stoker and Barker 2018: 23). Bram's illness and, by extension, his initial treatment, is continually contained within the family. *Dracul* treats disease not as a foreign threat but instead as a local event that sequesters off families, communities, and nations. *Dracul* models quarantine and regression, a stark contrast to *Dracula*'s travelling fear of Otherness. Just as cause and effect are inverted, Stoker and Barker's prequel upturns *Dracula*'s relationship between ethnocentrism and treatment, viewing curatives as a global possibility not achievable through self-contained Anglophonic relations.

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## 2. *Dracul*'s Globalist Corrective: "the expulsion of blood"

If not an outright cure, *Dracula* represents blood transfusion as, at least, a stopgap to Lucy's contagion, suggesting, as Anthony Salazar notes, the "connection of blood to energy" (Salazar 2017: 1), i.e. to the life force. Transfusion allows Lucy to return to a temporary sense of normalcy. Salazar goes on to suggest a relationship between energy and narrative progression, arguing that "transfusion further drives these characters toward eternal life through their writing", depicting narrative structure as a metaphorical form of transfusion (Salazar 2017: 1-2). Like many critics, however, Salazar also points to the "nonsensical" aspect of *Dracula*'s blood transfusion, arguing that *Dracula* cannot be taken seriously as a medical text (Salazar 2017: 3). Despite the scientific problems associated with Stoker's representation, the transfusions in *Dracula* reinforce Anglicised curatives. The text also connects transfusion to sexual consummation, suggesting Lucy's sexual deviancy can be remedied through a return to the domestic, fuelled in part by her fiancé Arthur's willingness to give blood. The combination of male blood provided by Holmwood, Morris, Seward, and Van Helsing reinforces a Eurocentric remedy for the foreign 'Eastern' problem of *Dracula*'s bloodletting, portraying foreign forces as lecherous and depleting and Western European and American nationalism as restorative and reinvigorating. Blood is both the cause of and cure for Lucy's contagion. Conversely, *Dracul* presents vampirism as a cure, foregrounding both Crone's maternalism but, also, her cosmopolitanism, as she has traversed the globe accumulating (medical and other) knowledge during her time as a vampire. Aligning with Salazar's reading of *Dracula*, *Dracul* likewise links blood to energy. *Dracul* not only inverts vampirism, suggesting it as a potential temporary cure for Bram's illness, but also posits globalism, instead of Anglophonic isolationism, as a possible remedy. *Dracul* thus suggests a complementary relationship between pluralistic assimilation and epidemiological curatives.

The men's collective willingness to "all open their veins" for Lucy is treated as an act of consummation, until, as Van Helsing remarks, "that poor pretty creature that we all love has had put into her veins [...] the blood of four strong men (Stoker 1993 161, 163). Because Lucy has already transgressed, her transfusions are treated not only as a kind of displaced sexual activity, but also as a conflicting reinforcement of family. The men are bonded together, with Lucy and each other, through the transfusions. Yet Crone's initial vampiric bloodletting, which serves a similar purpose of

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restoring Bram's strength, instead creates a host-parasite relationship that is maternal rather than sexualised: "when fingers brushed my cheek, I nearly jumped from my bed, and my head spun around to meet them. Nanna Ellen sat in the chair Ma had occupied earlier, her hand advancing to my forehead" (Stoker and Barker 2018: 29).

By literally replacing Bram's mother, Crone takes on her role, pushing back against Uncle Edward's insistence on bloodletting through leeches. She also rejects his belief in scientific certitude of a "large leech – nearly three inches long" (Stoker and Barker 2018: 26). These maternal instincts, and Crone's contention that her homemade remedies are the best to fight off Bram's unnamed illness, prove correct. Bram is saved from near death precisely because – rather than in spite of – Crone's vampirism, not just by her blood-sucking but also by a closed loop of bloodletting and transfusion, as Crone is implied to suck Bram's blood while he drinks hers. Crone transfers her knowledge and life force to him, while also feeding on him. Crone pricks Bram, "leaving nothing behind but a smudge on my skin and the small red hole from which [she] had fed" (Stoker and Barker 2018: 31). Much like *Dracula's* contradictory use of science and medicine, *Dracul* does not explicate the delineation between Stoker's recurrent feeding and supplying. It is never explained why Bram does not become a vampire, though the novel strongly implies that Crone's maternalism keeps him from fully changing, with her stopping the feeding before the point of transformation.

Bram occupies a middle space between the vampire and the living, able to tap into his connection with Crone, as he grows older, but never fully considered a vampire by himself or others. Instead, Bram's powers, like his childhood illness, remain ill-defined. While he straddles the liminal space between the living and the dead, Crone's curative finally allows him out into the world, becoming "tall and strong, a star athlete, by all accounts, at Trinity College" (Stoker and Barker 2018: 130). This miraculous recovery has been treated by real Stoker biographers as an anomaly, including Daniel Farson who writes that "Bram's recovery from his childhood sickness was absolute" (Farson 1975: 18), while Skal postulates that Bram "would have been a prime candidate for phlebotomy", connecting Bram's treatments to a biographical reading of what "Stoker's alter ego Jonathan Harker" undergoes while at Castle Dracula (Skal 2017: 13). Stoker and Barker make the same connection, arguing that Bram's recovery, much like Harker's, allows him re-entry into the world, claiming a stereotypically masculine persona in the process. As the

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novel shifts from childhood to adulthood, Bram becomes the most active participant in the family, often attempting to relegate Matilda, by insisting that a woman has no place travelling in his and his friends' company. As the novel shifts, Bram travels across London, Wales, and Ireland to piece together the mystery of Crone's origins and, finally, help her recover the parts of Deaglan's body, echoing *Dracula's* group travels to eradicate the Count's boxes. Lucy's transfusions limit her to the house: "whilst asleep she looked stronger" compared to her waking state when "she looked her own self, although a dying one" (Stoker 1993: 164). In *Dracul*, the opposite is true of Bram: the transfusions enable him to venture out into the world, working and participating, apparently cured of his illness.

Bram is merely mimicking Crone's own worldly travels, as her life-saving cure connects the two, with Bram feeling an "invisible cord" between them that pulls him outside of his traditionally cloistered existence (Stoker and Barker 2018: 7). Crone's transition to undead, at the hands of Dracula, also cures her from forced domesticity in her previous life in seventeenth-century Ireland. Dracula keeps her prisoner, reanimating her lover Deaglan O'Cuiv, but immediately ripping his body apart and individually burying "each piece of him in a separate cemetery, never to be found. His body will never die" (Stoker and Barker 2018: 377). When she escapes from Dracula's castle, she travels far and wide before returning to Ireland to conceal herself, working for the Stoker family and keeping watch on Patrick and Maggie O'Cuiv, the descendants of Deaglan. Despite her return to her native soil, Crone returns with a clearer understanding of her own power, utilising her cosmopolitan understanding of vampirism's curative possibilities to cure Bram and allow him entry into the public as well. *Dracul* represents treatment and cure as a globalist enterprise played out on a communal level, synthesising Crone's worldliness into a cure for Bram's mysterious ailment. Crone's knowledge of outside supernatural methods gives her the autonomy to refute Uncle Edward's provincial methods, which he argues are scientific but, more likely, outdated, as bloodletting by leeches declined throughout the nineteenth century. Foreignness, in *Dracul*, is presented as a possible antidote to native contagions, with the novel positing that globally interconnected, but nevertheless localised phenomena of disease require a synthesis of disparate and multicultural knowledge to be effectively combated.

Yet *Dracul's* unwillingness to articulate a reason behind Bram's illness, treating it as an isolated disease with the lingering threat of contagion,

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is in line with *Dracula*'s conflicting portrait of contagion and cure. As Allan Conrad Christensen notes of nineteenth-century contagion more generally, "[t]he vision in which a contagious principle threatens to reduce all differences and distinctions to a generalized incoherence is sometimes thought to be especially characteristic of Gothic fiction" (Christensen 2005: 7). This incoherence is demonstrated in how Stoker and Barker treat Bram's illness, depicting it as unformed, ill-defined, and possibly, though not likely, contagious. The looming possibility of outbreak, whether it be cholera, or the stories of men being buried alive, stifles community, pushing families back into their own houses to contend with illness on a personal and familial level. Crone interrupts this isolation, presenting her knowledge, acquired through travel and interaction with other communities, as antidote.

Thus, when the crew in *Dracul* finally forms, the novel inverts what Willis calls the quest by the "Crew of Light" to fight off the "representation of vampirism as a miasmatic disease" by sanitising Dracula's London proprieties (Willis 2007: 313). Instead, *Dracul* has the Stokers (Bram, Matilda, and Thornley) work alongside their vampire companions (Ellen, and the O'Cuiv siblings, whom Ellen reluctantly turned into vampires) to acquire both knowledge of Dracula's methods and also, literally, Deaglan's body, making their way around the globe to fuse together the disparate parts. *Dracula*'s crew is strongly Anglocentric, showcasing British and American men, with an honorary Dutch addition in the English-speaking Van Helsing. While Mina works alongside the crew, she is repeatedly sidelined throughout the mission, if only because of her gender. This homogeneous group systematically works to eradicate any trace of foreignness, represented by Count Dracula's boxes of foreign soil. However, sanitation does not attack the source of contagion, namely Dracula himself, until the very end. Instead, the Crew of Light use symptomology, represented in their highly localised fight against contagion that acts as a short-term solution to the larger pandemic playing out around them. Instead of addressing the need for a cure and the root cause of contagion, the Count himself, the Crew of Light initially treat only the symptoms. By containing treatment to a small section of the community, the Count's contagion is allowed to grow more fertile. *Dracul*'s Crew of Light is more heterogenous than *Dracula*'s, representing a transtemporal, but nevertheless familial unit. The masculine energy that permeates the original Crew of Light is offset by the inclusion of Matilda, Ellen, and Maggie. While all hail from the same regional area in Ireland, they

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nevertheless represent a diverse group, as the three vampires are all well-travelled.

Sanitisation of foreign-born parasites is not central to *Dracul*, as the novel presents an additive journey, collecting Deaglan's body parts. If Bram's illness is considered a possible contagion early in the novel, that treatment shifts as the Count is, again, portrayed as a multiplying contagion in the latter half of the novel. Acquisition of knowledge, spread out within the world, is the only possible antidote to the Count's proliferating army of undead. Despite Thornley's insistence on Eurocentric scientific and medical evidence, *Dracul*'s relationship to contagion-cure is marked by a relationship to non-Western practices, namely Crone's insistence on regeneration through bloodsucking. While, as Foreman has noted about *Dracula*, "at no point does Van Helsing subject the blood of Dracula's victims to a laboratory evaluation" because "the cause of the illness is not pathogenic" (Foreman 2016: 940), *Dracul* posits a collective approach to treatment, literally bringing Deaglan O'Cuiv back together again. While this moves *Dracul* even further away from *Dracula*'s nascent understanding of science and medicine and might be deemed even more simplistic in its projection of a possible cure, the collective endeavour nevertheless foregrounds globalism, pulling together a disparate group and, literally, body parts to recreate Deaglan, one of the only people capable of fighting off Dracula. By fusing these body parts back together, Stoker and Barker suggest that Deaglan's body serves as a metonym for global unity. Upon arriving in Munich for a final showdown with Dracula, *Dracul*'s crew, now armed with a fully realised knowledge of the topography acquired from varying locales, has to fight off Dracula's native army, made up of a band of locals.

*Dracula* suggests that the antidote to Dracula's foreign-born contagion is the erasure of any trace of foreignness in Britain, systematically destroying all of Dracula's boxes. *Dracul* adopts an opposing track, considering the ways in which unity expresses the possibility of combating contagion, not just addressing symptomatology but also pathology. While *Dracula*'s Crew of Light focuses on the effects of the Count's foreign contagion, *Dracul*'s team simultaneously works on the causes and effects of contagion, prioritising not just treatment but also cure. These dual contagions in *Dracul* – Bram's early illness and, finally, Dracula's growing localised army of German townsfolk – represent the possibility of a spreadable parasite

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of isolationist tendencies that exacerbate contagion's longevity and showcase the ability of globalism to combat disease's spread.

### 3. Stoker Biofiction and Contagion: "this is not science at all"

Paul Murray has claimed that Stoker's "Count had a great deal in common with his author: he may have been an aristocrat, but he undertook the menial duties of coachman, cook, and housemaid" (Murray 2004: 2). Perhaps unsurprisingly, neo-Victorian writers have thus gravitated to merging Stoker with his fictional creation via biofiction. Dacre Stoker and Ian Hart do as much in *Dracula: The Un-Dead*, in which they present Bram Stoker as an irritable theatre director, who "had always had aspirations of becoming an author" and who puts on a performance of *Dracula* realising it had "to be a hit in order to drive the sales of the novel" (Stoker and Hart 2009: 84, 87). The novel oddly limits Stoker's participation by suggesting, as *Dracul* does, that the text of *Dracula* is not his own, but Mina Harker's text, to which Bram attaches his name. In *Dracul*, Stoker and Barker perform a similar cannibalisation, but to far more successful effect, while also continually revising the original text. Stoker's thematic preoccupation with foreignness, and the interrelation of the far-flung with miasma, make *Dracula* a text that gives voice to a nineteenth-century anxiety regarding Otherness, and the possibility that Britain's Anglophonic citizenship might be replaced. In subsequent centuries, this white nationalistic paranoia mutated into xenophobia and, more recently, anti-migrant, anti-multiculturalism, and anti-globalisation discourse, with some of the racist anti-China rhetoric employed by some Western parties during the COVID-19 pandemic providing just one dramatic example.

Overall, other neo-Victorian authors have mimicked this fixation on foreign contagion, or more generally, encroaching evil. Tom Holland's *Supping with Panthers* (1996), published as *Slave of My Thirst* in the US, formally mimics *Dracula* by having Bram act as editor for the novel: "the papers are arranged by myself. Read them in the order in which they have been placed" (Holland 1996: 3). In the text, Bram helps his friend Dr Jack Eliot investigate a disappearance. However, unlike other Stoker biofictions, Holland imagines Lord Byron, not Bram, as a vampire. As in *Dracul*, Holland's novel shows a preoccupation with nascent science related to blood, particularly the "structure of vampire blood" (Holland 1996: 420). Here,

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vampirism represents stagnation, when “Lord Bryon’s white cells had broken down and fed on *alien* haemoglobin” (Holland 1996: 420, added emphasis).

Similarly, Masello’s *The Night Crossing* (2018), published the same year as *Dracul*, imagines a mysterious golden box, found by Mina Harcourt in the Carpathian Mountains and brought to London, which unleashes an ancient evil on city.<sup>5</sup> Masello’s novel characterises Bram as proudly nationalistic: “Given the subtle, or overt, English prejudice against the Irish, Stoker always made it a point to hire his countrymen whenever possible”, in contrast to his wife Florence, who “eradicated any trace of her Irish accent” (Masello 2018: 25-26). In this novel, Bram, like the Crew of Light in *Dracula*, reinforces the metaphor of contagion-cure as a fight between foreign and national forces. Drawing on Egyptian history, as well as Stoker’s history as the manager of the Lyceum, *The Night Crossing* similarly views contagion in terms of an (in this case Egyptian) Other come to infect London. As Bram, alongside Mina and Lucinda (the two, obviously, inspiring Bram’s writing), combats this ancient and foreign threat, the text reinforces *Dracula*’s fear of Otherness, presenting nationalism as an antidote to foreignness, aligning Masello’s novel with *Dracula*’s treatment of reverse colonisation.

In contrast, Joseph O’Connor imagines a fictionalised Bram in a parasitic relationship with the actor Henry Irving in *Shadowplay* (2020), a biographical portrait rooted in Stoker’s profound hero-worship of the actor. However, instead of literalising contagion, as *Dracul* and, to a lesser extent, *The Night Crossing* do, O’Connor instead draws heavily on Stoker’s own biography, reconditioning the host-parasite relationship as a metaphor for Irving and Stoker’s complicated history.<sup>6</sup> Initially, the novel presents Bram as a healthy, masculine figure, who “[a]s a child [...] was often ill, confined to bed for months, years” but is determined “[t]hat won’t be happening again” as he resorts to a vigorous workout routine, “run[ning] two miles every morning, no matter the weather” (O’Connor 2020: 36). As Bram toils away in writing *Dracula*, Irving has no time for the author, rejecting Bram’s offer to play the part: “Use the Lyceum, if you must. Me, you don’t use” (O’Connor 2019: 280). Irving undermines Bram’s creativity within the novel, sucking away his autonomy and authorial voice, clearly connecting Irving to the vampire Count. Yet Irving is decidedly English, suggesting, at one point, “Burn an Irishman’s abbey and he’ll pick up a broadsword. Burn an Englishman’s, he’ll pick up a quill” (O’Connor 2020: 26). Like *Dracul*, then,



*Shadowplay* regards the parasite, in this case Irving, as nationalistic, while the host – i.e. the Irish Stoker – is positioned as foreign.

In each of these novels, the parasitic relationship either emerges along nationalised lines, whether the texts deal with literal contagion or not, with *Dracula: The Un-Dead* and *The Night Crossing* echoing *Dracula*'s isolationist rhetoric and rejecting cosmopolitanism as a global antidote to national contagion. Within *The Night Crossing*, contagion is portrayed as foreign, oriental, and ancient, playing off Victorian era fears of Otherness. While not explicitly dealing with contagion, the English Irving in *Shadowplay* continually leeches off Bram's self-doubt to compensate for his own insecurities. In all, however, Stoker's thematic anxieties about the relationship between national and foreign selves is grafted onto his own life, albeit heavily fictionalised, but also, more often than not, tied to his earlier fight with an unexplained illness.

#### **4. Conclusion: COVID-19 Rhetoric and “soil of their native land”**

By inverting the relationship between foreignness and infectious disease, instead viewing contagion as an explicitly worldwide issue though played out locally, *Dracul* conforms to what Joanna Shawn Brigid O'Leary terms “global contagion fiction” (O'Leary 2013: 76). According to O'Leary, this narrative mode emerges

as a co-production of British and American authors writing less as representatives of their respective contemporary literary traditions and more as transatlantic citizens of past or present superpowers equally intrigued and threatened by globalization. (O'Leary 2013: 77)

*Dracul* explicitly rewrites *Dracula*'s concerns by grafting a globalist narrative onto the basic outline of Stoker's source text. *Dracul* works as both a prequel, introducing key elements of *Dracula*'s mythology, and a rewrite, taking the same narrative, including a similarly nationalised ‘Crew of Light’ to fight off contagion, and inverting the relationship between foreignness and disease. Despite this globalised rewriting, *Dracul* still recycles *Dracula*'s anxieties that “construct a dynamic in which Britain is perceived as intellectually and technologically advanced while the East is a land of anarchy and superstition” (Wills 2007: 318). This re-Othering is particularly resonant

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in the context of the rhetoric of contagion that was disseminated in the early stages of the COVID-19 pandemic, which explicitly linked the origins of the crisis to Eastern eating habits, contending that China's cuisine was responsible for the spread of the virus.

While a number of politicians propagated this rhetoric, Republican Texas Senator John Cornyn gave perhaps the clearest example of these xenophobic anxieties in the nascent stages of the pandemic, remarking that "China is to blame" due to their foreign "culture where people eat bats and snakes and dogs and things like that" (Cornyn qtd. in Shen-Berro 2020: n.p). The use of terms like 'Kung Flu' or 'China Virus', spoken of by Cornyn as well as then U.S. President Donald Trump, likewise fed off notions of cultural superiority that implicitly, and in many cases explicitly, positioned Western global superpowers, namely the United States and Great Britain, as more advanced, reiterating Victorian era stereotypes of the East as uncivilised. Despite the global implications of such a pandemic, Western leaders chafed against globalist rhetoric, instead adopting isolationist policies, including travel bans that sectioned off countries, states, cities, and communities from each other. Even the deployment of vaccines occurred along nationalised boundaries, with the United States and the United Kingdom in particular accused of hoarding vaccines. The position that "the rest of the world would have to wait", a posture echoed by both Trump and President Joe Biden officials (Eban 2021: n.p.), reinforced Stoker's original fear of reverse colonisation, privileging national over global concerns regardless of wider implications for humanity. Trump's return to the White House and his renewed aggressive promotion of the 'America First' doctrine does not bode well for collaborative efforts to combat future global pandemics.

As a neo-Victorian novel, *Dracul* positions itself to provide a contemporary rewrite of *Dracula's* abounding fear of foreignness. Simultaneously, Dacre Stoker and J. D. Barker argue that they are merely vessels for Bram Stoker's original intent in his excised prologue, removing themselves from the narrative. By inverting Bram Stoker's original thematic preoccupation with reverse colonisation, the writers succeed in presenting a more modern, less xenophobic reworking of the original text, but their implicit argument about the relationship between globalism and cure has proven to be woefully optimistic. Instead, the COVID-19 pandemic showcased both the prescience and unfortunate modernity of *Dracula's* original anxieties, articulating misguided, current, neo-Victorian fears that

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perpetuate the misconception of Eastern primitiveness, couched in overtly racist rhetoric. *Dracul* may contend with *Dracula*'s misplaced anxieties, but the source novel more truthfully reflects our present moment.<sup>7</sup>

### **Notes**

1. To avoid confusion, from here on, I refer to the author Bram Stoker as simply Stoker and the character Bram Stoker in *Dracul* and other neo-Victorian biofictions as Bram. Dacre Stoker is mentioned in tandem with co-author J. D. Barker as 'Stoker and Barker'.
2. Alongside the Stoker siblings, Arminius Vámbéry is also an historical figure, who was acquainted with the real-life Stoker. Van Helsing even mentions him by name as "my friend Arminius, of Buda-Pesth University" (Stoker 1993: 256).
3. Alternatively, Ross G. Forman argues that parasitic infection, specifically malaria, with "its emphasis on host-parasite relationships and its shape-shifting protozoa engaged in a varied cycle of reproduction, serves as a metaphor for the very form of the novel" (Forman 2016: 926).
4. Yet insofar as Lucy remains at the will and mercy of the Count, perhaps her ability to transgress only remains a façade.
5. Both *Dracula: The Undead* and *The Night Crossing* also invoke the Titanic in their closing scenes, suggesting transatlanticism as a possible cure for foreign-born contagion. This reinforces Stoker's Westernised views of medicine.
6. Stoker's relationship with Henry Irving has been explored in detail by biographers, who suggest, like Skal, an unconsummated sexual longing for the actor on Stoker's part. Further, Stoker wrote a massive, two-volume book about Irving, *Personal Reminiscences of Henry Irving* (1906), which serves as both a biography and an exploration of their relationship.

### **Bibliography**

- Arata, Stephen D. 1990. 'The Occidental Tourist: *Dracula* and the Anxiety of Reverse Colonization', *Victorian Studies*, 33:4, 621-645.
- Chen, Chung-jen. 2019. *Victorian Contagion: Risk and Social Control in the Victorian Literary Imagination*. New York: Routledge.
- Christensen, Allan Conrad. 2005. *Nineteenth-Century Narratives of Contagion: Our feverish contact*. New York: Routledge.

- Eban, Catherine. 2021. "We Are Hoarding": Why the U.S. Still Can't Donate COVID-19 Vaccines to Countries in Need', *Vanity Fair*, 6 April, <https://www.vanityfair.com/news/2021/04/why-the-us-still-cant-donate-covid-19-vaccines-to-countries-in-need> (accessed 7 April 2021).
- Farson, Daniel. 1975. *The Man Who Wrote Dracula: A Biography of Bram Stoker*. New York: St. Martin's Press.
- Fenning, Hugh. 2003. 'The Cholera Epidemic in Ireland, 1832-3: Priests, Ministers, Doctors', *Archivium Hibernicum*, 57, 77-125.
- Foreman, Ross G. 2016. 'A Parasite for Sore Eyes: Rereading Infection Metaphors in Bram Stoker's *Dracula*', *Victorian Literature and Culture*, 44, 925-947.
- Gordon, Joan and Veronika Hollinger. 1997. *Blood Read: The Vampire as Metaphor in Contemporary Culture*. Philadelphia, Pennsylvania: University of Pennsylvania Press.
- Ho, Tammy Lai-Ming. 2019. *Neo-Victorian Cannibalism: A Theory of Contemporary Adaptations*. London: Palgrave.
- Holland, Tom. 1996. *Slave of My Thirst*. New York: Simon & Schuster.
- Krumm, Pascale. 1995. 'Metamorphosis as Metaphor in Bram Stoker's *Dracula*', *Victorian Newsletter*, 88:1, 5-11.
- Masello, Robert. 2018. *The Night Crossing*. Seattle, Oregon: 47North.
- May, Leila S. 1998. "'Foul Things of the Night": Dread in the Victorian Body', *The Modern Language Review*, 93:1, 16-22.
- McWilliam, Rohan. 2009. 'Victorian Sensations, Neo-Victorian Romances: Response', *Victorian Studies*, 52:1, 106-113.
- Murray, Paul. 2004. *From the Shadow of Dracula: A Life of Bram Stoker*. London: Jonathan Cape Ltd.
- Nixon, Kari. 2020. *Kept from All Contagion: Germ Theory, Disease, and the Dilemma of Human Contact in Late Nineteenth-Century Literature*. Albany, New York: SUNY Press.
- O'Connor, Joseph. 2020. *Shadowplay*. New York: Europa Editions.
- O'Leary, Joanna Shawn Brigid. 2013. 'Germ Theory Temporalities and Generic Innovation in Neo-Victorian Fiction', *Neo-Victorian Studies*, 6:1, 75-104.
- Pheasant-Kelly, Fran. 2019. 'Supernatural surveillance and blood-borne disease in *Bram Stoker's Dracula*: Reflections on mesmerism and HIV', *Northern Lights: Film and Media Studies Yearbook*, 17:1, 9-24.
- Salazar, Anthony. 2017. 'Curing the Vampire Disease with Transfusion: The Narrative Structure of Bram Stoker's *Dracula*', *English Language and Literature Studies*, 7:3, 1-7.

- Shen-Berro, Julian. 2020. ‘Sen. Cornyn: China to blame for coronavirus, because “people eat bats”’, *NBC News*, 18 March, <https://www.nbcnews.com/news/asian-america/sen-cornyn-china-blame-coronavirus-because-people-eat-bats-n1163431> (accessed 15 Feb. 2021).
- Skal, David J. 2016. *Something in the Blood: The Untold Story of Bram Stoker, the Man Who Wrote Dracula*. New York: Liveright Publishing.
- Stoker, Bram. 1993. *Dracula* [1897]. New York: Penguin.
- Stoker, Dacre and J. D. Barker. 2018. *Dracul*. New York: Putnam.
- Stoker, Dacre and Ian Holt. 2009. *Dracula: The Un-Dead*. New York: New American Library.
- Willis, Martin. 2007. “‘The Invisible Giant,’ *Dracula*, and Disease’, *Studies in the Novel*, 39:3, 301-325.