

Charles Bonnet Syndrome and Porphyria in Margaret Atwood's "Torching the Dusties" and "Lusus Naturae"

Akiko Kawasaki

Margaret Atwood's (1939-) *Stone Mattress* (2014) is a collection of nine short stories that creatively explore the 21st-century Canadian aging society.¹ Seven out of the nine involve elderly protagonists living in and around Toronto like the author, and vividly depict their everyday physical experiences as well as their inner sensations intermingled with memories of the past. In this book, which presents the aging process as being a part of biological development worth investigating, two of the stories are more directly engaged with illness: "Torching the Dusties" describes two days of an elderly woman with visual hallucinations caused by Charles Bonnet syndrome (CBS); "Lusus Naturae" narrates a girl's change into a vampire or werewolf-like figure, which is suggested to be a symptom of porphyria. While the two illuminate multiple aspects of illness in general by presenting the unfamiliar physiological states of the protagonists, they also indicate different medico-historical contexts that operate as powerful determinants to frame the stories, even in "Lusus Naturae," a seemingly ahistorical fantasy. In "Torching the Dusties," the heroine's syndrome is highly medicalized and incorporated into the latest medical science and technologies, whereas the case in "Lusus Naturae" is dealt with mostly within familial and communal socio-politics. This essay analyzes how the two protagonists' bodies are problematized and solved in social and medical terms, examines how both plots revolve around the tension between the redundant body and social sustainability, and illuminates how biological temporality such as aging and growing finally prevails over the socially required and artificially established order.

"Torching the Dusties" uses the heroine's syndrome as an essential prerequisite for its novelistic framework. Charles Bonnet syndrome, often abbreviated to CBS, is defined in *Steadman's Medical Dictionary* as: "complex visual hallucinations without attendant psychological abnormality; more common in old people with vision problems" (1892). The syndrome was named after the naturalist and philosopher, Charles Bonnet (1720-93). He recorded in his *Essai analytique sur les facultés de l'âme* (1760) strange visions that his grandfather with a cataract experienced and that he also had towards the end of his life (Draaisma 11-15, 20). These visions were termed "Bonnet syndrome" in 1936 by a neurologist, De Morsier (Draaisma 23-24). CBS hallucinations can be very complex with vivid, life-like, and elaborate imagery of objects, people, animals, or entire visual scenes (Reichert, Seriès, and Storkey 1). The mean age of patients is between 70 and 85 (Lerario, et al. 1183; Pelak). The most

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common ocular disease leading to CBS is age-related macular degeneration (Lerario, et al. 1183; Vukicevic and Fitzmaurice 660). Although people often hesitate to report hallucinations, fearing that they represent some psychiatric disease, as many as 11 to 15 percent of older patients with vision impairment have CBS hallucinations (Pelak). In fact, CBS patients have no clear pathology in the brain and no necessary impairment to mental health other than the hallucinations (Reichert, Seriès, and Storkey 1), and most of them have insight into the unreal nature of their hallucinations (Vukicevic and Fitzmaurice 659). It seems difficult to generalize the patients' responses to hallucinations: some researchers find it negative, with patients feeling distressed and disliking them (Lerario, et al. 1184; Pelak); some neutral, or even positive (Dunatov, et al. 40; Khan, et al. 204-6; Sacks 20, 32); and others believe it depends on the case (Geucke, et al. 150-1).

CBS may be known to the public through a collection of medical essays, *Hallucinations* (2012), by the neurologist Oliver Sacks. It is possible that Atwood had read this bestseller before writing her short story, because the protagonist's case shares much with the CBS experiences Sacks describes. It is helpful to note two points Sacks makes in relation not only to CBS but to hallucinations in general. First, hallucinations are not supernatural phenomena, although they were called "apparitions" before the 1830s, when the French psychiatrist, Jean-Étienne Esquirol, gave the term hallucination its present meaning (ix). Interestingly, hallucinatory experiences might have given rise to art, folklore, and religion; for example, Lilliputian hallucinations, which Atwood's heroine experiences, may have inspired the images of elves and fairies (xii). Second, while people can share perceptions to some extent, for example, agreeing that there is a desk here and a window there, hallucinations are unsharable, however real they seem, because of the lack of consensual validation (ix-x). Therefore, the power of hallucinations is only to be understood from the hallucinators' first-person accounts (xiv).

The following four points in Sacks's characterization of CBS are particularly relevant to the discussion of "Torching the Dusties." First, CBS hallucinations are different to imagination. They make use of the same visual areas and pathways as perception. For example, when there are colored hallucinations, there is an activation of V4, an area in the visual cortex associated with color construction. On the other hand, imagining a colored object does not activate the V4 area. Therefore, hallucinations are much more like perceptions than imagination (23-24; ffytche, et al. 740). Second, CBS hallucinations are dissimilar to dreams. The images of CBS are less intelligible and meaningful than those of dreams, so attempts at interpreting CBS hallucinations are fruitless. For example, a religious person might hallucinate praying hands, or a musician, musical notation, but these images scarcely illuminate their unconscious wishes. Unlike dreamers, people with CBS also retain their normal, waking consciousness (26-27). Third, CBS hallucinations are not delusions. The patients preserve insight into their syndrome; if they are occasionally deceived by a hallucination, they quickly realize that it is not real (27-28). Fourth, they lack interaction with the patients, are always silent and neutral, and rarely convey or evoke

any emotion (27). This may be one reason why CBS hallucinations are mostly unthreatening and, once accommodated to, even mildly diverting (32).

The most important information the overview provides to a reading of “Torching the Dusties” is that the CBS symptoms are unrelated to the patient’s psychology: they are fundamentally meaningless and should be dealt with physiologically. The case of one of Sacks’s patients, Rosalie, overlaps greatly with that of Atwood’s main character. Rosalie is blind with CBS and living in a nursing home; her hallucinations seemed to have nothing to do with her and the people she saw seemed to take no notice of her (3-4). Another kind of hallucination she experienced makes an illustrative contrast with CBS’s non-personal, non-psychological characters. When she became seriously ill, she had visions of her mother and heard her voice welcoming her into heaven. This is a special sort of hallucination that lucid and fully conscious people have when they anticipate death. Unlike her usual CBS hallucinations, which had no apparent relation to her and aroused no emotion, they were multisensory, personal, addressed to her, and full of warmth and tenderness (253-54).

The some 50-page long “Torching the Dusties” portrays two days at a luxurious retirement home called Ambrosia Manor, probably near Toronto. The protagonist, Wilma, is a widow with CBS due to her macular degeneration. She has a central void in her vision and can only see sideways, but perceives colors and rough shapes of things such as a human head. Apart from the visual impairment, she leads a comfortable life in the “Early Assisted Living wing,” from which the residents are someday to be moved to the “Advanced Living wing,” where they await death. She spends much of her time with a resident of the home, Tobias, a gallant escort who sees things for her. Her peace is broken by groups of frustrated young people called “Our Turn,” who launch simultaneous attacks on several nursing homes in Canada and America with slogans such as “*Move Over*” (244), “TIMES UP,” “HURRY UP PLEASE ITS TIME,” and “TORCH THE DUSTIES” (262). They block the gate of Ambrosia Manor, evacuate the staff of the premises so that only the elderly are left, and set the residential buildings on fire. Somehow, there is no rescue operation by the police or fire brigade. Some residents of the Early Assisted Living wing attempt an escape, only in vain. Wilma and Tobias secretly flee the building and hide themselves in a garden gazebo, while the buildings where the other inmates are stranded go up in flames. The story ends at this point without telling whether Wilma and Tobias will survive or not. The shocking attack echoes the reality of present-day Canadian society, where the income gap between the young and the aged has increasingly been widening. It is reported that the average disposable income of Canadians between the ages of 50 and 54 is now 64 percent higher than that of 25 to 29-year-olds; this is up from 47 percent in the mid-1980s (Goodman).

During the two days, Wilma has seven bouts of CBS hallucinations. The story is narrated in the present tense by the third-person narrator, who sees from Wilma’s perspective throughout. The employment of Wilma as the sole focalizer of the narrative realizes natural and vivid accounts of CBS hallucinations that only the hallucinator can directly experience. The first bout

at the incipit shows that Wilma's is a typical CBS case:

The little people are climbing up the nightstand. Today they're wearing green: the women in panner overskirts, broad-brimmed velvet hats, and square-cut bodices shimmering with beads, the men in satin knickerbockers and buckled shoes, with bunches of ribbons fluttering from their shoulders and outsized bird plumes decorating their tri-corns. They have no respect for historical accuracy, these people. It's as if some bored theatrical costume designer got drunk behind the scenes and raided the storage boxes: an early Tudor neckline here, a gondolier's jacket there, a Harlequin outfit over there. Wilma has to admire the spladash abandon. [...]

Wilma's fully aware that these apparitions aren't real. They're only symptoms: Charles Bonnet's syndrome, common enough at her age, especially in those with eye problems. She's fortunate, because her manifestations—her Chuckies, as Dr. Prasad calls them—are mostly benign. Only rarely do these people scowl, or swell out of proportion, or dissolve into fragments. Even when they're angry or sullen, their fits of ill temper surely can't have anything to do with her, since the little folk never acknowledge her; which is also—says the doctor—par for the course.

She likes the miniature Chuckies, much of the time; she wishes they would talk to her. [...] (225)

Wilma's experience is similar to what Sacks describes as a common CBS hallucination: colorful and detailed; with a tendency to repetition and multiplication; phalanxes of people making similar motions in exotic dress and rich robes; and cartoonlike (22). Wilma, who has a history degree, recognizes the lack of historical accuracy in their outfits; this is an example of a patient hallucinating what she has been familiar with in real life (14-15). Wilma seems well informed by Dr. Prasad on the syndrome, and so, knows that the characters in her hallucinations neither reflect her unconscious, nor can they interact with her. Wilma nonetheless enjoys examining their dress, mood, and motion each time they appear; later, when bored, she even tries to summon them for diversion in vain.

Now about a hundred protestors gather around the gate, wearing the masks of the baby. The juxtaposition in the description of the demonstrators and Wilma's little people makes strange contrasts and parallels:

“Are they pink?” says Wilma. She feels a slight tremor of fear. Baby masks on a mob: it's disconcerting. A horde of life-sized, potentially violent babies. Out of control.

There are twenty or thirty small people holding hands, circling what is most likely the sugar bowl: Tobias likes sugar in his tea. The women are wearing skirts that appear to be made out of overlapping rose petals, the men shimmer in iridescent peacock-feather blue.

How exquisite they are, how embroidered! It's hard to believe they aren't real; they're so physical, so finely detailed.

"Some of them," says Tobias. "Some are yellow. Some brown."

"They must be trying for an inter-racial theme," says Wilma. Stealthily she inches her hand across the table towards the dancers: if only she could catch one, hold it between thumb and forefinger like a beetle. Maybe then they'd acknowledge her, if only by kicking and biting. "Do they have baby outfits on, as well?" Diapers maybe, or onesies with slogans on them, or bibs with incongruously vicious images such as pirates and zombies. Those had been all the rage, once.

"No, just the faces," says Tobias. The tiny dancers won't give Wilma the satisfaction of allowing her fingers to pass through them, thus demonstrating their non-reality once and for all. Instead they curve their dance line to evade her, so perhaps they're aware of her after all. Perhaps they're teasing, the little rascals.

Don't be silly, she tells herself. It's a syndrome. Charles Bonnard. It's well documented, other people have it. No, Bonnet: Bonnard was a painter, she's almost sure of that. Or is it Bonniverd? (246)

The two parties form a complementary relationship via Wilma's recognition: the little people have a visual reality but lack a physical one, whereas the angry youngsters are real but invisible; the hallucinatory figures are adults small in size, while the protestors are adults wearing baby masks; both physically and psychologically, Wilma feels close to the "Chuckies," even wishing they were real and could interact with her, although she has no such wish for the mob and keeps her distance from them. At this point during the event, the two groups' similarities matter more than their differences: both make concerted efforts; Wilma has no communication with, or control of, them; and despite the fact that she has no direct or individual moral responsibility for their manifestations—the hallucinatory figures' appearance and the mob's political expression—they intrude on her world.

As the situation becomes increasingly menacing, the movement is compared to the French Revolution. The motif of the uprising has actually already been suggested by Wilma's reading on an e-reader *Gone with the Wind*, in which the American Civil War is compared to the French Revolution (Mitchell 237). The heroine's name, Scarlett, and a quick mention of Emma Orczy's play, *Scarlet Pimpernel* (1905), a play set during the French Revolution period, ominously anticipate the very last scene, in which the modern revolutionaries with red ideas set the home on fire, turning it scarlet. Margaret Mitchell's novel further reveals Wilma's personal association of the American Civil War/the French Revolution with the past prognosis for her aging body. Already knowing the historical and novelistic development, Wilma calls Scarlett O'Hara an idiot:

Oh, Ashley, Ashley, she thought, and her heart beat faster...

Idiot, thinks Wilma. Destruction is at hand and you're mooning over that wimp? Atlanta will burn. Tara will be gutted. Everything will be swept away. (260)

Before the scene, she has called herself "idiot" (245), remembering her ignorance: some fifteen years ago, her dentist, Dr. Stitt, rightly predicted that her teeth would shortly fail and wisely installed implants. Although at that point she never imagined that she would live so long, now she uneasily recollects her former dentist's correct prognosis and her own lack of foresight: she might be repeating the same mistake at this very moment like her past self and Scarlett O'Hara. The situation is even more serious because she has no one who can reasonably predict the future for her as the doctors have done about her health.

In the scene in which some fifteen residents try to flee before the arson attack starts, these elderly must in turn look to the young protestors like the little people do to Wilma—collective, diminished, having physical reality but lacking emotional connection. According to Tobias, they are "arranging themselves in a double line, as if for a procession: twos, and the odd three. The crowd outside stills: they're watching" (263). Wilma wishes to see the venture with her own eyes and feels frustrated by passively receiving Tobias's live report: "How she wishes she could see this! It's like a football game, back when she was an undergraduate! [...] She was always in the audience, never in the game, because girls did not play football" (263). Here, seeing is equated with participating; this wish is, ironically, to be soon realized when she sees the fatal flames.

When Wilma and Tobias finally implement their escape plan, the boundary between reality and imagination starts to blur in her world, which has so far accommodated no space for anything illusory except her CBS hallucinations. Wilma mistakes the noises of rats for the little people talking to her. On perceiving the pulsing sparkles of the light of fireflies, she suspects she is experiencing some new neural anomaly. The mob's appearance may be Tobias's faking, a part of his plot to murder her, and the commotion, a mass hallucination. A man's arm around her shoulder may be Tobias's or her imagination. Her own hands also feel like somebody else's. At the very end, Wilma's hallucinatory vision is intersected with reality for the first and last time: she sees the flames in the Ambrosia Manor buildings and the little people at once:

The flames have taken over now. They're so bright. Even gazing directly, she can see them. Blended with them, flickering and soaring, are the little people, their red garments glowing from within, scarlet, orange, yellow, gold. They're swirling upward, they're so joyful! They meet and embrace, they part; it's an airy dance.

Look. Look! They're singing! (268)

Seeing simultaneously the visible reality and visual hallucinations, she is now participating in the

deadly game. The combined visions of two kinds, perceptive and hallucinatory, indicate a drastic change in the established novelistic order. The framework of the story that CBS sets, Wilma retaining perfect insight into her syndrome and distinguishing hallucinations from reality, can no longer hold itself. Without indicating the result of the game, the story ends in this climactic death-and-life moment where only the present prevails, because hallucination functions as a powerful reminder of the present, as something happening at this moment.

It is important to note the following points in particular that “Torching the Dusties” presents before starting to examine “Lusus Naturae.” First, aging, a natural biological process, can, in its progression, not only be accompanied by illness, but also regarded as a social “ill.” Wilma’s Charles Bonnet syndrome is a typical geriatric disease caused by her age-related macular degeneration, so it is proof of her longevity; the mob’s messages on the placards such as “TIMES UP” and “HURRY UP PLEASE ITS TIME” (262) refer to the aged body as a societal threat to eliminate. Second, Wilma is readily provided with modern medical treatment and technology: Dr. Prasad is in charge of her eye problem and Dr. Stitt, her dental health. Third, and most crucially, such a full medicalization of the heroine’s physiological condition indicates the contemporary definition of health and illness in highly biological and neurological terms. In a hermeneutical sense, the consequent depsychologization of illness, as Peacock argues, makes the symptoms less meaningful (Lustic and Peacock 71). This neutralization of illness can work in two opposing directions: as Lovett points out, it could potentially reduce symptoms to meaningless random accidents (Lustic and Peacock 169); or it can liberate patients from arbitrary cultural implications. Unlike “Torching the Dusties,” “Lusus Naturae” depicts how a girl is burdened with a socially defined stigma due to the lack of normalization of her abnormal body.

“Lusus Naturae” assumes an exceptional place in *Stone Mattress*: as the shortest story with only eight pages; as one of the two stories, along with “The Freeze-Dried Groom,” which employ a non-elderly protagonist; and as the only tale narrated in the first person. While the other stories experiment with the hybridization of genres such as thriller, murder mystery, Gothic romance, metafiction, sequel, etc., “Lusus Naturae” has elements of legend, folkloric tale, and ghost story with its associations with vampirism and lycanthropy. The absent proper nouns such as characters’ names and ages heighten its unrealistic tone. The setting of time and place is also unspecified; the mention of Pushkin, Byron, and Keats, and other details vaguely suggest that the events take place in the Western world after the second part of the nineteenth century. It is important to note that this backgrounded historicity actually determines the fate of the heroine, whose abnormal body is problematized and treated only socially and not clinically.

“Lusus Naturae” opens amidst the confusion of a respectable farming family caused by the nameless heroine’s physical transformation into cat, wolf, or vampire-like figure: “What could be done with me, what should be done with me?” (109). The doctor, who has been summoned from far away by the family, fearing that their usual doctor would spread rumors, mentions the

disease's name, which the young narrator-heroine and the other family members can only catch as "Ps and Rs" (110). He says that she is a "lusus naturae," or "Freak of nature" (111) in English, worth taking to the city for other doctors' inspection, and orders a diet of bread, potatoes, and chicken or cow blood as "[s]he'll want to drink blood" (110). The protagonist develops a wide range of symptoms: hearing twittering voices, having a lucid phase, mewling, growling, growing whiskers, being averse to sunlight, having nocturnal runs and roaming, as well as having yellow eyes, pink teeth, red fingernails, long dark hair on the chest and arms, and smelling of blood. In order to maintain its social status, the family decides that she should pretend to have died of an illness. First assisted by her mother, then completely by herself, she eventually secures a solitary but relatively comfortable life in her own home. During the hiding period, her appearance radically changes although the reader can only imagine it from the textual representation of symptoms and her own response on facing a mirror: "I could not see myself. I saw something, but that something was not myself: it looked nothing like the kind and pretty girl I knew myself to be, at heart" (114). Her peace is broken when she accidentally witnesses a young couple's furtive intercourse, mistakes them as being of her kind, and strongly desires to join them. Finding the young man sleeping alone after another such meeting, she kisses/bites him on the neck. His report leads to her hunting and an apparent arson attack, in the middle of which the first-person narrative ends.

The disease, "Ps and Rs," with these symptoms most likely refers to porphyria: a metabolic disorder caused by altered activities of enzymes within the heme biosynthetic pathway; the alteration in enzyme activity is usually due to an inherited mutation in the gene for that enzyme (Anderson). Soon after Hans Günther characterized the disease in 1911, doctors evoked it to account for the madness of King George III and the werewolf legends of Transylvania (Duffin 211-12). Considering that in many cultures there is little difference between vampires, werewolves, and witches (Beresford 172), porphyria's symptoms, which can easily be linked to mental diseases such as schizophrenia and bodily and behavioral change into wolf and vampire-like creatures, also seem to be accountable for what is affecting the heroine. Today, porphyrias are often classified into two types: acute and cutaneous (Bonkovsky and Maddukuri, "Overview of Porphyria"). The most common acute porphyria, acute intermittent porphyria, causes vomiting, abdominal or back pain, weakness in the arms or legs, and mental symptoms such as insomnia, agitation, tiredness, and depression. People with severe attacks are often hospitalized and treated with heme given by vein; the most common symptom, abdominal pain, can be so severe that it requires surgery (Bonkovsky and Maddukuri, "Acute Intermittent Porphyria"). Porphyria cutanea tarda, the most common cutaneous porphyria and the most common porphyria, causes skin symptoms when the skin is exposed to sunlight: chronic, recurring blisters on sun-exposed areas, sometimes with swelling, itching, or redness; hair growth on the face and other sun-exposed areas may increase. It is also the most readily treated porphyria: 6 to 10 sessions of phlebotomy, during which a pint of blood is removed, is the most

widely recommended treatment (Bonkovsky and Maddukuri, “Porphyria Cutanea Tarda”).

Even if porphyria seems to fit the heroine’s case, her problem is never clearly identified as such, and treated less as a genetic abnormality accidentally developing in an individual’s body than a shared threat to the familial and communal sustainability. The varied responses to the protagonist’s change showcase several unmedicalized approaches to the irregular body. The grandmother, the most superstitious in the family, ascribes it to someone’s curse and attempts to exorcize the “demon” by performing a ritual of praying and soaking the heroine’s head under stump water with puffballs. The father takes a more rational attitude, relating the problem to the measles the heroine had at the age of seven and consulting a doctor. The mother, somewhat religious and critical of both approaches, finds the situation “like a reproach, a judgment” (109) and bemoans, “Why did God do this to us?” (111). She disbelieves the effect of the doctor’s consultation: “Then why didn’t he give us some medicine?” (110). The protagonist’s elder sister sees it exclusively as a socio-political emergency, as something that can jeopardize her marriage prospects: “Curse or disease, it doesn’t matter”; “Either way, no one will marry me if they find out” (111). As the elder daughter’s prioritizing her own welfare as well as the mother’s use of “us” suggest, the problem of a family member is inevitably a communal one.

With the elder daughter’s emphasis on the preservation of stable family life, they give up hope of improving the protagonist’s physical condition, which is in any case incurable by the established medicine of their times, and resort to a highly social solution, faking her death. Their lack of attention to the protagonist’s pain and suffering well indicate the family’s embracement of utilitarian ideas, as the grandmother expresses: “Better one happy than both miserable” (111). The heroine experiences afflictions during the period of her otherwise peaceful solitary life: “If it weren’t for the fits, and the hours of pain, and the twittering of the voices I couldn’t understand, I might have said I was happy” (113). Her reticence about her physical pain and concomitant mental anxiety may suggest not only that her symptoms are relatively manageable and her pain, bearable, but also that she is compliant with the rules of her community and receptive to the mechanism of human psychology. Hence, young as she is, she accepts her family’s decision to socially kill her, wanting to be “helpful” (111), and releases her mother with decreasing maternal sympathy from the obligation of regular food provision: “She came and went as quickly as she could. However she tried to hide it, she resented me, of course” (113). The bribed priest performs a funeral, telling the neighbors that she has “died in a saintly manner” (112) and reassuring the heroine that she is now a kind of God’s bride: “I would stay innocent all my life, no man would want to pollute me, and then I would go straight to Heaven” (112). The neighbors do not notice her whiskers as they keep their distance from her coffin to avoid becoming infected with the disease she is said to have died of. The interpretative inversion thus makes the heroine undergo an ontological transformation as well as the physical one: she is elevated from a cursed existence to a holy virgin, and from the potential carrier of a horrible disease to a chosen being resistant to the polluting seduction of men.

The isolation of the heroine points to older attitudes toward the bodily anomaly, although to specify how old is difficult, for lack of information. Lupton states that today “[m]edical views on health, illness, disease and the body dominate public and private discussions” and there is “an increasing dependence upon medicine to provide the answers to social as well as medical problems” (vii). “*Lusus Naturae*” dramatizes the opposite of this medical solution to social problems: the diseased body is socially solved through elimination. Because the social aspect of illness is more important than its medical treatment, the characters entertain notions of respectable illness and death. Thus, the protagonist pretends to die of “a wasting illness, a fever, a delirium” (111), probably tuberculosis, which was highly romanticized in the nineteenth century. In fact, sympathetic neighbors bring eggs and cabbages for her. An early, tragic death by a romantic illness is more aestheticized than a life with disfiguring symptoms caused by some unknown disease. Ironically, being socially dead secures her a biological life and she becomes a variation on Bram Stoker’s “Un-Dead,” a creature both dead and alive.

The protagonist’s secret self-sufficient life is constructed over a period of time and later destroyed by the passage of time. To relieve her mother from regular visits and to continue to live after the only caregiver’s death, she starts leaning to be independent: “I began to explore the limits of my power” (113). She frightens any approaching stranger with her own monstrous body and ghost-like presence and obtains food by gathering and stealing. She is finally assured a life freer than when she was confined to her room, pretending first to be ill and then dead, although it is a completely asocial, animalistic life, outside societal temporality. The heroine’s relative happiness is, however, disrupted by the normal advancement of biological time: the transition from childhood to adulthood. Despite her abnormal physical evolution, her sexual development is normal enough for her to have sexual desire. Time, which realizes the heroine’s process of independence, an element of *Bildungsroman* similar to that of Frankenstein’s monster who learns the language in the wood, also facilitates her sexual maturity. What complicates the situation is that, despite normal reproductive health, she lacks knowledge of the reproductive process; no one has provided it as this has obviously been unnecessary for someone destined to live alone; her reading of Pushkin, Byron, and Keats is of no practical help. On chancing on the young couple’s furtive sexual intercourse, she wrongly sees signs of their being of her own kind:

The two of them looked furtive. I know that look—the glances over the shoulder, the stops and starts—as I was unusually furtive myself. I crouched in the brambles to watch. They clutched each other, they twined together, they fell to the ground. Mewing noises came from them, growls, little screams. Perhaps they were having fits, both of them at once. Perhaps they were—oh, at last!—beings like myself. (115)

Piatti-Farnell argues that contemporary vampire literature operates as a critique of the difficulty of adolescence in exploring how humans evolve into fully-grown, sexually mature vampires (17).

“Lusus Naturae” offers an example of a girl’s puberty combined with and complicated by her transformation into a vampiric figure in describing how her aroused desire for sexual and social intercourse with her peers ruins what she has so far built. We see here how biological time is fundamentally more powerful than a faked social timelessness. From the start, the growing and aging process has been present in the text. The grandmother’s being “whiskery” is distinguished as a natural biological development from that of the heroine: “it was natural because of her age” (109). While she is hiding, the grandmother and father die, and her pet cat grows old. The heroine’s desire for companions also reveals the difficulty of a life without the social interaction and incorporation which entail sexual activities: “What a consolation it would be to me if I, too, could join in! Through the years I had hardened myself to loneliness” (115). “Lusus Naturae” then also offers a critique of the artificially arranged asocial and atemporal life of organisms by showing how biological time eventually prevails.

In the last scene, in which people march toward her house with stakes and torches in the manner of the Our Turn campaigners in “Torching the Dusties,” the protagonist assumes multiple identities and wonders whether she will survive by claiming to be any of them. To the neighbors, who have found her coffin empty, she is a creature to immediately exterminate: vampire, werewolf, witch, monster, demon, and ghost. The mention of her standing on the rooftop also reminds the reader of Bertha Rochester, the “madwoman in the attic,” in *Jane Eyre*. The protagonist, as rational as usual, weighs the prospects of survival as a self-identified *lusus naturae*:

What can I say to them, how can I explain myself? When demons are required someone will always be found to supply the part, and whether you step forward or are pushed is all the same in the end. “I am a human being,” I could say. But what proof do I have of that? “I am a *lusus naturae*! Take me to the city! I should be studied!” No hope there. (116)

The narration of the last scene is rather vague, but it seems that the house is now on fire and she decides to die as a holy figure the priest has once evoked:

I am of a forgiving temperament, I know they have the best of intentions at heart. I’ve put on my white burial dress, my white veil, as befits a virgin. One must have a sense of occasion. The twittering voices are very loud: it’s time for me to take flight. I’ll fall from the burning rooftop like a comet, I’ll blaze like a bonfire. They’ll have to say many charms over my ashes, to make sure I’m really dead this time. After a while I’ll become an upside-down saint; my finger bones will be sold as dark relics. I’ll be a legend, by then.

Perhaps in Heaven I’ll look like an angel. Or perhaps the angels will look like me. What a surprise that will be, for everyone else! It’s something to look forward to. (116)

Despite the “twittering voices,” which may be her usual symptoms or come from the group hunting her, she maintains insight into her condition even at this critical point: she knows that she is a human being who has for some reason been experiencing the fateful transformation, but no one will accept the truth. The reader never knows how the crisis finally develops as she cannot narrate her own death.

The first-person narrative, which necessitates an open ending, is actually what maintains the protagonist’s entity throughout the narrative despite her drastic physical change as well as what makes “*Lusus Naturae*” a unique metamorphosis story. Her physical alteration and hybrid ontology do not bring identity loss. Piatti-Farnell argues that hybrids such as between vampires and werewolves and between humans and vampires pose the question of identity definitions (30). Bynum also raises the same question in her discussion of metamorphosis stories by Ovid, Marie de France, Angela Carter, and Dante. One of the three kinds of definitions of identity she introduces at the start of her discussion (although she eventually dismisses the classification), identity as individuality, seems to illuminate the case of Atwood’s protagonist. Bynum reflects on the elements and limits of this definition: “Does the emergence of depression or schizophrenia, for example, remove identity, however much it may alter personality?”; “If outer behavior and inner intentionality seem fundamentally out of synchrony, as in the case of Tourette’s syndrome, where does identity lie?” (164). In “*Lusus Naturae*,” the protagonist’s act of narrating her own story preserves and protects her identity even after she has unrecognizably changed. If her self-narration points to her lonely life with no company to tell her story, the privilege of being the sole narrator throughout the text operates as a powerful and the only device to prove her entity despite the catastrophic metamorphosis. In this sense, “*Lusus Naturae*” is a story whose novelistic order is mostly narratively maintained.

While sharing the main theme of the heroine’s disease with unfamiliar symptoms and the climactic ending with her social persecution, Atwood’s two short stories reveal a crucial historical and cultural difference which works as the most powerful facilitator of the plot development: the degree of normalization and medicalization of the disease. Wilma’s Charles Bonnet syndrome (CBS) is an identified real disease to be treated clinically. Therefore, however unique they are, her visual hallucinations are not mistaken for being connected to something supernatural, superstitious, or uncanny; hence, there is no association of Wilma with a witch or demon-like figure. The 21st century medical and technological advances strongly support Wilma’s aged body: her CBS is well taken care of, her mastication is assisted by the implants, and her reading, by the e-reader with large-sized letters. It is in fact highly advanced medical practice that has in turn realized her longevity and brought about her age-related macular degeneration as the cause of her CBS. On the other hand, in “*Lusus Naturae*,” the protagonist’s disease is only vaguely identified as porphyria and never medically treated; instead, it is socially problematized and solved through the alienation and extinction of her stigmatized body. She

must first pretend to be dead, and then really die. What decides the innocent girl's fate is the lack of normalization of her disease and its established treatment in the times in which the story is set. Social acknowledgment also determines the ways of the two women's isolation: although both of them lead a life separate from their family and community, Wilma being in a gated nursing home and the "I" in her family house in some remote area, the former retains a social life within the residence with her peers as the elderly are large in number in contemporary Canada, whereas the "I" is totally deserted with no peer-patients because there is no medical institution which would readily accommodate her. The framework of the seemingly ahistorical story depends on such a medico-historically defined condition.

Both protagonists, however, are similarly attacked at the end of the stories by those who view them as socially redundant and harmful. Even though CBS is normalized, as aging progresses, Wilma is regarded as one of the elderly who usurp and monopolize the rights and riches that the young protesters claim. The medicalization of aging and its related diseases like CBS does not provide answers to this social issue of generational inequality. In this sense, biological time, which brings aging, destroys Wilma's world, which she has become accustomed to, exactly as the shift from childhood to adulthood does what the girl has built up in "Lusus Naturae." "Torching the Dusties" and "Lusus Naturae" offer rather shocking dramatizations of how one's biological physicality can turn into a self-threatening social issue, despite the fact that the progression of time, whether growing or aging, is a precondition of any human being. Even more shockingly, both cases are ultimately only narratively resolved, not exactly socially or medically, with open endings having life-or-death moments that suspend the heroines' final fates and foreground their diseases.

Works Cited

- Anderson, Karl E. "Porphyrias: An overview." *UpToDate*. Web. 9 Nov. 2015.
- Atwood, Margaret. *Stone Mattress*. London: Bloomsbury, 2014. Print.
- Beresford, Matthew. *The White Devil: The Werewolf in European Culture*. London: Reaktion, 2013. Print.
- Bonkovsky, Herbert L., and Vinaya Maddukuri. "Acute Intermittent Porphyria." *Merck Manual*. Consumer Version. Web. 9 Nov. 2015.
- . "Overview of Porphyria." *Merck Manual*. Consumer Version. Web. 9 Nov. 2015.
- . "Porphyria Cutanea Tarda." *Merck Manual*. Consumer Version. Web. 9 Nov. 2015.
- Bynum, Caroline Walker. *Metamorphosis and Identity*. New York: Zone, 2001. Print.
- Draaisma, Douwe. *Disturbances of the Mind*. Trans. Barbara Fasting. Cambridge: Cambridge UP, 2009. Print.
- Duffin, Jacalyn. *History of Medicine: A Scandalously Short Introduction*. 2nd ed. Toronto: University of Toronto, 2010. Print.
- Dunatov, Katherine, Paul Gruosso, Joseph Miller, and Jenette Cantrell. "Learn to Provide

- Comfort and Care to CBS Patients.” *Review of Optometry* 15 Oct. (2013): 36-44. Web. 3 Sept. 2015.
- ffytche, D. H., R. J. Howard, M. J. Brammer, A. David, P. Woodruff, and S. Williams. “The Anatomy of Conscious Vision: an fMRI Study of Visual Hallucinations.” *Nature Neuroscience* 1.8 (1998): 738-42. Web. 3 Sept. 2015.
- Geueke, Anna, Michael G. Morley, Katharine Morley, Alice Lorch, MaryLou Jackson, Angeliki Lambrou, June Wenberg, and Afua Oteng-Amoako. “Anxiety and Charles Bonnet Syndrome.” *Journal of Visual Impairment & Blindness* March (2012): 145-153. Web. 3 Sept. 2015.
- Goodman, Lee-Anne. “Age, Not Gender, the New Income Divide in Canada: Report.” *Global News*. 23 Sept. 2014. Web. 3 Sept. 2015.
- Khan, Jane C., Humma Shahid, Deborah A. Thurlby, John R. W. Yates, and Anthony T. Moore. “Charles Bonnet Syndrome in Age-Related Macular Degeneration: The Nature and Frequency of Images in Subjects with End-Stage Disease.” *Ophthalmic Epidemiology* 15 (2008): 202–8. Web. 3 Sept. 2015.
- Lerario, Alberto, Andrea Ciammola, Barbara Poletti, Floriano Girotti, and Vincenzo Silani. “Charles Bonnet Syndrome: Two Case Reports and Review of the Literature.” *J Neurol* 260 (2013):1180-6. Web. 3 Sept. 2015.
- Lovett, Lisetta. “A Psychiatrist’s Opinion of the Neuronovel.” *Lustig and Peacock* 169-182.
- Lupton, Deborah. *Medicine as Culture: Illness, Disease and the Body*. 3rd ed. London: SAGE, 2012. Print.
- Lustic, T. J., and James Peacock, ed. *Diseases and Disorders in Contemporary Fiction: The Syndrome Syndrome*. New York: Routledge, 2013. Print.
- Mitchell, Margaret. *Gone with the Wind*. London: Pan, 1974 [1936]. Print.
- Peacock, James. “‘We learned to tell our story walking’: Tourette’s and Urban Space in Jonathan Lethem’s *Motherless Brooklyn*.” *Lustic and Peacock* 67-82.
- Pelak, Victoria S. “Visual release hallucinations (Charles Bonnet syndrome)” *UpToDate*. Web. 2 Sept. 2015.
- Piatti-Farnell, Lorna. *The Vampire in Contemporary Popular Literature*. New York: Routledge, 2014. Print.
- Reichert, David P., Peggy Seriès, and Amos J. Storkey. “Charles Bonnet Syndrome: Evidence for a Generative Model in the Cortex?” *PLOS Computational Biology* 9.7(2013): 1-19. Web. 2 Sept. 2015.
- Sacks, Oliver. *Hallucinations*. New York: Vintage, 2012. Print.
- Steadman’s Medical Dictionary*. 28th ed. Baltimore: Lippincott Williams & Wilkins, 2006. Print.
- Vukicevic, Meri, and Kerry Fitzmaurice. “Butterflies and Black Lacy Patterns: the Prevalence and Characteristics of Charles Bonnet Hallucinations in an Australian Population.” *Clinical and Experimental Ophthalmology* 36 (2008): 659-65. Web. 3 Sept. 2015.