

Health and Medicine in the Victorian Age: *Jekyll & Hyde* the musical

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Abstract: This contribution explores the representation of health and medicine in the Victorian novel *The Strange Case of Dr Jekyll and Mr Hyde* by Robert L. Stevenson and in the adapted musical *Jekyll & Hyde*. Starting with an investigation of 19th-Century medical practice, the paper will then shift its attention to Stevenson's portrait of Dr Henry Jekyll's character, and will conclude with a focus on the musical version, analysing both the libretto and the music of the performing art work.

Keywords: Robert L. Stevenson, *The Strange Case of Dr Jekyll and Mr Hyde*, Victorian Age, medicine, health, *Jekyll & Hyde*, musical theatre.

1. Introduction

The seventeenth-century Baconian theory, according to which scientific knowledge is power, set the basis for modern progress. However, despite this century's important breakthroughs in the fields of pathology, obstetrics and vaccination, at the beginning of the 1800s medical practice still remained at a very rudimental stage, and it was to be seen more as a scary combination of chance and quackery (Robinson 2011). Literature on the matter focusses on the transformations in the scientific, technological and medical fields, stemming from the increasing awareness of the social issues of the time concerning people's health. In the first couple of decades of the nineteenth century, England faced an astonishingly rapid development and progress. As Youngson (1979: 10) points out

Early in the century, the patient's and the doctor's words are one. It is easy to hear the patient's voice in the doctor's case report. [...] But over the course of the century this symmetry fades. Doctors begin to sound like doctors, and patients' voices disappear (1991: 99).

The negative outcome of the Industrial Revolution, the overpopulation of the cities, caused poverty and pauperism and subsequently terrifying hygienic conditions, a rapid spreading of pandemic illnesses and a higher mortality rate.

A turning point in the British history of medicine is marked by Sir Edwin Chadwick's *Report on the Sanitary Conditions of the Labouring Population of Great Britain* of 1842, which did not only outline the situation in detail, taking into account the sickening effects of delayed interments and providing statistics of the deaths from endemic, epidemic and contagious diseases, but also presented the necessity of appointing an Officer of Health, explained his functions and the jurisprudential value of such appointment (Chadwick 1842). Chadwick's *Report* resulted in the Public Health Act of 1848 which established a General Board of Health and empowered local authorities to establish local boards of health, to manage sewers and drains, wells and water supplies, gas works, refuse and sewerage systems, and slaughter houses, and to regulate offensive trades, remove 'nuisances', control cellar dwellings and houses unfit for human habitation, and provide burial grounds, recreation areas, parks, and public baths (Wohl 1984: 149).

This represented one step forward in the jurisdiction regulating Health and Medicine, and following the 1848 Act, several other acts were issued: the Compulsory Vaccination Act (1853), the Medical Act (1858), the Contagious Diseases Acts (1864, 1866 and 1869), the Repeal of Contagious Diseases Acts (1886), the Medical Act Amendment Act (1886), the Elementary Education Act (1893), the New Vaccination Acts (1898), the Midwives' Acts (1902), the National Insurance Act (1911), the Nurses Registration Act (1919) and finally the foundation of the National Health Service in 1948.¹

Nevertheless, mortality rates still differed immensely according to both diastatic and diatopic constraints. As it is noticed by Wohl (1984: 5), the more comfortable classes were guaranteed greater longevity by their "general standards of nutrition, living conditions, ability to isolate ill children, healthier occupations and working conditions". The concern with the conditions of the poor and life expectancy between various classes spread among Early Victorian reformers, whose investigations led to the production of surveys and statistics, which had a great dramatic impact on society. During the Victorian Age, the use of the "comparative statistical technique which was almost a cliché of early Victorian sanitary reform and which was designed to

¹ Carpenter's chronological outline also points out several other important facts related to health and medicine in the nineteenth century, concerning epidemics, medical schools, health professions, scientific discoveries and inventions (Carpenter 2010: xv-xvii).

play upon respectable Victorians' feelings of guilt and fear" (1984: 5) was widely spread among journalists and reformers, whose reports acquired much greater credibility when supported by numerical data "although the statistics were inaccurate and misleading" (1984: 5-6).² Despite the questionable reliability of the statistics, their abundance and the rapidity with which they spread through publications entail that research was being carried on, and the reports which stemmed from these investigations were proof that the causes of poor health conditions were being looked at in a new, more analytical and more critical way. This scientific perspective, which implies the problematisation of the observed phenomena, led to the formalisation of scientific theories³ which affected the medical practice of diagnosing, previously based solely on the patient's descriptions. The subsequent "disappearance of the patient's narrative" Fissel (1991: 92) followed the rapid pace at which medical progress developed during the century. As Fissel points out:

Early in the century, the patient's and the doctor's words are one. It is easy to hear the patient's voice in the doctor's case report. [...] But over the course of the century this symmetry fades. Doctors begin to sound like doctors, and patients' voices disappear (1991: 99).

Medical professionals in the nineteenth century were university trained⁴. The three main figures who were given institutional and legal permission to practice medicine by the State were physicians, surgeons, and apothecaries. Physicians were also called Dr and were usually Oxford or Cambridge graduates. They formed the top category and were considered gentlemen. They charged relatively high prices and belonged to the upper classes. Their education focussed more on the Humanities and the Classics, but they were poorly trained in the medical field. Surgeons

² Wohl presents an extract "from a considerably longer table in the *Lancet*", a radical medical journal founded in 1823 by surgeon and democrat Thomas Wakley, in which the average age at death is reported. The table takes into account six different districts (Rutland, Bath, Bethnal Green, Manchester and Liverpool) and three social classes (Gentry and Professional, Farmers and Tradesmen, Labourers and Artisans). What is pointed out is that although the gap might have been exaggerated by the inaccuracy of the statistic, there still remained a great difference in life expectancy between the rich and the poor.

³ Romano (2002: 93) affirms that "the events of the 1870s, the experiments, the publications, the public and private debates, transformed the rather diffuse beliefs about the causes of disease of the late 1860s into the germ theory of the 1880s. Germs were not discovered, or seen for the first time in this period. Their construction did not involve their literal manufacture, but they were the result of a process that involved the exchange of materials, ideas, and technique among researchers". As she notices, despite the lack of scientific discovery of the germs, the debates among professionals were fundamental for scientific progress and the formulation of the theory.

⁴ The practitioners' education ranged from university study in the classic Greek theory of the body as a system of humors (fluids) to a few years of apprenticeship with a local surgeon or apothecary, which might or might not have been accompanied by a few months of hospital attendance or a short course of medical lectures of perhaps both (Carpenter 2010: 4).

were mostly trained by apprenticeship and were only allowed to treat external illnesses, while internal diseases remained a prerogative of the physicians; their fees were modest, which made them adhere to the rising middle class, and they could also dispense medications. The lowest end of the spectrum is represented by apothecaries, “who were regarded as mere tradesmen because their main function was to sell medications, although they also gave advice, primarily to the lower classes” (Furst 2000: 109). These were sided by a number of other practitioners. In the first place, being the Church in the position to confer legitimacy to medical professions, the clergy was “often entrusted with the cure of bodies as well as souls” (Bynum 1994: 2). Moreover, “wise women, herbalists, good samaritans, midwives, itinerant drug peddlars, ladies of the manor, mountebanks, and quacks also dispensed advice and recommended medicines” (1994: 2). Carpenter adds to this list also people who practiced as “venereologists (specialists in venereal diseases), smallpox inoculators, itinerant oculists, traveling quacks or healers, and those who simply advertised themselves as surgeons or practitioners of «physic»”(Carpenter 2010: 4).

According to Acknerknecht, in this period there were three typologies of medicine: bedside medicine, which was popular in Western Europe from the Middle Ages to the 1700s, hospital medicine, more specifically localised in Paris between 1794 and 1848, and laboratory medicine, whose predominance increased afterwards and until modern times. The history of medicine’s failure to analyse the formal changes in the medical professions which occurred at the beginning of the century is attributed to a “reluctance of medical historians to abandon the traditional tripartite classification as a framework for the study of the medical profession in this period” (Waddington 1977: 164) in favour of a modern, professional, bipartite division which considers hospital-based consultants and general practitioners, the former category enjoying considerable advantages over the latter (Waddington 1977: 170). Moreover, medical historians have focussed mainly on what is generally referred to as hospital medicine, leaving the other two terms of Ackerknecht’s threefold distinction (Cunningham 2002) obscured. Nonetheless, the progress of nineteenth-century medicine was thoroughly affected by the experiments carried on in the laboratories, which developed from the “private chemical workrooms of the start of the century to the huge state-funded institutes of the end of the century” (2002: 4).

The role of the laboratory acquired increasing importance during the nineteenth century all over the world, leading to a real revolution in the way of making medicine, in its professionals, its institutions and the places where it was practiced.

2. Literary doctors: beyond health professions

Posen's four-volume series *The Doctor in Literature* (2005, 2006, 2010, 2013) brings together "a total of some 1500 extracts from approximately 600 works of fiction where medical doctors appear as major or minor characters" (Posen 2010: 1) and underlines the recurrence of medical issues in literature. Medical themes as well as medical and paramedical figures, whether real or fictional, have been populating the performing arts in the broadest sense, appearing in all genres, such as prose, poetry, drama, films, musicals, video games, TV series, music, painting, photography and sculpture. Moreover, there is a real and increasing interest in the doctor as a person. The doctors' institutional role, played within the walls of the medical τόπος, is abandoned in their private lives, where they reacquire the humanity of the self. In the second volume of his series Posen writes that

fictional literature, from works by Nobel laureates to doctor-nurse romances, reflects this extraordinary interest in the doctor's private life. Multiple novels, short stories, plays and poems discuss doctor's families, their relationships with their colleagues, their attitudes towards religion and politics and their lack of attention to their own health (2006: 2).

The literary depiction of the medical theme is therefore fundamental, because it "reveals more fully than history the social realities in the dilemmas that physicians and patients alike" (Furst 2000: xi) have to face.

As it has been illustrated, the development of medicine in the nineteenth century is to be seen as a great march of scientific progress, which caused different responses. Such variety of reactions, which went "from enthusiastic embrace of the new to doubts, falterings, skepticism, and downright rejection" (2000: xi), are investigated and disclosed by the literature of the period, thus proving the centrality of these themes and highlighting the opposing reactions regulating the dialogue between science and literature.⁵ Literature welcomes medicine in the Victorian period

⁵ The variety of literary representations depends on the persistency of the medical theme in literature and, because of the incredible amount of works, it is necessary to set criteria according to which a selection is made. Posen, for example, states such criteria at the beginning of each volume, making the reader aware that despite their literary merit, some works may have been left out. "Works not available in English are, with few exceptions, not included. Medical clowns such as those portrayed in Elizabethan plays are not discussed. Medical murderers, deliberate inducers of diseases, salespersons of organs for transplantation and other sinister characters such as appear in clinical conspiracy novels, are also omitted from this series, even when the perpetrators have a licence to practice. [...] Autobiographical material has generally been avoided though some exceptions were made for pertinent material" (Posen 2010: 3).

more than ever before with a varying relevance gradient within its vast production. The medical theme may or may not be at the centre of the narrative, but it provides the reader with information about the medical history of that age.

George Eliot's *Middlemarch*, for example, portrays the clash between two juxtaposed reactions to medical progress: the conservative one and the innovative one: the former personified by the inhabitants of Middlemarch and the latter by the character of Dr. Tertius Lydgate. The perception of Lydgate's innovativeness in Middlemarch is skeptical; however, despite the general disapproval raised among his peers, mostly jealous of his success, Eliot's portrait of this character as a loyal professional⁶ earns him some followers as well.

Another type of Victorian doctor is presented by Trollope in his *Doctor Thorne* (1858). Trollope's sensitiveness to the social issues of the time leads him to analysing Thorne's profession in relation to his status in the hierarchical social system more than his actual medical practice. Thorne's distant connection to an aristocratic family indeed gives him some social prestige, yet the connection is too distant "to enable him to command respect automatically by virtue of his "station" in the class hierarchy" (Furst 2000: 40). Despite this, Dr. Thorne is considered a very good physician, as he "fulfilled the traditional function of being a "confidential friend".⁷ Trollope's attention to social issues enhances his work with a realistic portrayal of a society whose judgement was solely based on social status and where doctors "were assessed by their manners, bearing, and appearance rather than their actual professional expertise" (2000: 40).

3. Dr Henry Jekyll

The Strange Case of Dr Jekyll and Mr Hyde is another Victorian novel which portrays the public and private life of a doctor. Despite the non-centrality of the medical theme to the development of the plot, the references to the medical world are several. Henry Jekyll's medical qualifications, in fact, "serve as plot devices but do not lead to any recognizable clinical activities" (Posen 2010: 3), however, the novel "has medico-historical implications too [...]; it represents an oblique commentary on the public apprehension of the research laboratory in the later nineteenth

⁶ As Furst notices "Lydgate's excellent knowledge of medicine at first brings him repeated success, above all in making the right diagnosis", and in his dealing with Fred Vincy's case of typhoid fever he shows his loyalty to Vincy's former surgeon, Wrench, by meeting with him "to discuss the case so as not to be seen as stealing patients from others" (Furst 2000: 110).

⁷ Furst uses Worthington Hooker's phrase, coined in his 1849 treatise *Physician and Patients* in which he described the ideal relationship between a doctor and his patients (Furst 2000: 41).

century” (Furst 2000: 138). Stevenson’s attachment to medicine is to be considered a necessity more than a mere interest, in fact the relationship between the author and the medical theme is intrinsic in his own life, marked by a failing health, and ended by a cerebral hemorrhage.⁸

Henry Jekyll is an eminent physician whose titles are explicitly listed: M.D., Doctor of Medicine, D.C.L., Doctor of Civil Law, LL.D., Doctor of Law, F.R.S., Fellow of the Royal Society (Stevenson 2001: 21).⁹ This character is purposely depicted as a figure between a professional medical practitioner and a mad scientist (Fiorato 2013: 99-121). Such position is made more borderline by the perpetration of his purposes in a laboratory, which, on the one hand, is the place where the doctor’s scientific research is carried on, but on the other remains forbidden to any individual besides the doctor and his alter ego. In virtue of that very inaccessibility all the activity that goes on behind its doors is unknown, and therefore looked at with suspicion. It raises interest in the others, who are at the same time scared, repelled and attracted by its secrecy. When Mr Utterson was received in the doctor’s laboratory “he eyed the dingy, windowless structure with curiosity, and gazed round with distasteful sense of strangeness” (*JH*, 76). From the outside, Jekyll’s experiments are “macabre, grotesque, and morally repugnant” (Millhauser 1973: 296).

The permeation of the scientific and medical themes throughout the novel is emphasised by the discursive style Stevenson utilises for his medical characters: Dr Jekyll and Dr Lanyon. Jekyll presents his research scientifically in the statement of his own case, starting from his observations:

I was no more myself when I laid aside restraint and plunged in shame, than when I laboured, in the eye of day, at the furtherance of knowledge or the relief of sorrow and suffering. And it chanced that the direction of my scientific studies, which led wholly toward the mystic and the transcendental, re-acted and shed a strong light on this consciousness of the perennial war among my members. With every day, and from both sides of my intelligence, the moral and the intellectual (*JH*, 76).

⁸ Stevenson’s health, described in biographies as “poor”, “ill”, “miserable”, “failing” or “bad”, was the cause of his restless existence forced to a “frequent journeying between the Adirondacks, California and the South Seas in search of a climate that suited his failing health” (Jones 2003: 56).

⁹ All quotations from Stevenson’s book will from this point on be noted in parenthesis with the page number preceded by the abbreviation *JH*.

He then states his thesis: “I thus drew steadily nearer to that truth, by whose partial discovery I have been doomed to such a dreadful shipwreck: that man is not truly one, but truly two” (*JH*, 76), and the description of the procedure of the experiments:

I had long since prepared my tincture; I purchased at once, from a firm of wholesale chemists, a large quantity of a particular salt which I knew, from my experiments, to be the last ingredient required; and late one accursed night, I compounded the elements, watched them boil and smoke together in the glass, and when the ebullition had subsided, with a strong glow of courage, drank off the potion (*JH*, 77).

This is followed by the observation of the effects from the assumption of the drug, both physical and mental:

The most racking pangs succeeded: a grinding in the bones, deadly nausea, and a horror of the spirit that cannot be exceeded at the hour of birth or death. Then these agonies began swiftly to subside, and I came to myself as if out of a great sickness. There was something strange in my sensations, something indescribably new and, from its very novelty, incredibly sweet. I felt younger, lighter, happier in body; within I was conscious of a heady recklessness, a current of disordered sensual images running like a mill-race in my fancy, a solution of the bonds of obligation, an unknown but not an innocent freedom of the soul. I knew myself, at the first breath of this new life, to be more wicked, tenfold more wicked, sold a slave to my original evil; and the thought, in that moment, braced and delighted me like wine. I stretched out my hands, exulting in the freshness of these sensations; and in the act, I was suddenly aware that I had lost in stature (*JH*, 78).

Everything is kept track of in a very rational and scientific way, according to a methodological procedure that had long proved infallible. Jekyll is aware that his results are not conclusive and admits that this is only the point he has reached in his life: “The state of my own knowledge does not pass beyond that point. Others will follow, others will outstrip me on the same lines. [...] my narrative will make, alas! too evident, [that] my discoveries were incomplete” (*JH*, 76,79). Jekyll’s experiments aim at separating the two natures that he feels are struggling to coexist within his self, as he realises that “man is not truly one but truly two” (*JH*, 76). Instead of compounding a drug that is capable of controlling and shaking “the very fortress of identity” (*JH*, 54) and separate his two natures, he comes to embody “a kind of inverted Prometheanism”, as he creates “not life from death, but a new evil life from an old good one; [...] so Hyde is Jekyll yet is himself” (Millhauser 1973: 296).

Despite being the same self, Henry Jekyll and Edward Hyde do not share the same physical appearance, as Dr Jekyll notices: “I now had two characters as well as two appearances” (*JH*, 80).

He feels “younger, lighter, happier in body” (*JH*, 80) and has lost in stature: he is smaller and slighter. He “became, in [his] own person, a creature eaten up and emptied by fever” his body seems “not strong enough to contain the raging energies of life. The powers of Hyde seem[ed] to have grown with the sickliness of Jekyll” (*JH*, 92). Because of the tautological relationship established between the two terms of the identity, Jekyll is aware that by killing himself he will also kill Hyde, but is reluctant to do so because he is fascinated with Hyde’s love for life. Still, in the end he must surrender to his alter ego and allows him to take complete possession of his corporal identity:

Will Hyde die upon the scaffold? or will he find courage to release himself at the last moment? God knows; I am careless; this is my true hour of death, and what is to follow concerns another than myself. Here then, as I lay down the pen and proceed to seal up my confession, I bring the life of that unhappy Henry Jekyll to an end (*JH*, 94).

Quite an opposite view of medicine is personified in the novel by the character of Dr Lanyon, who despite being Jekyll’s same age “stands forth as the patriarch when he speaks for medical orthodoxy in denouncing Jekyll’s deviation into pharmacological experimentation” (Veeder 2005: 127). The doctors’ opinions about each other explain the resentment they feel towards each other’s activity. In Lanyon’s words Jekyll is “too fanciful” (*JH*, 23) and “began to go wrong, wrong in mind” (*JH*, 23), and Jekyll describes Lanyon as “a hide-bound pedant [...], an ignorant blatant pedant” (*JH*, 31). Nevertheless, Jekyll’s resumption of his former existence, which starts after Carew’s murder, involves a return to Lanyon and therefore to clinical medicine, which can be seen as a readjustment of Jekyll’s double alienation: on the one hand his “personal estrangement” (Veeder 2005: 128) from Lanyon, and on the other his “professional disengagement from orthodox medicine” (2005: 128). Jekyll considers orthodox medical practice as a way to sanity, however, he is the cause for its end, because he, as Hyde, kills Lanyon. Hyde’s words to Lanyon betray Jekyll’s secret identity, for he tells him

you remember your vows: what follows is under the seal of *our* profession. And now, you who have so long been bound to the most narrow and material views, you who have denied the virtue of transcendental medicine, you who have derided your superiors – behold! (*JH*, 73, emphasis added).

The possessive adjective “our” is Jekyll’s voice through Hyde’s body, because there is no such professional sharing between Hyde and Lanyon, for Hyde is not a doctor and therefore “there is

no reason for Hyde to care about either Lanyon's «material views» or Jekyll's «transcendental medicine» (Veeder 2005: 128). However, behind Hyde's rebellion against repressive authority, there lies Jekyll's personal rebellion against an institution he no longer belonged to.

4. The representation of medicine in the musical *Jekyll & Hyde*

Wildhorn and Bricusse's revisiting of Stevenson's story highlights some aspects that remain more marginal in the novel. The musical is much more concerned with Jekyll's own feelings towards his research and the controversial dichotomy which stems from the effects that the love for his job has on his love for Emma Carew,¹⁰ a character who does not appear in the book. *Jekyll & Hyde* presents four scenes where Jekyll is seen as a doctor, either practising his profession, fighting for his cause or conducting experiments in the laboratory. These are the prologue, the meeting with the Board of Governors at St. Jude's hospital, the experiment before the transformation in the laboratory and the meeting with Miss Lucy Harris in his own house.

The show opens with a prologue recited by Mr Utterson and Sir Danvers Carew in front of a see-through curtain behind which the scene is set in a hospital: Dr Henry Jekyll is attending a patient lying on a bed, whom the audience will later discover to be Jekyll's father, while a nurse, standing at the side of the bed, is holding a basin with water. During Carew's monologue, which introduces the character of Dr Jekyll as a "brilliant young scientist", the see-through curtain goes up and Carew, Utterson and the audience join Jekyll in the hospital. The dialogue between Jekyll and Carew introduces Jekyll's theories and their reception among his peers:

JEKYLL: I know there's a means to reintegrate mind and emotion.
There must be.
CAREW: Your colleagues tell me your theories are infinitely more
dangerous than he [his father] is. They say you're
trespassing on hallowed ground when you experiment with
the human mind.

¹⁰ Wildhorn and Bricusse's adaptation introduces two female characters: Emma Carew, Jekyll's fiancée, and Lucy Harris, a prostitute. This does not represent an innovation, in fact already in 1887 Sullivan's dramatisation, as well as Irving's (1910) "elaborated the original tale heavily in accordance with the taste of the times, and both introduced a feminine character" (Gänzl 2001: 1017-18). Stage adaptations between 1887 and 2010 are over a hundred, divided in 80 stage plays, 12 musicals, 8 ballets, 7 radio dramatisations and 2 operas. See <http://www.robert-louis-stevenson.org/richard-dury-archive/derivative-works-stage-jekyll-and-hyde.html> (last accessed on 30/04/15).

JEKYLL: My colleagues are cowards, afraid of what they don't understand. [...] I'm at the point of perfecting a formula, a combination of rare drugs.

Carew's voice is the voice of medical orthodoxy, with which Jekyll strongly disagrees. He believes that his pharmaceutical research will allow him to find the cure to save his father. Carew appreciates Jekyll's strong belief in science, but poses a moral concern:

CAREW: I admire your tenacity, Henry, but I question your philosophy. Do you seriously believe your drugs will change what God has set in motion?

The first song Jekyll sings is "Lost in the Darkness", a short ballad, which is Jekyll's I-want song.¹¹ The song focusses on Jekyll himself, exerting a strong emotive function; Henry Jekyll sings about his own *I*, and in fact, the syllable with which each of the two stanzas end is /ai/: night-light, by-die, with assonances throughout the whole song in the words "I" and "find" in the sentence "I will find the answer" which summarises the I-want concept of the song, and on which an E, the highest note of the ballad, is hit.

In the changed plot of the musical, Jekyll wants to be given the chance to experiment his formula onto a human being suffering from illness. He makes this request to the Board of Governors of St. Jude's Hospital, presided by Sir Danvers Carew who, being Jekyll's future father in law, agrees on giving him the chance to submit his request in front of the Board. The characters of the Board are representative of aristocracy and institutional structures such as the Army, the Church, and the Law, they are introduced by Mr Simon Stride, "the Honorary Secretary respectfully recording the order of business" and Emma Carew's ex-boyfriend, therefore rival to Jekyll for more strictly personal reasons.

STRIDE: The Board of Governors of St. Jude's Hospital is now met. Sir Danvers Carew presiding. Also in attendance His Grace, the Bishop of Basingstoke, the right Honourable Sir Archibald Proops, Lord Savage, Lady Beaconsfield and General Lord Glossop.

¹¹ The Broadway version differs from the London version in which Jekyll sang *I Need to Know*, a longer, more proper I-want song, where he explained the purpose of his research more thoroughly. For a full text of the song see Wildhorn, Bricusse 1998.

The audience learns from Mr Carew that Jekyll's request had been "previously submitted in writing". The board is therefore aware of what the doctor is about to ask, and this raises general discontent among the Governors who soon start their loud opposition. They are interrupted by Carew, who allows Jekyll to speak for his own case. Jekyll is standing behind a podium with his notes in his hand, stage left and the Board are opposite him on the right. Stride too is on the right, sitting and typing the minutes of the meeting. Carew is the only character moving from one side to the other, representing with his wandering around the stage his uncertain and contrasting feelings towards Jekyll's request. He would like to support the doctor, yet he is limited by his institutional role. Jekyll explains his theory, supported by experiments held in his laboratory:

JEKYLL: Distinguished Governors, in each of us reside two separate natures, two distinct personalities. One dark, one light, one good, one evil. Now, it is the curse of mankind that these two extremes should be constantly at war. It is clear to me now that we have the power to divide this primitive duality of man into its separate components. To isolate what is functional from what is dysfunctional and to control these elements forever. My experiments with various animals have convinced me that this separation, the behavioural control of which I speak is more than theoretical. It is achievable! I must now be permitted to test my formula and my theory on a human subject.

The underscoring, the music which accompanies Jekyll's monologue, is a variation on the theme of *Lost in the Darkness*, because Jekyll's monologue is in fact the continuation of his I-want song. The music changes mood when Jekyll is interrupted by the lines of the outraged Governors

BISHOP: What? A human soul?
PROOPS: What?
L. BEAC.: What? To be prodded and tested like a laboratory rat?

Jekyll's request of "a man whom society has already abandoned as hopeless" declares how during the Victorian Age many ill people were left alone and treated as lesser creatures. Jekyll explains this with the opening line of the song *Board of Governors* which continues the scene.

JEKYLL: There are too many souls in a thousand asylums
Left there to rot for the lack of a plan
In the name of compassion and medical science
I can save many lives if you give me one man.

The undignified Governors' responses to the doctor represent respectability, the Church, the Law, and Ethics:

BISHOP: I'll tell you now, the Church will never sanction it.
ALL GOV.: Sacrilege, lunacy,
blasphemy, heresy.
PROOPS: Beware sir you're treading on dangerous ground
In legal terms I'd say extremely unsound
BISHOP: Your lack of humility strikes me as odd
What makes you think you have the right to play God?
STRIDE: The Bishop speaks for all of us
when he says you're playing God
There's such a thing as ethics
over which you ride roughshod.
You're a doctor, not our saviour,
Doctor Jekyll for a start,
But I judge from your behaviour,
you can't tell the two apart.
JEKYLL: Dear Mr Stride I'm simply a scientist,
I have a code to which I remain true
I don't presume to the stature of moralist
I leave pretensions like that, sir, to you.

This dialogue is representative of the conflicts raised when new medical theories clashed with the pre-existing and established authoritarian system, the old against the new. The tempo of the music changes from 6/8 to 12/8 when Jekyll replies to Stride, indicating that the discussion becomes increasingly anxious. A sudden and more drastic tempo change occurs when Jekyll begs the Board to allow him to have a man. The tempo goes from the hectic 12/8 to a square 4/4, indicating a radical change. Jekyll leaves the quarrel to return to his original purpose, and speaks to Carew intimately: "I know my fate is yours to choose / but if they win the world will lose / when I am on the threshold of success". He then turns to the Governors again, "I beg you Governors, you must say «Yes»". The tempo changes back to 6/8 and then to 12/8 when Lady Beaconsfield joins in with the line "Doctor Jekyll enough of your ranting, sir. / This is a hospital here to save lives", which takes the dialogue back to its previous quarrelling mood. The plurality of voices, tones and moods is also represented by the two key changes in the song, from D minor, to A minor, back to D minor again. The underscoring is never an ornament, but a fundamental and functional story-telling element which enables the audience to understand better the characters' feelings, because the "omniscient orchestra knows what is in the minds of the

characters even before the characters do” (McMillin 2006: 130). The scene ends with the Governors’ verdict which leaves Jekyll’s proposal rejected:

CAREW: Distinguished Governors, your verdict please
All those in favour say “aye”
All those opposed “nay”
ALL GOV.: Nay, Nay, Nay, Nay
Positively, absolutely
Nay!

The tempo change between Carew’s line, sung in 4/4 to the Governors’ final “Nay” in 3/4 stresses again their different attitudes towards Dr Jekyll.

Jekyll’s professional activity is represented in the show in the long and emblematic scene which precedes his first transformation into Hyde. While the scene at St. Jude’s hospital depicts society’s reaction to medical innovations, this scene explains Jekyll’s experiment and its procedure in detail. The scene opens in Jekyll’s living-room where he is left alone after Poole, the butler, has been dismissed. Jekyll’s thoughts lead him to the decision that he must be the human on whom to conduct the experiment.

After Jekyll’s reflection “Outside Jekyll’s Lab”, a chord introduces Jekyll’s I-am song “This is the Moment”, in which he states his decision to “leave all [his] doubts and demons on their way” and to continue with his plan. The song is a typical melodic ballad composed of two stanzas, a refrain, a bridge and the repetition of the refrain. The semitone rise in the key change from E major to F major indicates an ascension, as if Jekyll was being “carried away by passion”,¹² and in fact it is exactly on the key change that the actor takes off his jacket, as if it were society’s constraints from which he must set himself free. The number culminates in the final four-bar-long F on the word “all”, which is one of *Jekyll & Hyde*’s most famous show stoppers.

At this point, the semiotic capabilities of both the artistic and technical elements of the show combine in order to convey to the audience the most complete meaning of what is being represented on stage. During “This is the Moment”, Broadway’s sets move to transform the living-room into the laboratory. First the chairs, the chaise longue and the desk in Jekyll’s living-

¹² This expression is used by McMillin to describe Tony and Maria performing the song *Tonight*, from the musical *West Side Story*. Despite the lack of the love theme, it is possible to state that a rise in key generally indicates a rise in the singer’s personal involvement with the song (McMillin 2006: 56-57).

room move to the sides, then the backdrop depicting the wall with the fireplace and a picture hanging above it rises, giving the audience the impression that the stage is taking Jekyll to a lower lever, which is where the laboratory is. A table with candles and flasks, beakers and bottles moves upstage while a backdrop with shelves, cabinets and jugs is lowered. The light design is conceived so as to leave the actor and the table visible although creating a semidarkness all around, which gives the idea of a room where the lights are usually dimmed and the atmosphere is dark, in order for the audience to feel a “distasteful sense of strangeness”¹³ (*JH*, 39) and unease.

Jekyll starts the experiments singing “I must be wise / I must try to analyse each change in me / everything I see. / How will it be? / Will I see the world through different eyes?”. The rhyming syllable /aiz/ of the words wise-analyse-eyes, contains the word *Is*, as if the lyrics of the song were anticipating what is about to happen, that is to say the liberation of the second *I* from Jekyll’s inner self. Then, after rolling up his sleeve, he pours water onto it, dries it off with a towel and prepares to inject the drug directly into his veins, incongruently with Stevenson’s book, where the potion is drunk. He ties a ribbon around his arm as a tourniquet and then injects the potion. He takes his journal and writes down everything he notices, starting from sense-related observations:

JEKYLL: Salty, bitter taste, stings the gums. Warm in the gullet. A prickling heat spreading strongly through my veins. A light headedness, a light feeling of euphoria. (Laughter). No noticeable behavioural difference.

This final line raises general laughter in the audience. Jekyll continues his reflection singing

JEKYLL: Now the die is cast, nothing left to lose
Time alone will prove my theories through,
I’ll show the world.

The singing is abruptly interrupted by Jekyll’s recited line “Oh, dear God! Oh, God!” accompanied by a sudden change in the music. From the five 4/4 bars we abruptly go into a 5/4 bar which introduces the 12/8 bars of the second part of the song. These frequent changes in tempo emphasise the sense of instability of the transformation, which in fact goes back to a stable 4/4 in the song “Alive”, when the transformation is complete.

¹³ Jekyll’s laboratory in Stevenson’s novel is a “windowless” room, therefore dark.

The only other significant scene where medical practice is represented is when Miss Lucy Harris goes to Dr Jekyll's house after being harmed by a man. Jekyll receives her in his living room, draws a wheeled table with a basin and a jug of water closer to him and washes his hands before touching the girl's injured shoulder. He cures her by tapping her wound with cotton, probably soaked in some disinfecting liquid. Lucy confesses that she was harmed by a man named Edward Hyde. The liquid is stinging on Lucy's shoulder and she lets out a gasp of pain, to which Jekyll replies with "I'm sorry. I am so sorry." While the first apology is for the pain caused by his medication, the second, recited more intimately and in a lower tone is on behalf of his alter ego. While Jekyll medicates her, Lucy sings *Sympathy, Tenderness*:

LUCY: Sympathy, tenderness, warm as the summer,
 offer me their embrace.
 Friendliness, gentleness, strangers to my life,
 they are there in his face.
 Goodness and sweetness and kindness
 abound in this place.
 I am in love with the things that I see in his face.
 It's a memory I know time will never erase.

This 3/4 ballad in B minor externalises Lucy's feelings for Henry Jekyll. The girl's upset state of mind is given by two concurrent factors: the minor mood of the melody, which moves insidiously between the semitones, and the *ostinato*¹⁴ rhythmic of the accompaniment, which gives the listener a sense of anxiety, almost as if Lucy's nervous heart-beat was marking the tempo of her sung thoughts.

¹⁴ *Ostinato* is an Italian term used in music to define "a persistent musical phrase or rhythm" (Kennedy 2004: 537). In this case, the rhythmic pattern composed by 6 quavers is repeated persistently for thirty-seven bars out of forty-three. Exceptions are bars 21, 27, 31, 38, 39 and bar 43, which is the last one and therefore presents the conclusive chord. See Exc. 1 and Exc. 2.

The image shows a musical score for a piece titled "Vamp". It consists of three staves. The top staff is the vocal line, starting with a "Vamp" section (measures 1-2) and then a section for "(LUCY)" (measures 3-4). The lyrics are "Sym - pa - thy, ten - der - ness, warm as the". The middle staff is the right-hand piano accompaniment, and the bottom staff is the left-hand piano accompaniment, labeled "(Kbd 1)". The key signature is one sharp (F#) and the time signature is 3/4.

Exc. 1

The image shows a musical score for a piece titled "Exc. 2". It consists of two staves. The top staff is for the Cello, labeled "(Cello)", and the bottom staff is for the piano accompaniment. The score is numbered from 37 to 43. The key signature is one sharp (F#) and the time signature is 3/4.

Exc. 2

The medication is not the focus of the scene, where the romantic theme sets in, leading, after a kiss between the two characters, to another show-stopping number. "Someone Like You", Lucy's I-want song, which has a very different taste from "Sympathy", and which represents the expression of hope that has now been lit in Lucy's heart. The stemming of such positive feeling is marked by the key change from B minor to F major, with a chord that allows Lucy to sing the first line of the ballad.

Besides the intimacy created by the lyricism of the romantic moment, some common medical practices of the Victorian Age are staged during this scene. Firstly, the reception of patients in the doctor's private house, and although Lucy is an unexpected guest and not a patient, she knows Jekyll is a doctor because he gave her his card, and she goes to him for that

specific reason. Secondly, it shows some of the instruments used at the time in the medical profession, such as the wheeled table, the jug, the basin, cotton, the disinfecting tincture, as well as the attention to hygiene before touching the patient, which distinguishes Dr Jekyll as a physician who was used to dealing with upper-class people.

5. Conclusions

The musical theatre's dramatisation emphasises the juxtaposition between medical orthodoxy and advancing experimentalism in the Victorian period, thus shaping Jekyll as an overreacher whose ideals clash with the restrictedness of the moral and ethical tenets of the period. In the prologue, Sir Danvers Carew describes Henry Jekyll as "a seeker of truth", but it must be noticed that the protagonist of Wildhorn's musical is not only the representation of Victorian's faith in medical progress through experimentalism, but also the personification of a more recent discourse on human rights whose popularity increased to peak in the 1990s when the musical was written and produced.

In the first scene, Jekyll asks Utterson whether it is right to abandon his ill father to his fate and thus "treat him like an animal". Jekyll sustains that despite being unconscious, on the point of death and terminally ill, his father "is a man [...] and] he has emotional responses as sensitive as any of ours". This poses the question of the lesser being, and explores *if* and *to what extent* psycho-physical impairment defines humanness. Although the causes of Jekyll's father's condition are not explained in the musical, it is clear that he is not a man of sound mind and memory. Jekyll's diagnosis is that his father's "mind, the memory which allows him to express those emotions, rebels now and refuses to serve him" and at the same time he claims that "there's a means to reintegrate mind and emotion". This reintegration is seen as the ground for humanness, which is medically based on the restoration of the functionality of whatever is seen as a dysfunction.

When Jekyll faces the board of Governors at Saint Jude's, which can be seen as an *ante-litteram* bioethical committee, he specifically asks for a "man whom society has already abandoned". The Governors are disgusted and outraged at the idea that "a human *soul*" is to be "tested like a laboratory rat". The Board, which Carew later defines as the "established authority" is antagonised by Jekyll's experimental proposal which represents an attempt to deconstruct the

Cartesian *cogito*, to which the members of the Board firmly adhere. Jekyll's request of a "volunteer" is ironised upon by one of the members of the board whose sarcasm in the comment "a volunteer mental patient, very good" underlines the Victorian belief that people in such situation were incapable of deciding for their own self. Jekyll's view in the musical reflects the postmodern approach to these issues, when he refers to the board as "not the established authority, but merely the established prejudice", thus deconstructing the Victorian ideal that ethical, medical and scientific *auctoritas* was to be determined by social class. This intertwines deeply with the discourse of the de-humanisation of the different, since the process of dehumanisation "embodies the elimination of the victims, but [...] also orchestrates the cancellation of the social memory of these victims" (Carpi 2005: 101).

Jekyll can find no "volunteer mental patient" on whom to test his drugs other than himself, and by rendering his own body the theatre of his experiments, he literally embodies the duality that is immanent in the concept of the *pharmakon* that is simultaneously poison and healer. As the *pharmakon* cannot be reduced to the series of oppositional concepts that it precedes and produces (Derrida 2004: 100), so the body and voice of the actor cannot be separated from the two characters – but truly one character – that he personifies. It is only through the musical that such dualisation is made possible, where the music and the lyrics merge with the actor's voice and body in order to specifically give a new voice to Stevenson's character's complex and articulated corporeal duality.

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