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Editorial

Welcome to the latest edition of the Journal of Vampirology. This issue witnesses the resumption of my "Epidemiology of Human Vampirism" series with articles on allergies and pernicious anemia. Supplementary features on porphyria and the plague, originally scheduled for this issue, will appear next time.

Readers will note I take a rather disparaging view towards the medical theories under discussion. I suspect that those who propose such theories have derived much of their (mis)information concerning the vampire legend in a manner similar to that of most persons, that is, from popular fiction and horror films, not the most accurate of sources. Dr. McDevitt's proposal that Vlad Tepes was an allergy sufferer is a typical case in point. Not only does he make several historical errors of presumption, but he consistently confuses the Wallachian prince with Stoker's fabled Count. Even his reading of Dracula proves faulty. Hopefully, in the future, such individuals will devote as much time in researching the vampire legend as they do their professional pursuits and thus make their proposals more credible.

I failed to mention last issue that the article on the extraterrestrial origins of vampirism was not the final words on the subject. In a subsequent issue of the Journal I hope to discuss vampirism within the context of Joseph Campbell's classic novella, "Who Goes There?" (more commonly known under its film title, "The Thing"), as well as address the intriguing possibility that vampires are in some way associated with the mysterious Men in Black of UFOology note.

For all you Ripperologists out there, I strongly recommend Dennis Passero's excellent article on Jack the Ripper which appeared in issue #15 of the Conspiracy Tracker. Single copies are \$2.25 each, or six issues for \$12.90. Write in care of Conspiracy Tracker, P.O. Box 596, Paterson, NJ 07524. I'd also like to extend my condolences to Dennis, the newsletter's presiding editor, at the recent loss of his mother.

I'd like to extend my profuse apologies to Rebecca White whose last name was inadvertently spelled "West" in the previous issue of the Journal. Not only is Ms. White helpful in keeping me abreast of nefarious doings abroad, but she is an accomplished fantasy illustrator in her own right. Perhaps someday her artwork will grace some future issue of the Journal.

Pending Journal articles include: "Vampirism and the Black Arts"; "John George Haigh: Hemocidal Maniac or Pathological Liar?"; "Vampires, Viscera Suckers and Cattle Mutilations"; "Do Vampires Have Bowel Movements?"; and "On the Gaseous Elements of Vampirism and the Problem of Spontaneous Human Combustion." I trust such a provocative line-up of articles will be sufficient to compensate for any lengthy delays that might occur from one issue to next.

See you next time.

The Epidemiology of Human Vampirism: Allergies

In 1982 Dr. Thomas McDevitt, an allergy specialist, suggested the possibility that Vlad Tepes, the 15th century Wallachian prince on whom Bram Stoker based his fictitious Count Dracula, was an allergy sufferer. (1) Basing his theory on the assumption that some people develop an addiction to substances which at the same time aggravate their symptoms, much in the same manner as an alcoholic craves liquor or a cigarette smoker tobacco, Dr. McDevitt claims that Vlad may have been allergic to certain protein-rich foods, including blood, yet perversely craved such substances at the same time. (2) Therefore he "probably did drink blood, both human and animal." When deprived of blood Vlad may have acted in "a bizarre and greatly agitated manner," compelling him to commit those sadistic acts of violence -- for instance, during his Bulgarian campaign, Vlad impaled over 25,000 persons -- so characteristic of his turbulent life. According to the OMNI account, "portraits of Vlad show a man with all the characteristics of an allergy victim -- a sallow, pallid complexion, dark circles under the eyes, and even swollen cheeks. Bram Stoker's description of Dracula, with his nostrils flared and teeth bared, McDevitt adds, might simply be a picture of a person trying to breathe through a stuffy nose." (3) The allergist further contends that "people with strong allergies often sleep for long stretches at a time without being rested, which may have given rise to the author's [Stoker's] contention that Dracula slept during the day and roamed the countryside at night in search of human blood." (4) Discerning an additional parallel to the preceding, Dr. McDevitt adds that Vlad "probably slept in a moldy environment, similar to the crypts that served as Dracula's place of rest in Stoker's novel." (5) Attempting to place Vlad's allergy within a larger historical perspective, the allergist cites the example of Attila the Hun who, he claims, was an ancestor of the Wallachian prince: "He [Attila] had frequent bloody noses and only used wooden plates and drinking vessels -- never metal -- which would suggest an allergy." (6)

Although I don't doubt that Vlad derived immense pleasure out of shedding blood, there is absolutely no evidence the Transylvanian-born nobleman, for all his heinous crimes, ever drank the blood of either humans or animals. Medieval chroniclers, who so meticulously catalogued the Wallachian prince's many acts of violence, are strangely silent in this matter. One might reasonably assume that if Vlad actually indulged himself in hemophilistic practices contemporary chroniclers, who showed little compunction in imputing imaginary as well as actual crimes to his name, would not have hesitated to mention this singular form of behavior. Granted, Vlad might have kept his blood consumption a carefully guarded secret. Yet, by comparison, this did not prevent the homicidal practices of Gilles de Rais before him and Countess Erzebet Bathory after him from becoming public knowledge in time, despite both their concerted efforts at concealment.

The inference that Vlad's portraits appear to depict a chronic allergy sufferer is of little import. It could be that Vlad was tubercular, not an uncommon disease in his day or, more likely, such artistic renditions simply reflect a state of physical exhaustion on his part. After all, Vlad was a tireless campaigner against the marauding Turks and, in addition, was involved in quelling one local uprising after another. He had also to be on constant guard against assassination attempts, knowing full well that his brother, Mircea, the Hungarian court and the Turks all wished him deposed. It is no wonder, then, that Vlad spent many sleepless nights preoccupied with thoughts of invasion without and sedition within.

The assertion that Count Dracula was forced to flare his nostrils and bare his teeth as the result of some allergenic reaction is patently absurd. I don't think too many people would disagree with the interpretation that Dracula manifested these typically

human characteristics in moments of extreme anger. McDevitt's superficial reading of Stoker's novel betrays him as well in his statement that Dracula slept all day and limited his activities to the night. Not only is this a common misconception concerning vampires in general, but Stoker does have Dracula make several appearances in the daytime. This matter will be discussed in more fully in the article on porphyria.

That Vlad slept in a "moldy environment" is simply indicative of the living conditions of his day, even for those who resided in castles. The latter were cold, drafty affairs and it may be no wonder that Vlad chronically suffered from colds, runny noses, etc. That Stoker makes Dracula claim direct descent from Attila the Hun is an error of presumption on the author's part. (7) There is absolutely no historical evidence to substantiate the belief that Vlad was in anyway a lineal descendant of the barbarian warlord. One cannot help but get the impression that, in formulating his theory, Dr. McDevitt consistently confuses historical fact with popular fiction. As for Attila's disdain for metal utensils, it might simply represent a personal preference, just as someone might favor natural food over refined. After all, the scourge of God was hardly the most cultured of individuals.

Although it appears doubtful that Dr. McDevitt's theory has much, if any, validity when applied to Vlad Tepes, let us nonetheless explore this premise further and see how it might apply to legendary forms of vampirism.

An allergenic reaction, by way of explanation, is primarily an immunological over-reaction to external toxins which the body cannot tolerate. These substances, known as allergens, may prove harmless to some but injurious to others. They can be inhaled (as pollen), ingested (as milk) or transmitted through contact (as poison ivy). When allergies develop, one can experience a multitude of physical symptoms, from stuffy noses and minor rashes to neurologic shock and death. Ironically, it is when an individual possesses too many antibodies to a given toxin that the greatest damage occurs. In a sense the body's defense mechanisms turn out to be its own worst enemy.

In most instances one inherits a predisposition to a certain allergy. Where both parents possess the same susceptibility, the chances that any offspring will inherit a similar predisposition is 75%. Could this explain why vampires most commonly prey upon their close relations above all others? According to Sir Rennell Rodd, writing in his The Customs and Lore of Modern Greece (1892): "When they [the Greek vrykolakas] are bent upon human prey it is with their nearest relatives that the monsters begin. If men are at home they will be the first to be attacked, perhaps as being the stronger and most vigorous, and they generally die from these assaults. If the male folk are abroad in the fields [note implication of daytime], the vampires ravish the women ..." (8) James Theodore Bent, in his On Insular Greek Custom (1885), provides further confirmation of this: "Then again the vampire dread is widely extant still in the isles of Greece, the belief that a wicked man cannot rest after death; they say that if the flesh is not decayed off the bones at the expiration of a year, when they are removed from the charnel house, the spirit of the deceased wanders about, and 'feeds on his own,' as the expression goes, that is to say, he sucks the blood of his relatives, and thereby derives force for his ghostly wanderings." (9) W.R.S. Ralston, in his landmark Russian Folk Tales (1873), furthermore relates: "The Kashoubes say that when a Vieszcy, as they call the Vampire, wakes from his sleep within the grave, he begins to gnaw his hands and feet; and as he gnaws, one after another, first his relations, then his other neighbours, sicken and died." (10)

More importantly, simply facing the prospect (whether real or imagined) of vampiric attack might have been sufficient in itself to generate so much emotional anxiety in the individual that, assuming the presence of some latent allergy, a severe allergenic

attack could have been precipitated, much in the same manner that asthmatic attacks sometime occur. According to Dr. Claude A. Frazier, in his Psychosomatic Aspects of Allergy (1977): "The role of fear can be so deleterious in this reaction that I instruct my office nurses they must not act frightened or show fear in any form if confronted by such a situation. It is very important to the welfare of the patient to move swiftly, but to do everything possible not to increase the anxiety of an already badly frightened person." (11) Unless otherwise reassured, the allergenic response will feed off the individual's disturbed mental state and quite possibly lead to anaphylactic shock, if not death. Subsidiary symptoms are commonly physical weakness, complaints of chest constriction and breathlessness, mental confusion, faintness and collapse. These symptoms are similarly manifested by victims of purported vampiric attack.

Consequently, in a family of superstitious peasants, each with an inherited predisposition to some allergy and frightened by the prospect of being vampirized, one can readily imagine how these factors combined might have encouraged severe allergenic reactions to develop which, in consequence, resulted in anaphylactic shock and death in some members which, in turn, increased the existing dread of vampiric attack in surviving family members, and so on. I realize this hypothetical scenario might be stretching things to the limit but, as typified in the following accounts, such events were not uncommon in areas where vampirism was said to flourish: "Some twenty or thirty years ago in the commune Afumati in Dolj, a certain peasant, Marin Mirea Ocio-cioc, died. It was noticed that his relations also died, one after the other ..." "Some fifteen years ago, in Amarasti, in the north of Dolj, an old woman, the mother of the peasant Dinu Gheorghita, died. After some months the children of her eldest son began to die, one after the other, and, after that, the children of her youngest son ..." "Some twenty or thirty years ago, a cripple, an unmarried man, of Cusmir, in the south of Mehedinti, died. A little time after, his relations began to die, or to fall ill ..." (12) And this example from the United States: "The Providence Journal in 1874 recorded that in the village of Placedale, Rhode Island, a well-known inhabitant, Mr. William Rose, himself dug up the body of his own daughter and burned her heart, acting under the belief that she was exhausting the vitality of the remaining members of the family." (13)

Breathlessness (to the point of suffocation) and chest constriction, common allergenic reactions, were frequently associated with vampiric attack. According to John Cuthbert Lawson, in his Modern Greek Folklore and Ancient Greek Religion (1910): "The common practice of the vyrkolakes is to seat themselves upon those who are asleep and by their enormous weight to cause an agonizing sense of oppression." (14) Writing in his Magia Posthuma (1706), Charles Ferdinand de Schertz relates this suggestive example of vampiric attack: "There was for instance a herdsman belonging to the village of Blau near the town of Kodon in Bohemia who after his death appeared to several persons in the district, and he used to call these unfortunate wretches loudly by name. Whether it was from fright, or whether it was because this Vampire exhausted their vitality, those whom he had thus summoned expired, it was remarked, within the course of a few days, invariably less than a week. The peasants of Blau exhumed the body, and drove a stake right through the heart so that it was pinned to the ground. In spite of this precaution that very night the body appeared again and in so awful a guise that he frightened several persons to death, whilst he attacked and actually suffocated a yet greater number." (15) It should be added as a footnote to the preceding that Jack the Ripper first strangled his victims, then cut their throats.

As is obvious from Schertz's account, fear played an equally prominent role in instances of vampiric attack and its role in intensifying allergies should not be forgotten. Augustin Calmet, the author of the authoritative Traité sur les Apparitions des Esprits, et sur les Vampires (1746) and a skeptic when it came to the actual existence of vampires, referred to this general fear as "epidemic fantasy," anticipating the

latter-day concept of mass hysteria. In point of fact many symptoms commonly associated with extreme allergic responses are frequently to be met with in the aftermath of some vivid nightmare. That vampirism might be the product of bad dreams is suggested in the following account (from Marquis d'Argens' Lettres Juives, 1738): "Within a few hours five or six other persons fell ill in the village. Their symptoms were complete exhaustion and a faintness as though from excessive loss of blood. They complained that they had been visited by a fearful dream in which the dead Plogowitz seemed to glide into the room, catch them by the throat biting hard and suck[ing] the blood out of the wound. In this way he killed nine persons in less than a week." (16) Relative to this is an enigmatic medical syndrome known as "nightmare death," an affliction common to Southeast Asians which results in sudden cardiac arrest and not infrequently death. In a future issue of the Journal we will discuss this mysterious condition, as well as its complement, "voodoo death." (17)

It could be that the vampire, assuming its actual existence, shares an ability sometimes ascribed (but never proven) to its New World animal counterpart, the vampire bat, which is claimed to be capable of injecting a local anaesthetic into the open wound it makes, allowing the furred predator to withdraw blood without alerting the host animal to its presence. Likewise, the vampire may be capable of infusing a neurotoxin into its victim's veins, as is characteristic of certain venomous snakes, eliminating any potential resistance through temporary paralysis. Having thus been administered this hypothetical anaesthetic or neurotoxin, the victim might be faced with a danger greater than any resulting from a subsequent loss of blood. It is conceivable that, just as some persons are hypersensitive to bee toxin and often die from anaphylactic shock within hours of being stung, so too might the victim of vampiric attack be equally as susceptible to these possible allergens. Such a scenario might account for those deaths which were said to have occurred within hours of the initial attack by the vampire.

The ruddy complexion of the vampire, a feature common to the Slavic variety, might simply represent a bad case of dermatitis, an allergic reaction to the consumption of blood. In those instances where corpses suspected of vampirism have been found literally "swimming" in blood, might this not represent expelled vomitus, the body rejecting that which it so perversely craves at the same time? (Or it could be that vampires, like many animal predators, customarily consume more than they need, allowing them to return to their lairs, regurgitate the undigested portion of their meal and thereby sup at their leisure without hindrance. This might also limit the necessity on the vampire's part to hunt for food on a more regular basis. The fact that the purloined blood seems to retain its fluid consistency seems to suggest that the vampire is equally capable of injecting an anti-coagulant in his blood-meal to prevent it from congealing and thus rendering it unpalatable for future use. The vampire bat of the tropics also possesses this ability.)

The bloated appearance of the vampire, so typical of the Greek variant, might be due to angioedema, the possible consequence of a severe allergenic reaction to the drinking of blood. Often accompanied by hives, this rare but embarrassing symptom causes deep-seated swelling in the individual: "This odd condition can transform a charming face into a grotesque mask or be so generalized as to increase the body size. One doctor reports a woman patient subject to this overall reaction who had to keep three sets of clothing of varying sizes handy to accommodate her changing measurements. Angioedema was once widely known as angioneurotic edema because of its apparent correlation with emotional disturbance, but probably most allergists today believe allergy accounts for a majority of cases. We should note that angioedema of the larynx are can be exceedingly dangerous. It can cause death by suffocation." (18) Interestingly, many vampires were recorded as first strangling or suffocating their victims into submission. Schertz's account of the herdsman-cum-vampire, cited earlier, is typical of this violent form of behavior. Could it not therefore be suggested that

those who were likewise victimized in this manner actually suffered from laryngeal angioedema, thereby reaffirming the older medical belief that this condition is triggered by emotional disturbances such as fear and anxiety?

Although not as visibly apparent as the concomitant physical symptoms which often afflict the allergy sufferer, mood disturbances are also frequently encountered. Of particular importance are those which Dr. Lawrence Dickey describes as "Emotional Immaturity Reactions" and "Antisocial Behavior." In the former the patient is "inclined to be erratic, impulsive, quarrelsome, and irresponsible," while in the latter one is "uncooperative, pugnacious, sulky, and, perhaps, cruel." (19) Apart from those who practiced black magic or werewolvery, it was commonly believed that those individuals who were most likely to become vampires after death were those who led a far from blameless existence. Specific displays of incorrigible behavior, often described in accounts as "cruel," "depraved," "dishonest," "evil," "infamous," etc., were considered strong predisposing factors in determining whether an individual attained vampiredom. Since such personal recalcitrance often provoked the ban of excommunication, this further reinforced the likelihood the offender in death would become a restless spirit. Could it be that such antisocial behavior was, in part, the result of some allergy-induced mood disorder, much in the same manner that violent behavior has now been linked with fluctuating glucose levels in the blood? (20)

One further category should be mentioned, one that Dr. Dickey simply describes as "Anxiety." Patients are "unusually fearful, worried, oversensitive, and restless. Severe nightmares are common." (21) I've already shown elsewhere how fear and anxiety, either singly or combined, have been instrumental factors in prolonging epidemics of vampirism, if not causing them in some instances. Note, too, that nightmares seem to play a prominent role in both allergies and accounts of vampirism. As mentioned previously, a more detailed article will appear on this matter in a future issue of the Journal.

In his chapter entitled "Headaches and Schizophrenia," Dr. Clark discusses the similarities which seemingly exist between certain allergenic reactions and schizophrenia: "What has schizophrenia to do with allergy of the nervous system? Well, studies indicate that something inhaled or ingested could be causing nervous system sensitivity reactions with schizophrenic-type symptoms, if not full-blown cases of schizophrenia. Indeed, recent studies indicate there may be a genetic link between schizophrenia and celiac disease, an intestinal disorder that commonly includes intolerance to wheat and other related cereal glutes. Gluten is known to be a potent allergen; however, gluten intolerance is not actually an allergic reaction but, rather, is akin to the lactose intolerance that is apparently a genetic trait -- one's heredity has simply not provided one with proper enzymes to digest gluten (or the lactose in milk)." (22)

What I posit, then, is that Vlad was "allergic" to certain cereal glutes from birth -- no doubt grain products represented a staple part of the Transylvanian-born nobleman's diet -- and this enzymal deficiency helped undermine his mental stability. Schizoid-like symptoms may have manifested themselves early in life and intensified as he grew older, giving rise to that arbitrariness of behavior that frequently impelled Vlad to commit those insensate acts of violence. In time these tendencies may have developed into a genuine psychosis and it is not difficult to discern in Vlad all the classic characteristics of a paranoid schizophrenic. His turbulent childhood -- his father assassinated, Vlad himself a captive of the Turks much of his youth -- may have further accelerated this descent into schizophrenia. I realize this explanation has none of the sensationalistic aspects of Dr. McDevitt's approach, but its basic simplicity, I believe, makes it all the more convincing as an alternative. At least it doesn't obligate one to suspend his disbelief to the point of credulity.

Unfortunately, allergies and allergenic reactions fail to explain away most of the supernatural qualities ascribed to the vampire, its transcendence of death, its ability to leave its resting place without disturbing the gravesite, its ability to transform itself into animals, its fear of holy objects, etc. Admittedly, none of the medical theories under discussion can adequately account for the majority of its more enigmatic aspects. However, it should be born in mind that many of these seemingly inexplicable abilities so characteristic of the vampire may eventually be shown to have no basis in reality or be late accretions to its folklore. For example, the vampire's supposed fear of holy relics might simply be a Christian whitewash of the legend, as there is strong evidence to indicate that both the Catholic and Orthodox church used the vampire legend as a means of assuring religious control, subverting dissent and maligning the spiritual authority of one another. (23) The belief that the vampire commonly transformed itself into a wolf might simply indicate that, since both creatures possessed many traits in common, it logically followed that the vampire naturally chose (or was thought to choose) that animal form with which it was perceived as having a spiritual kinship. Indeed, many characteristics said to be axiomatic of the legendary vampire may prove to be red herrings in time. Consequently, simply because no one theory can account for all aspects of vampirism, it should therefore not follow that all such theories are totally lacking in merit. As I hope to clearly show in future issues of the Journal, much of the vampire's imputed supernatural powers can be attributed either to purely rationalistic causes or to a distortion (or invention) of fact.

Ironically, I had initially thought that allergy was the weakest of the three medical theories under discussion. As I investigated the matter in depth, I found that it had some attractive features in its favor. Had Dr. McDevitt pursued a similar course and shown how his theory applied to vampirism in general -- I don't consider his citing parallels from Bram Stoker's Dracula as constituting serious research -- his premise might have taken on a greater credibility. Or it could be that my elaborate attempt at interpreting vampirism within this light simply reflects an instructional exercise on how easy it is for anyone, given sufficient enterprise, to make any theory (even in the absence of supporting evidence) fit the facts and thus construct entire mountain ranges out of the most insignificant of molehills.

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1. Dr. McDevitt's theory first appeared in the July 1982 issue of Diagnosis. As this proved unavailable, I have had to depend largely upon the newspaper accounts which appeared in issue #12 of the Vampire Information Exchange Newsletter. The latter, now in its sixth year of publication, serves as both a clearing house for vampire-related material and a correspondence club for members who wish to share their interests with those of a like mind. At \$5.00 a year for five issues, it represents a real bargain. For more information, write in care of Eric Held, P.O. Box 328, Brooklyn, NY 11229-0328.
 2. "Some patients heartily resent being told to eliminate certain foods from their diet, especially some foods which they prefer above all and which seem to have given some sort of sense of security over the years. Such patients, especially if they are already emotionally stressed, may feel deprived and hostile. Oddly enough, the food or foods they prefer are often those which cause their allergic symptoms." Claude A. Frazier, Psychosomatic Aspects of Allergy, NY, Van Nostrand Reinhold Co., 1977, p. 135.
 3. "Dracula's Blood," OMNI, Feb. 1983, p. 96.
 4. Ibid.
 5. "Blood Thirsty: Researcher Says Dracula's Addiction May Have Been an Allergy," The Columbia Record, June 16, 1982. (VIEN #12, p. 12)
 6. "Just (Gulp) an Allergic Reaction," Chicago Sun-Times, June 15, 1982. (VIEN #12, p. 14)

7. "... and those mysterious Szekelys, whom Stoker erroneously took to be possible ancestors of Dracula. The Szekelys themselves claim just as formidable a pedigree of horror, tracing themselves to Attila's Huns." Raymond T. McNally and Radu Florescu, In Search of Dracula, Greenwich, CT, New York Graphic Society, 1972, p. 26.
8. As cited in Montague Summers, The Vampire in Europe, New Hyde Park, NY, University Books, Inc., 1961, p. 267.
9. Ibid., p. 264.
10. Ibid., p. 289.
11. Clark, op. cit., p. 75.
12. Dr. Tudor Panfile, as cited in Summers, op. cit., pp. 313-314.
13. Ibid., p. 116.
14. Ibid., p. 271.
15. Ibid., p. 145.
16. Ibid., p. 150.
17. If one wants to anticipate the results of this pending article, I might recommend the following: Ernest Hartmann, The Nightmare, The Psychology and Biology of Terrifying Dreams (NY, Basic Books, 1984), David J. Hufford, The Terror That Comes by Night: An Experience-Centered Study of Supernatural Assault Traditions (Philadelphia, University of Pennsylvania Press, 1982), Jacques Lemoine and Christine Magne, "Why Has Death Stalked the Refugees?" (Natural History, Nov. 1983, pp. 6-19), John E. Mack, Nightmares and Human Conflict (Boston, Little, Brown & Co., 1970), and Sandra Shulman, Nightmare, The World of Terrifying Dreams (NY, Macmillan, 1979).
18. Clark, op. cit., pp. 120-121.
19. Ibid., p. 155. (Please note that Dr. Lawrence Dickey should read Dr. M. Brent Campbell. My apologies, Dr. Campbell.)
20. But see Ralph Bolton, "Aggression and Hypoglycemia among the Qolla Society: A Study in Psychobiological Anthropology," Ethnology, vol. 12, 1973, pp. 227-257. The opposite extreme is typified by Dan White who stood trial for the murders of San Francisco Mayor George Moscone and Supervisor Harvey Milk. Known as the infamous "twinkie defense," the defense attorney successfully argued that White suffered from hyperglycemia, fueled by his addiction to junk foods, and thus was not in his right mind when the murders were committed.
21. Clark, loc. cit.
22. Ibid., p. 163.
23. But see the chapter entitled "Vampire Trials" in Gabriel Ronay, The Truth about Dracula, NY, Stein & Day, 1972, pp. 25-38. I will also focus on this matter in a future issue of the Journal.

The Epidemiology of Human Vampirism: Pernicious Anemia

Pernicious anemia is primarily a nutritional disease caused by the body's inability to absorb adequate amounts of vitamin B12 which, under normal circumstances, is facilitated by the "intrinsic factor" produced by the mucous membranes of the stomach. Those who suffer from pernicious anemia, then, either lack this "intrinsic factor" or possess it in negligible amounts. The first comprehensive description of this disease and its attendant symptoms was given by Thomas Addison in 1855: "The countenance gets pale, the whites of the eyes become pearly, the general frame flabby rather than wasted; the pulse perhaps large but remarkably soft and compressible, and occasionally with a slight jerk, especially under the slightest excitement. There is an increasing indisposition to exertion with an uncomfortable feeling of faintness or breathlessness on attempting it; the heart is readily made to palpitate; the whole surface presents a blanched, smooth and waxy appearance; the lips, gums and tongue seem bloodless; the flabbiness of the solids increases; the appetite fails, extreme languor and faintness supervene, breathlessness and palpitation being produced by the most trifling exertion or emotion; some slight edema is probably perceived about the ankles. The debility becomes extreme; the patient can no longer arise from his bed; the mind occasionally wanders; he falls into a prostrate and half torpid state, and at length expires. Nevertheless, to the very last, and after a sickness of perhaps several months' duration, the bulkiness of the general frame and the obesity often present a most striking contrast to the failure and exhaustion observable in every other respect." (1) As often as not, however, the patient does lose weight and assumes an emaciated appearance. Another characteristic feature not mentioned in the above account is that of glossitis, a painful inflammation of the tongue. Apart from the traditional wanness, skin tone can also range from a "delicate lemon" to a diffuse brownish color. Neurologic involvement often occurs, resulting in weakness, numbness and a tingling in the extremities, as well as pronounced irritability and depression. In rare instances "delusions, hallucinations, maniacal outbursts, and paranoid and schizophrenic states" manifest themselves. (2) These latter symptoms are sometimes referred to as "megaloblastic madness." Until the advent of liver therapy in the 1920's and the isolation of B12 in the late 1940's, the disease was invariably fatal. These days pernicious anemia is effectively contained by periodic injections of high potency B12.

The first specific mention (at least to my knowledge) of pernicious anemia as being linked with vampirism occurs in William Seabrook's Witchcraft: Its Power in the World Today (1940). In the chapter entitled "Vampire from Brooklyn, N.Y.," the author recounts how, while sojourning on the French Riviera, a female acquaintance of his reacted oddly to a wound he had just received while out swimming: "'You've cut yourself,' said the girl. I sat down beside her, twisting my head to look at the scratch, and said, 'It doesn't amount to much. I doubt if I'll need to put iodine on it.' I asked her how her work was going. She was translating some of Comtesse de Segur's juveniles. When she made no answer, I glanced at her. She had bent closer and was staring with wide, dilated eyes at the scarlet abrasion. Then she jerked convulsively toward me, and her teeth were in my shoulder, and she was sucking like a leech there -- not like a leech either, but more like a greedy half-grown kitten with sharp-pointed teeth. It hurt sharply, but astonishment held me motionless for a second, and then a mixture of surprise, curiosity, and sheer amazement made me grit my own teeth and let it ride. She had deepened the abrasion, and was literally drinking blood! I am properly ashamed of it, but I sat there tense, perversely fascinated, and let her slake her thirst." (3) Questioning her after the incident, Seabrook learned that the woman had possessed this unaccountable craving for blood for several years and was firmly convinced that, having investigated the subject extensively, she was a vampire. Assuaging her dark fears, the author persuaded her to see a good doctor on returning stateside. His advice was shortly taken and her hemophilism was diagnosed as a symptom of pernicious anemia. Unfortunately, the disease was in its final stages, treatment

proved of no avail and she soon succumbed to its ravishments within a year. Seabrook concludes his account by saying: "The red blood cells in her body, the erythrocytes, had been disintegrating. Her whole chemical organism had been involved in a terrific struggle to balance itself and survive, and it had been discovered too late for transfusion or anything to save her. This desperate physiological maladjustment had been at the bottom of her mental maladjustment, of her awful craving, and she'd been no more morally responsible for her monstrous yearnings than midgets, dwarfs, and giants (innocent victims of their pineal and thyroid glands) are for their monstrous shapes. It all makes part of the picture tied up with the now commonplace certainty discovered in the twentieth-century merging of clinical medicine and psychiatry, that anomalies in the real of psychology and behavior are often traceable to chemical-organic causes." (4)

Dr. Stephen Kaplan, in his book Vampires Are (1984), also mentions this relationship in passing: "In iron-deficiency anemia, the sufferer often has a greenish cast to the skin. Another form, pernicious anemia, is caused by a lack of vitamin B12. The victim has a pale complexion -- often from poor circulation -- and is sensitive to bright light. The tongue is sore and red, and sometimes a liquid diet is necessary because it is difficult to swallow. There will often be dark circles under the eyes [shades of Vlad Tepes!] from general poor health. Before the advent of synthesized vitamins, doctors prescribed eating raw liver, an excellent source of vitamin B12, as a treatment for pernicious anemia. When our bodies lack certain nutrients, we often crave the foods which will supply them, and a sufferer of pernicious anemia could easily find himself craving raw liver.

"Back when there was no medical knowledge of anemia -- for instance at the time many vampire legends and myths take place -- can you imagine what people would think of a person who slept all day (because he was tired all the time), had pale white skin and burning, dark-circled eyes, only came out when it was dark (light hurt his eyes), was rather unfriendly most of the time (sick and irritable), and loved to eat bloody, raw liver -- or maybe only suck out the blood (because his tongue hurt too much to chew and swallow)? and if he had greenish skin!? What great ingredients for gossip! It might even be suggested that he could use 'a drink of blood' to give him some 'life' or some color. Before long, you can see how an interesting vampire tale could evolve." (5)

A possible instance of pernicious anemia being mistaken for actual vampirism is recounted in the following suggestive account: "One man was pointed out to them as having mysteriously begun to fail in health and fade away since he had married his second wife. 'He seems to shrivel from day to day, yet he is a rich farmer and eats meat ravenously at his meals.' The man's sister, who lived with him, said, 'Since he has re-married he cries out in the night.' Captain Pokrovsky, who saw the man, described him as being pale and listless, not at all what a peasant of that stamp ought to appear, and accordingly asked his cousin what actually was the matter with the fellow. The girl answered: 'I do not know, but the villagers all declare that a vampire is getting at him.' The Captain was so interested in the case that he sent for a doctor who came from a considerable distance. The doctor after a careful examination reported that the man, whilst not anaemic in a medical sense, seemed to have lost a great deal of blood, but no wound could be found serious enough to account for such a drain. There was, however, a small puncture in the neck with inflamed edges, yet no swelling as might have been expected in the case of the bite of an insect. Tonics were promptly prescribed, and strengthening food was given to the invalid.

In due course Pokrovsky went back to his home, but some time afterwards he inquired of his cousin concerning the anaemic peasant. She replied that in spite of the meat juice and red wine she had given him, the man had died, and that the wound in

the neck at the time of death was far larger than when Pokrovsky had seen it. Further, the village was so entirely convinced that the man had been vampirized, that his wife, although she had frequently eaten heartily of food in public, had been seen to cross herself devoutly, and was a frequent attendant at Mass, immediately found it advisable, nay necessary, to leave the district." (6)

Although the examining physician dismisses anemia as a possible cause, it should be noted that by today's medical standards this hematological condition does not necessarily mean a dramatic loss of blood as it was commonly interpreted in ages past, but only that the presence of healthy red blood cells, or erythrocytes, is below normal, something that was difficult to determine with any accuracy at the time this purported instance of vampirism took place. Indeed, the man's outward symptoms accord well with that of pernicious anemia. He appeared pale and listless and grew more emaciated from day to day, all classic manifestations of this insidious disease. His initial predilection for meat, of which he ate "ravenously," might indicate a subliminal response to the anemia by the body in order to obtain the requisite B12. Those cries and shouts which disrupted his nightly slumber are suggestive of nervous system involvement which may have engendered chronic nightmares or hallucinatory experiences. No doubt during the latter stages of the disease the poor unfortunate had by this time firmly convinced himself that he was being victimized by some vampire. That he was ultimately reduced to subsisting off meat juice and red wine might indicate that he was incapable of consuming solid food, a necessary recourse in those instances where severe glossitis is present. The puncture wound in the neck, said not to be an insect bite, is open to conjecture. I hesitate to attribute this tantalizing wound to actual vampirism and prefer instead to consider its origins as either being self-afflicted or psychogenic in nature. It has long been known that individuals suffering from hysteria are capable of producing a wide variety of inexplicable phenomena, of which dermatographics are notable examples. According to R.E.L. Masters, in his Eros and Evil (1962): "It has been noted that the hysteric develops not only spontaneous analgesias, which may cover a large or a very small area of the body, and which may appear in several areas simultaneously, but also curious dermatoses and stigmata. Warts, for example, come and go. Bleeding may start and stop. A prison psychologist a few years ago described a prisoner who, while in self-induced hypnotic trance, could cause the signs of the zodiac to appear and disappear on his flesh." (7) All this will be discussed in greater detail in a series of articles appearing next year under the general title of "The Psychogenic Aspects of Human Vampirism." Included will be features on mysterious blood flows, ghosts who bite, biographical sketches of Eleonore Zügün and Clarita Villanueva, etc., culminating in articles on nightmare and voodoo death.

Apart from this one instance suggestive of pernicious anemia, there are other factors which lend support to this theory. For instance, there is strong scientific evidence to indicate this once fatal condition can be an inherited familial trait. Once again, the axiom that the vampire "feeds on its own" implies a possible genetic origin. Although victims of vampiric attack seldom evince the rotundity sometimes found in victims suffering from pernicious anemia, this corpulence is typical of the Greek vampire: "Wherefore I would add that in Greek cemeteries there are to be found dead bodies of another kind, and these after fifteen and sixteen years -- and sometimes even twenty and thirty years -- are discovered blown up and inflated like balloons, and when they are thrown on the ground or rolled along they sound like hollow drums ..." (8) According to Leone Allacci, in his famous treatise De Quorundam Graecorum Opinacionibus (1645): "Now such bodies unlike those of other dead men do not when they have been buried suffer decomposition and fall to dust, but having, as it seems, a skin of extreme toughness they are puffed and (swollen) and are much inflated throughout every limb so that the joints and tendons can scarce be crooked or bent, but the skin is taut like the parchment of a drum, and when struck returns the

same sound ..." (9) Greek folklore also has it that those who have blue eyes, a feature rare among the country's inhabitants, are particularly susceptible to vampirism. Likewise is this a major characteristic of those who are predisposed to pernicious anemia. Similarly, the vampire's violent nature is paralleled in those rare instances in which the disease gives rise to maniacal outbursts of behavior.

Unfortunately, the theory has more shortcomings overall than strengths. Other than the example provided by Seabrook, I have yet to come across a single reference linking hemophilism with pernicious anemia. Indeed, drinking blood would be of little avail to someone so afflicted, as the disease is primarily a metabolic disorder which results in vitamin malabsorption. There is none of that "intrinsic factor" in human blood and only traces of B12. That an individual, like the aforementioned example described in Captain Pokrovsky's account, might have developed an inexplicable craving for meat seems a more reasonable suggestion. As mentioned previously, until the advent of synthesized B12, patients suffering from pernicious anemia were successfully treated by inducing them to eat liver, now known to be a prime source of B12. Furthermore, pernicious anemia is a disorder common to Northern Europeans and is seldom recorded of Greeks, Gypsies and Slavs, all three ethnic groups who possess a strong belief in vampires. Although commonly evincing that anorexic appearance of the disorder in its latter stages, seldom did victims of purported vampiric attack gain weight to the point of obesity as Addison observed. Nor does the characteristic flushed appearance so typical of the Slavic vampire appear at all in sufferers of pernicious anemia. (10) The assertion that those who suffer from pernicious anemia are sensitive to exposure to sunlight also appears to be without foundation. I have yet been able to come across a single reference to this alleged photosensitivity. (11) It is conceivable that since the majority of individuals who suffer from this disorder are fair complected and have blue eyes, any sensitivity to sunlight is due to these features alone. Or it could be that the paler the individual becomes due to the disease the more reactive does the skin become to ultraviolet rays. Nevertheless, sensitivity to sunlight in victims of pernicious anemia seems to have gone largely ignored in the medical literature. Although victims of this disorder may have unwittingly reinforced the belief in vampires -- in so far as they evinced symptoms similar to vampiric attack as seems to be the case in Captain Pokrovsky's account -- it still does not explain why vampires were said to exist. Indeed, there has been a growing trend among medical theories recently to disabuse the legendary vampire of its undead status and link it to some affliction of the living. Although this approach presents less obstacles to the researcher and encourages more rationalistic explanations, it nonetheless runs contrary to folklore belief. The vampire is traditionally said to be a resuscitated corpse and any theory which fails to take this inherent aspect into account (in my opinion) will ultimately be found wanting. As pernicious anemia does not address this matter in any convincing manner, it fails woefully to explain away most of the purported supernatural attributes of the vampire (always bearing in mind, of course, those reservations I outlined in the preceding article). In short, excepting Seabrook's example, there is no concrete evidence to link blood-drinking or vampirism with pernicious anemia. Even granting this as a possibility, I still do not believe that those so afflicted with this debilitating disorder had sufficient strength to go about attacking people and draining them of their blood (assuming, of course, that in the light of recent medical theory, traditional forms of vampirism are exclusive to the living).

I have to admit that I entertained this theory at one time. Dr. Kaplan does make a telling point when he suggests that individuals so afflicted might have developed an inexplicable craving for meat -- unaware that it was liver which would provide them a temporary surcease to their illness -- which reaffirms my opinion that vampires, if they did exist, were cannibalistic (actually necrophagous) in nature. That glossitis might have prevented some from eating the meat itself, reducing them to sucking out its juices in frustration, must have proved a rather intimidating spectacle to onlookers. Indeed, in many cultures, there exist strict taboos against the eating of raw meat. In some African societies any such observed predilection classified the offending person

as a covert witch or a member of some leopard or lion cult. Among the North America Ojibway, in times past, any inexplicable craving for raw meat was considered a sign of Windigo possession, or incipient cannibalism. If this yearning for meat products could be established beyond any doubt as being an occasional symptom of pernicious anemia in its more severe manifestations, I would not hesitate to propose this disorder as a possible determining factor in accounts concerning werewolves. Not only is pernicious anemia endemic to those areas where such hirsute predators were said to exist, but assuming that someone so afflicted could be deluded enough to kill and eat his victim entire (simply eating the liver would be sufficient), then the debilitating nature of the disease would be mitigated to some degree and which would therefore allow the individual, whenever the therapeutic effects of his last kill began to wear off, to murder again. Since children and young women were more often than not the victims of werewolves, little in the way of physical strength was necessary. However, all things considered, pernicious anemia seems less than convincing when applied to traditional forms of vampirism.

(I'd like to add a footnote to Dr. Kaplan's assertion that vampires possessed a greenish cast to their skin as the result of some iron-deficiency. This unusual feature, common to its Chinese counterpart but not the European vampire, is occasionally reported of those who suffer from chlorosis, an anemic condition largely specific to pubescent girls, hardly the most promising candidates where vampirism is concerned. (12) Although green was a color of ill-omen among the ancient Chinese and popular belief had it that a candle's flame would burn green in the presence of a ghost, the greenish skin (sometimes hair) of the Asian vampire was associated with "grave mold," a condition that encompasses a number of diverse factors. Following death, for instance, the body's fatty tissue changes color during decomposition, taking on a characteristic greenish hue about the abdominal region. Gas produced by putrefactive organisms within the body results in a kaleidoscope of colors to develop, of which green is one. The presence of certain luminescent bacteria or fungi may also have heightened this effect. For those inquisitive souls desiring to learn more about the natural processes governing death and decay, I would recommend reading Charles G. Strub and L.G. Frederick, The Principles and Practice of Embalming, Dallas, L.G. Frederick Publishing Co., 1967.)

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1. As cited in Maxwell M. Wintrobe, Clinical Hematology, Philadelphia, Lea & Febiger, 1967, 6th edition, p. 508.
 2. Ibid., p. 12.
 3. William Seabrook, "Vampire from Brooklyn, N.Y.," in Raymond T. McNally, ed., A Clutch of Vampires, Greenwich, CT, New York Graphic Society, 1974, p. 170.
 4. Ibid., pp. 176-177.
 5. Stephen Kaplan, Vampires Are, Palm Springs, CA, ETC Publication, p. 13.
 6. As cited in Montague Summers, The Vampire in Europe, New Hyde Park, NY, University Books, Inc., 1961, pp. 299-300. (One wonders why the deceased wife wasn't suspected.)
 7. R.E.L. Masters, Eros and Evil, NY, Julian Press, Inc., 1962, p. 161.
 8. François Richard, Relation de l'Isle de Sant-erini, 1657, as cited in Summers, op. cit., p. 239.
 9. Ibid., p. 224.
 10. Unless those accounts in which the vampire's appearance is likened to that of a "Turk" reflects the diffuse brownish pigmentation which sometimes accompanies pernicious anemia.
 11. I have used as my source material I. Chanarin, The Megaloblastic Anemias, (Oxford, Blackwell Scientific Publications, 1969), Lawrence Klass, Pernicious Anemia (Philadelphia, W.B. Saunders, 1976), David Steinberg, Anemia, (Philadelphia, W.B. Saunders, 1982) and the aforementioned Wintrobe.
 12. "The name chlorosis arose from the greenish-yellow color of affected girls, a color which perhaps required 'the eye of faith' to discern." Wintrobe, op. cit., p. 588.

"Tut's Deadly Curse May Have Been Mold"

San Francisco Chronicle: 7/30/85

Strasbourg, FRANCE. "I have succumbed to a curse," British Egyptologist Hugh Evelyn-White wrote in his own blood in 1924 just before he hanged himself.

He was among the first to enter the tomb of the pharaoh Tutankhamun after its discovery in November of 1922, and one of two dozen explorers who were to die shortly after entering the tomb. The "Pharaoh's Curse" theory was born.

Now a French physician says the "curse" was mostly severe allergic reaction to mold.

Dr. Caroline Stenger-Philippe has concluded that at least six of the deaths were directly linked to the penetration of the tomb. Evelyn-White's suicide and the mysterious deaths of many others were not among them.

The tomb of Tutankhamun, dating to about 1350 B.C., was found in the Valley of the Tombs near Luxor.

In her doctoral thesis submitted recently to the Strasbourg University School of Medicine, the Frenchwoman concluded that the directly linked deaths were due to the same illness -- allergic reaction to fungi, or mold, which grew in the airtight chambers of the tomb.

According to Stenger-Philippe, the victims contracted allergic alveolitis, a severe inflammation of the tiny air chambers in the lungs, and died of pulmonary insufficiency.

She said the fruits and vegetables the Egyptians placed in the tomb to nourish the pharaoh through eternity, as well as all other organic substances, decayed, creating molds and later organic dust.

Stenger-Philippe said the dust could have remained in the tomb for up to two years after its opening, but then it dissipated and there were no more victims.

She said the explorers "came to look for gold and treasures and paid no attention to the pink, gray and green patches of fungi on the walls. That's what killed some of them."

She dismissed other theories relating to the alleged curse as unsupported hypotheses. Over the years, the tomb-linked deaths have been attributed to deadly rays, bacteria, dormant viruses or infections from bat droppings.

