To the Graduate Council:

I am submitting herewith a thesis written by Janice S. Clifford entitled "Medical Diagnosis as Interpretive Method in Poe's 'The Fall of the House of Usher.'" I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in English.

Bethany K. Dumas

Bethany K. Dumas, Major Professor

We have read this thesis
and recommend its acceptance:

Russel Hirst

Mary Anderson

Accepted for the Council:

Associate Vice Chancellor and
Dean of The Graduate School

Medical Diagnosis as Interpretative Method in Poe's "The Fall of the House of Usher"

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Janice S. Clifford

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ABSTRACT

"The Fall of the House of Usher" is a complex story about the last members of the Usher family, Roderick and Madeline Usher, who suffer from mysterious illnesses. Literary scholars have proposed a variety of explanations for their symptoms, among them vampirism, incest, and mental illness. However, I believe their illnesses to be epilepsy, specifically temporal lobe epilepsy. Diagnosis of the Ushers with temporal lobe epilepsy generates several other issues. In diagnosing the Ushers with epilepsy, I will address the following six issues in the process of arriving at this diagnosis:

- The influence of illness on writers and their works
- The issue of illness in Edgar Allan Poe's life
- The issue of illness in "The Fall of the House of Usher"
- Characteristics of the Gothic and the significance of the supernatural in Poe's tale
- Use of medical diagnosis as a literary tool to diagnose fictional illness
- Inadequacies or flaws in previous explanations for the illnesses of the Usher family

I will begin by examining the possible effects of illness on creativity. I will examine the role that illness plays in "The Fall of the House of Usher," as well as its possible role in Poe's life. "The Fall of the House of Usher" is considered a Gothic tale, so I will examine the story for evidence to support its status as a Gothic tale and the role of the supernatural in it. Because diagnosing the Ushers' illnesses will remove some elements of the supernatural, I will also assess the effect of the removal of those elements on the tale as Gothic literature. Since I am using medical diagnostic techniques to answer questions about the unnamed illnesses in the story, I will develop a specific process for using medical diagnosis in literary analysis. I will also examine other explanations and determine their relative strengths and their weaknesses. Finally, I will examine the

impact that the diagnosis of the Ushers' illnesses has on an overall view of the story, as well as its possible significance in understanding many of Poe's works.

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Introduction

"The Fall of the House of Usher" is a complex story of the last two members of the Usher family, Roderick and Madeline Usher, who suffer from mysterious illnesses that have plagued their family for generations. These illnesses have baffled scientific, medical, and literary scholars since the story's publication in 1839. The diagnosis of these illnesses is a complex problem; however, I believe their illnesses to be epilepsy, specifically temporal lobe epilepsy.

Diagnosis of the Ushers with temporal lobe epilepsy raises a number of questions. For example, by diagnosing fictional characters with a real life illness, the issue of Poe's intent arises. Did Poe know of epilepsy and intentionally use the illness in "The Fall of the House of Usher? If so, why did he not name it, and how does the diagnosis of the illness affect the overall view of the story? And if Poe did, intentionally or otherwise, use symptoms of epilepsy, do they hold any particular significance in his own life? While closely examining the text for evidence of epilepsy in the Ushers, I will address five other issues in conjunction

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Note: A copy of the text used in this study has been included in the Appendix, with line numbers on the left margin. All references in this study will be listed as: (Poe, Fall *line#*).

with an analysis of the symptoms supporting a diagnosis:

- The influence of illness on writers and their works
- The issue of illness in "The Fall of the House of Usher" and in Edgar Allan Poe's life
- "The Fall of the House of Usher" as Gothic tale and significance of the supernatural in Poe's tale
- Use of medical diagnosis as literary tool to explain the illnesses in "The Fall of the House of Usher"
- Inadequacies or flaws in previous explanations for the illnesses of the Usher family

The idea of the artist as "diseased, that his illness gives him psychic knowledge, spiritual power and creative genius, originates with the figures of Tiresias the blind prophet and Homer the blind poet" (Meyers 2). In this study, I will begin with a short examination of the possible role of illness as a creative influence in literature. Then, I will examine the role that illness plays in "The Fall of the House of Usher," as well as the possible role it played in Poe's life. Gothic literature frequently depends on supernatural or seemingly supernatural devices. Since "The Fall of the House of Usher" is considered a Gothic tale, I will examine the story for evidence to support both its status as a Gothic tale and the role of the supernatural in it. Because diagnosing the Ushers' illnesses will remove some elements of the supernatural, I will also assess the effect of the removal of those elements on the status of the tale as Gothic literature. Because I am using medical

diagnostic techniques to answer questions surrounding the mysterious illnesses in the story, I will develop a specific process for using medical diagnosis in literary analysis.

Scholars have debated the issue of the Ushers' illnesses for many years, and many have offered other explanations for the Ushers' symptoms – explanations that range from vampirism to incest, from nightmares to other medical diagnoses. Therefore, I will examine other explanations and determine their relative strengths and their weaknesses. Finally, I will examine the impact that the diagnosis of the Ushers' illnesses has on an overall view of the story, as well as its possible significance in understanding some of Poe's other works.

I. The Role of Illness in Literature

Illness, whether real or imagined, life threatening or merely irritating, affects the victim's actions, reactions, and interactions. Dr. Philip Sandblom, in his critical study on the effects of illness on creativity, argues that "one of the factors that exert a critical influence on our lives is severe illness, especially when it is lingering" (Sandblom 14). Some victims choose to deny any effects other than the physical and/or mental illness itself, while other victims are so obsessed with the effects of their illness that the illness shadows all other aspects of their lives, and still others strive to maintain relatively normal lives despite the effects of their illness.

Some writers who are ill may, intentionally or otherwise, create characters in their works who suffer as they do. Other writers, in an attempt to escape from the physical reality of pain and suffering, create fantastic utopian worlds, worlds devoid of physical ailments. Because of the endless possibilities within the human mind and spirit, there are more reactions to illness than there are illnesses.

The Role of Illness in Mental and Spiritual Health

One of the ways in which illness benefits the creative mind is the insight into human nature that severe illness provides. Suffering allows many artists,

musicians, and writers to incorporate into their works the knowledge and/or insight gained through their illness and frequently forces the victim to

> contemplate the destruction of his body in the silence and solitude of the sickroom. The grand mortuary moment provokes self-probing and internal inquiry, inspires an inward voyage of self-discovery. It often leads to an attempt . . . to transcend the limitations of the body and draw on the resource of illness for intellectual illumination and spiritual enlightenment. (Meyers 13)

Works written in response to illness then become a source of mental release for their creators by using the works as catharsis, a form of self-therapy. Graham Greene, author of *Brighton Rock* and *The Power and the Glory*, although not personally suffering from any type of illness, believed

> writing to be a form of therapy; sometimes I wonder how all those who do not write, compose or paint can manage to escape the madness, the melancholia, the panic fear which is inherent in the human situation. (Greene 10)

Greene's writing helped him to "escape the madness" of a turbulent time in world history – the Great Depression, World Wars I and II, and Great Britain's loss of status as a world power.

Many great literary works are peopled with characters who suffer either physically or mentally. Fyodor Dostoyevsky, who was epileptic, included epileptic characters in many of his works: Nellie in *The Insulted and Injured*, Kirilov in *The Possessed*, Smerdyakov in *The Brothers Karamozov*, and Prince

Myshkin, in *The Idiot.* In *The Idiot,* Dostoyevsky describes in great detail Prince Myshkin's epileptic seizure, during which his

> face is horribly distorted, especially the eyes. The whole body and the features of the face work with convulsive jerks and contortions. A terrible, indescribable scream that is unlike anything else breaks from the sufferer. In that scream everything human seems obliterated. (Dostoyevsky 218)

Not only does Dostoyevsky describe the external appearance of the seizure in graphic detail, but he also allows the reader to experience the internal conflict of an epileptic, when

> just before the epileptic fit, . . . in the midst of sadness, spiritual darkness and oppression, there seemed at moments a flash of light in his brain, and with extraordinary impetus all his vital forces suddenly began working at their highest tension. The sense of life, the consciousness of self, were multiplied ten times at these moments which passed like a flash of lightning. His mind and his heart were flooded with extraordinary light . . . all were merged in a lofty calm, full of serene, harmonious joy and hope. But these moments, these flashes, were only the prelude of that final second . . . with which the fit began. That second was, of course, unendurable. . . all those gleams and flashes of the highest sensation and life and self-consciousness, and therefore also of the highest form of existence, were nothing but disease, the interruption of the normal condition. (Dostoyevsky 209)

It is not unusual for epileptics to experience either pleasure or pain during the moments preceding a seizure; in some epileptics the feeling is one of "dread or a feeling of impending doom; in others, the emotion may be experienced as pleasant or euphoric, as Dostoyevsky describes" (Restak 2). Although many of

Dostoyevsky's problems, both political and personal, "aggravated his congenital epilepsy and made him bitter" (Hornstein 160), he still believed that "salvation [was found] through suffering" (Hornstein 160).

The Role of Illness as an Influence on Creativity

For most of his life, Thomas Mann, author of *The Magic Mountain* and *Doctor Faustus*, was "a man who enjoyed good health" (Sandblom 22). However, Mann claimed a close connection between disease and creativity and found in "disease . . . a means of acquiring knowledge" (Mann qtd. in Sandblom 22). Writers who suffered intrigued Mann. Dostoyevsky and Nietzsche, who were respectively epileptic and syphilitic, especially fascinated him. In Mann's essay, "Dostoyevsky – in Moderation," he connected "Dostoyevsky's and Nietzshe's psychological insight and artistic genius with their diseases" (Meyers 10). Mann based much of his fiction on diseases

> based on a germ of reality: *Death in Venice* on a cholera epidemic . . .; *The Magic Mountain* on Mann's three-week visit to his wife in a Davos sanatorium . . . ; *Doctor Faustus* on the medical history of Nietzsche; *The Black Swan* on the true story of a middle-aged woman deluded by the return of her monthly periods. (Meyers 10-11)

At the age of seventy, Mann began his battle with cancer, which necessitated lung cancer surgery in 1946. His extended recovery and resultant weakness interrupted his work on a long-time project, *Doctor Faustus*. His bout with cancer provided

Mann with the "unwelcome opportunity to test his ideas about illness" (Meyers 66), and he discovered that, although his illness gave him personal insight into physical suffering, it also delayed his work on *Doctor Faustus*. Mann's attitude toward disease and creativity took a darker tone after his recovery. Mann discovered first hand the demands that severe illness places on the time and energy of a patient, and "like any sick writer in a sane state of mind, Mann . . . fervently wished for a prompt return of health" (Meyers 66) in order to complete *Doctor Faustus*. *The Black Swan*, written after *Doctor Faustus* and Mann's recovery from lung cancer surgery, contains

> pathological and even disgusting clinical details [that] express his cathartic defense against old age and poor health; they offer proof that Mann . . . could face the ugly and terrifying realities of death" (Meyers 83).

Mann's personal experience with illness revealed to him the paradoxical problem of illness that aided creativity through new insights and knowledge, while, at the same time, hindered the writing process through physical limitations. Frequently, severe illness imposes physical limits upon the body and mind, as well as time constraints upon the writer/patient. Writers, who are severely ill, face the dilemma of choosing where to focus their limited physical energies – the illness and/or recovery, or the writing.

Some writers are inspired through their own suffering and the suffering of others to create fictional healers; Sir Walter Scott's "continuous suffering [from

gallstones] made the healer Rebecca the true heroine of the novel" (Sandblom 83). William Carlos Williams' dual role of writer-physician provides a medical perspective in many of his stories. In Williams' short story, "The Use of Force," the main character is a physician, who must treat an unwilling patient. The story then highlights the conflict between doctor and patient, as well as conflict between medical treatment and illness. Williams' use of his medical background gives his fiction an autobiographical tone.

Edgar Allan Poe, like Dostoyevsky, may have been epileptic. An examination of Poe's life and death reveals symptomatic evidence of epilepsy. In this study, in addition to diagnosing the illnesses of the Ushers, I will also examine biographical information on Poe to reveal evidence of epilepsy in Poe, as well as the Ushers, and the connection between Poe's life and his works.

II. The Issue of Illness in "The Fall of the House of Usher" and Edgar Allan Poe's Life

Using Medical Diagnosis in Literary Analysis

A thorough analysis of a text, whether fiction or non-fiction, requires careful investigation and documentation, as well as some creativity and insight. By using medical diagnosis as the basis for this study of a literary text, I will examine both the physical and mental aspects of, not just the characters in the story, but the author as well. I will also examine the seemingly supernatural aspects of "The Fall of the House of Usher," for possible rational, scientific alternatives. Besides offering a rational explanation for the Ushers' illnesses, I will also examine previous solutions to the illnesses for flaws in those past arguments.

Medical diagnosis is a combination of science, art, and a little luck; thus, medical diagnosis is mixture of scientific method, art of interpretation, and intuitive experience. An experienced physician depends, not only on his scientific knowledge, experience, and diagnostic tools, but also on intuition in order to recognize the indicators of an illness and establish a diagnosis. A skillful physician has many roles: medical detective, dietician, confidant, adviser, medical technician, craftsman/repairman (by "fixing" damaged minds and bodies), and

sometimes, simply a "medicine man." In "The Fall of the House of Usher," Edgar Allan Poe describes, in realistic detail, two fascinating case studies: the debilitating illnesses and subsequent deaths of Roderick and Madeline Usher, the last two members of the Usher family. In this study, I will incorporate techniques common to both medical diagnosis and literary analysis to evaluate and diagnose these illnesses as epileptic disorders.

I have found the combination of medical diagnosis and literary analysis into an interdisciplinary tool to be valuable, not only in the analysis of a work of fiction, but also in uncovering connections between the writer, the work, and the influence of illness on creativity. This technique is especially useful in examining the relationship between an author and his work, thus uncovering connections between the body and the mind, the physical and the creative. In his book *Creative Maladies*, George Pickering examined the effects of illness on creativity, particularly in the lives of such brilliant minds as Elizabeth Barrett Browning, Sigmund Freud, and Charles Darwin. He explored the idea that "illness, and particularly psychological illness, may sometimes be an aid to creative work, indeed [even] essential" (Pickering 17). It is just this idea of illness or disease as a positive, creative force in Poe's life and works that I intend to explore.

The Issue of Roderick and Madeline Usher's Illnesses

What is the problem?

The two main characters, Roderick and Madeline Usher, in Poe's "The Fall of the House of Usher," suffer from unnamed diseases, which are hereditary, chronic, and ultimately fatal. Because the illnesses are not named, Poe leaves the mystery surrounding them to the reader's speculation, which generates debates (often, heated debates) among scholars of Poe's work. Scholars have offered solutions on the nature of the illness that include the supernatural, incest, madness, illnesses of both mind and body, and vampirism, as well as the symbolic unity of the Ushers with their house (as the house decays, so do the Ushers). However, by careful examination of evidence from the text, it is possible to arrive at a logical answer, thus offering a solution to the problem, or, perhaps, generating additional debate. This is not an easy task, since "Poe's tale brilliantly indicates, in terms of both the scientific and the romantic psychology of his time, just how difficult the discernment [of the Ushers' illnesses] is to come by" (Butler 12).

In addition to the issue of the unsolved mystery of the Usher illness, literary scholars consider "The Fall of the House of Usher" a Gothic tale. I will analyze evidence supporting its classification as Gothic, particularly of the later American Gothic style. Because Gothic tales frequently contain elements of the supernatural, another question concerning this story then becomes – does the

diagnosis of the Usher illnesses, and the subsequent explanation of the seemingly supernatural elements in the illness, remove this tale from the Gothic genre? Since diagnosis of the illnesses removes one of the supernatural elements from the story, I will also examine the role of the supernatural in Poe's tale and the significance of its removal from "The Fall of the House of Usher."

Why is it a significant issue?

Understanding the nature of the illnesses of Roderick and Madeline Usher is an important factor in an overall understanding of the story. David Butler, in his 1976 essay, "Usher's Hypochondriasis: Mental Alienation and Romantic Idealism in Poe's Gothic Tales," recognizes that

> the issue [of Usher's illness] is of more than passing interest, since the failure of modern critics to identify Usher's illness correctly has obscured one of the most important themes in Poe's story: for only when we discover the exact nature of Usher's disease can we fully appreciate the rich parallels which Poe's tale develops between medical theories about the progressive derangement of the mind and romantic theories about the growth of the mind's perceptive powers. (Butler 1)

Poe devotes much of the text to descriptions of Roderick and Madeline's illnesses. By leaving the illnesses unresolved and unnamed, and yet devoting a sizeable portion of the text to them, Poe creates a hole in the fabric of the story, thus, invoking a feeling of incompleteness. It is precisely this issue that Terry Heller addresses in "The Delights of Terror." Heller recognizes that "most

interpretations of "The Fall of the House of Usher" are attempts to find closure" (Heller 145), attempts to find those missing pieces of the story.

Human beings have a deeply-rooted need for closure, and especially in modern times, a need to name the mysterious, or the frightening. Frequently, labeling the unknown makes it less mysterious, less frightening. For example, in the last couple of decades, several serious new illnesses have surfaced. Among the illnesses are two syndromes that attack the human immune system: Acquired Immune Deficiency Syndrome (AIDS) and Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS). In both of these immunological illnesses, during the initial stages of onset, the major problem and concern of patients exhibiting symptoms is the issue of diagnosis. For many patients, "the most traumatic phase of the illness is still obtaining a diagnosis" (Feiden 65). The medical community discovered laboratory tests that diagnose AIDS, although there is still no cure or vaccine. However, CFIDS victims not only do not have a cure, but they frequently do not have a diagnosis. There was, and still is, no definitive clinical or laboratory test to establish a diagnosis of CFIDS. It was, and remains, a "diagnosis by exclusion, bestowed on a patient only after illnesses with a similar pattern of symptoms have been ruled out" (Feiden 64).

In many ways, just as in diagnosing CFIDs, diagnosing the illnesses of Roderick and Madeline Usher is a "diagnosis by exclusion." By eliminating previous solutions as inadequate or false, as well as by a thorough analysis of the

symptoms in "The Fall of the House of Usher," I can arrive at a logical assessment of the Ushers' illness. As in the diagnosis of CFIDS, investigators cannot use laboratory tests to diagnose the Ushers' illnesses; therefore, I will analyze the signs and symptoms as exhibited in the text to diagnose the Ushers' illnesses.

Biographical Significance in Poe's Life and Death

What can Poe's life reveal about the issue?

It is sometimes difficult to separate the author's life from their works. Anne Sexton, who committed suicide, wrote series of poems about death. Sylvia Plath, who also committed suicide, struggled in the poem, "Daddy" to come to grips with the abuse she suffered from her father as a child. In her study of Emily Dickinson, Dr. Maryanne Garbowsky examines Dickinson's life for symptoms of agoraphobia, an illness that leaves its victims unable to leave their homes. Emily Dickinson, who became a recluse and, during the last years of her life, never left her home, wrote of "fears of madness and death" (Grabowski 22). Garbowsky's study does not

> solve the problem [of Dickinson's illness] to sweep it under the rug . . . [but] the most important contribution of a work of this kind is not that is furnishes a definitive label for Emily Dickinson's illness, but that it reopens a window on the life, a window needlessly closed and shuttered. It accepts the illness as fact, inconvenient as that is for biographers, and takes it seriously as an important reality of her existence. (Cody qtd. in Garbowsky 13)

It is especially difficult in Edgar Allan Poe's case to separate the man from his work. Issues, people and events from Poe's life and experiences are strongly represented in his works, and he "creates his own mythology in his tales, a mythology which has his own suffering-horror as its source" (Haggerty 90). Poe, in his essay, "The Philosophy of Composition," while promoting an intentional and deliberate technique of writing, admits that

> having chosen a novel, first, and secondly a vivid effect, . . . afterward looking about . . . (*or rather within*) [italics my emphasis] for such combinations of event, or tone, as shall best aid . . . in the construction of the effect" (Poe, Philosophy 481).

Poe advocates the deliberate construction of a text with a predetermined purpose, an "effect" upon the reader, in mind. Poe emphasizes that every word in the text must have this predetermined purpose as a guide, and nothing is included in the work that does not promote this purpose. Poe rejects the attitude of "most writers – poets in especial – [who] prefer having it understood that they compose by a species of fine frenzy – an ecstatic intuition" (Poe, Philosophy 481). The primary emphasis in "The Philosophy of Composition" is on poetry, but Poe's philosophy applies equally well to the short story. A well-written short story works with an economy of words, and follows Poe's guideline on length, "the limit of a single sitting" in order to maintain the "unity of effect" (Poe, Philosophy 482), and is, perhaps, why the

> vitality of the Gothic tale, and indeed of the short story form in general, is more impressive in the United States from the

> time of Hawthorne and Poe onward . . . Poe's "The Fall of the House of Usher" [is] . . . a model of the Gothic tale fully achieved and concentrated, so that the hesitant career of the shorter Gothic Britain can be conceived as a sequence of attempts to catch up with the more happily inaugurated American tradition. (Baldick 147)

Because Poe promotes a deliberate consideration of all elements included in a work, whether it is a novel, short story or poem, it is important to note the evidence of issues from his own life in his works, since

> every author, in a greater or less degree, leaves in his works, whatever their design, traces of his personal character: elements of his mortal being, in which the individual survives the person" (Griswold 57).

There are small pieces of Poe's life strewn lavishly throughout his stories. In "The Fall of the House of Usher," Poe very likely found some of his inspiration for the Ushers in a family named Usher whom he knew as a child; they

> were actors, friends of his mother, who cared for her during her last illness. Their children, a brother and a sister of about Poe's age, were of neurotic personality; they both died young. This may be the source of the name. (Woodson 19)

The real brother and sister were twins, behaved oddly, and died young, just like Roderick and Madeline.

Poe's works also reflect his anxieties about his life and his writing. The emotion, fear, is a dark ribbon weaving in and out of "The Fall of the House of Usher, and Poe "transferred to Roderick his own fear of impending mental decay

which came at times during his life" (Quinn, Arthur 23). Usher, with his fears of death, both of his own and his sister's, mirrors Poe's fears for himself and his young wife, Virginia (Sissy). Many of Poe's works involve the deaths of women. In "The Philosophy of Composition," Poe states that "the death . . . of a beautiful woman is, unquestionably, the most poetical topic in the world" (Poe, Philosophy 486). Sissy Poe died of the incurable wasting disease of tuberculosis. Although Madeline's disease is not tuberculosis, it is in the physical effects of their illnesses upon their bodies that Sissy and Madeline resemble one another. Poe's wife, who died of tuberculosis, was very much like Madeline Usher, dying of "a gradual wasting away of the person" (Poe, Fall 232). Both women died young from wasting illnesses that defied their doctors' skills.

In "The Murders in the Rue Morgue," the women, "like Muddy and Sissy . . . are a mother and her daughter who lead an 'exceedingly retired life'" (Silverman 173). Although there are other incidents in "The Murders in the Rue Morgue" that are similar to Poe's life, there is more of Poe

> in Usher rather than in Dupin, an indication that, despite his pretension to a universal sort of mind, Poe's true bent was toward the darker regions of the psyche and not towards the clear and level areas of logic (Quinn, Patrick, Spectre 83)

In many ways, "The Fall of the House of Usher" is "in effect the re-imagining of the whole content of [Poe's] imagination" (Silverman 149), as well as his personal history.

After Poe's death, rumors grew, not only about the circumstances of his death, but also about the way in which he lived. Poe lived, for the most part, a life of tragedy, poverty and desperation. Although only forty years old at the time of his death in 1849, Poe had already lost many people who were close to him – both of his birth parents, as well as his adopted parents and his young wife. It is no wonder that Poe's tales haunt his readers with images of fear, death, and decay.

Poe lived most of his life in poverty; his writing earned barely enough to support himself, his wife Virginia, and her mother, Maria "Muddy" Clemm. There were many times when Poe's impoverished circumstances forced him to beg for financial assistance from friends, family and employers. Poe frequently found himself "as usual lacking money for food and rent, . . . he had in hand a business that was failing, his wife was dying, and his grip on himself was slipping" (Silverman 275). One of the precipitating factors in epileptic seizures is "unusual stress" ("EFA" 1). Stress was a daily factor in Poe's life; some of these stressful events drove him into severe depression with numerous threats of suicide, and at least one suicide attempt (Silverman 373-374).

Poe also had a long-term problem with alcohol, although there is considerable controversy concerning the extent of his problem. Significantly, in Poe's case, "alcohol must be considered a major risk-factor for the occurrence of seizures and epilepsy" (Hauser 20). Although many of Poe's family and friends were aware of Poe's problems with alcohol, the most damaging accusations came

from Rufus Griswold after Poe's death. Poe and Griswold had a "tangled and fateful" relationship (Silverman 211). Griswold was a staff member on the Philadelphia *Daily Standard* in 1841 when he and Poe first met. At that time, Griswold was compiling an anthology, *The Poets and Poetry of America,* in which Poe hoped to be included. When the anthology was published, Poe "may have been wounded to find his own few poems cubbyholed in back of the volume, and resented Griswold's challenge to [Poe's] role as tastemaker" (Silverman 214-215). What followed were years of constant conflict between Poe and Griswold, alternating with a mutual desire for favors from one another. For years, Griswold and Poe had participated in an "ongoing contest, . . . positioning and repositioning as sycophant or serpent" (Silverman 219). Their relationship alternated in "crosscurrents of respect, sympathy, mutual fear, and bad blood" (Silverman 216).

During a period of severe depression in June 1849, Poe began to "fear that the trip [to Richmond] might be his last, and he appointed Griswold "his literary executor, should he die" (Silverman 412). The cholera epidemic sweeping the United States at the time did nothing to dispel Poe's gloomy outlook; the epidemic killed more than five thousand people in New York between May and August 1849 (Silverman 412). Poe's choice of Griswold as his executor was not surprising because, although there were problems between the two men, Griswold was then acting as a literary agent for several other writers. Poe hoped Griswold

would include some of Poe's works in Griswold's latest edition of *Poets and Poetry of America*, "soon to appear in its tenth edition" (Silverman 412).

After Poe's death, Griswold was the most vocal of Poe's critics, and he spread malicious rumors about Poe's life and death. Griswold misused his position as Poe's literary executor to defame Poe's reputation at every opportunity. Almost immediately after Poe's death, Griswold hurriedly wrote, under the pseudonym of "Ludwig," Poe's obituary for the *Tribune,* where he claimed

> that few people would mourn, as Poe had few or no friends. He praised Poe as a skilled writer of faultless taste, but otherwise depicted him as erratic, cynical, and unprincipled, adding lurid vignettes of Poe mumbling curses as he roamed the streets, or flailing his arms at the storming wind and rain, speaking as to spirits. (Silverman 440)

In response, many of Poe's friends and former employers published articles "defending Poe's reputation and memory against Griswold's smears" (Silverman 440). Griswold responded to these articles by publishing his own "Memoir" of Poe, in which he continued to assassinate Poe's character through "rumors, falsehoods, and deliberate inventions" (Silverman 440). However, even in the most vile and self-promoting rumors, there is sometimes a kernel of truth, and Griswold's character assassination of Poe does contain important information, albeit purposely interpreted both incorrectly and unkindly. Griswold saw Poe as

> a dreamer – dwelling in ideal realms – in heaven or hell – peopled with the creatures and accidents of his brain. He walked the streets, in madness or melancholy, with lips moving in indistinct curses, or with eyes upturned in

> passionate prayer . . . with his glances introverted to a heart gnawed with anguish, and a face shrouded in gloom, he would brave the wildest storms; and all night, with drenched garments and arms beating the winds and rains, would speak as if to spirits that at such times only could be evoked by him from the Aidenn, close by whose portals his disturbed soul sought to forget the ills to which his constitution subjected him – close by the Aidenn where were those he loved – the Aidenn that he might never see, but in fitful glimpses, as its gates opened to receive the less fiery and more happy natures whose destiny to sin did not involve the doom of death. (Griswold 56)

This description just as easily describes Roderick Usher as it does Poe, and it just as accurately depicts someone suffering from an illness – perhaps, like Usher, from epilepsy.

Griswold's literary portrait of Poe in "Memoirs" included the accusation of alcoholism, a part of the picture of Poe he intended to imply in the above description. However, the symptoms that Poe exhibited, in reports from several sources less biased than Griswold, are also symptoms of epilepsy.

In 1993, Eve LaPlante published a study linking many historical figures with epilepsy, specifically temporal lobe epilepsy. She included Edgar Allan Poe in her list of people with undiagnosed epilepsy. According to LaPlante, evidence in favor of this diagnosis for Edgar Allan Poe includes

> a mysterious neurological condition that was never diagnosed but is consistent with TLE [Temporal Lobe Epilepsy]. A 'nervous sensibility' made him unusually sensitive to drugs and alcohol . . . major episodes of 'delirium' in which he wandered city streets, muttered senselessly, perspired, and

> fell into unconsciousness, his limbs trembling; these may have been partial seizures that generalized into grand mal attacks . . . [and] the feverishness with which he wrote. (LaPlante 168)

On several occasions, people close to Poe witnessed some of these episodes of odd behavior, but most of Poe's friends and family dismissed them as a part of his alleged drinking problem.

Marie Louise "Loui" Shew, the daughter of a doctor, was a close friend of Poe's. She was so convinced that Poe suffered from "brain fever" that she took him to Dr. Valentine Mott, "a well-known New York physician" (Silverman 329). Loui, as Poe called her, believed that, without drastic treatment, Poe would not

> live long. She found his pulse beat, at best, only ten regular beats, then stopped, . . . she believed he suffered from a lesion on one side of the brain, now worsened by a 'brain fever' resulting from the hunger, cold and want he had borne in supplying food and medicine for his wife. (Silverman 329)

Loui helped Poe through both his emotional trauma and his physical sickness following his wife's death. However, she deserted him after the publication of *Eureka: A Prose Poem*. *Eureka*, originally a lecture, was Poe's attempt to "unveil the mysteries of Being and Nothingness, baring nothing less than the secret of Eternity" (Silverman 338). Loui, "a devout Episcopalian, [who] tried to awaken his religious belief," was offended by the poem. Although Poe wrote to Loui and "offered what seems an apology for his sacrilegious views in *Eureka*" (Silverman 344), she broke off their friendship. She warned Poe "nothing could prevent his

sudden death but a calmly prudent life" (Silverman 344). The publication of *Eureka* coincided with a relapse in Poe's health, and what appeared to be a return to the bottle, when "during a dinner with Griswold, . . . he got drunk, according to Loui, and became 'insane and unmanageble [sic]'" (Silverman 342). Just before Loui's final break with Poe, he arrived on her doorstep, "saying he had to write a poem but lacked inspiration. Between them they . . . worked out some lines . . . but it all became a sort of blank for Poe" (Silverman 343). Temporal lobe epilepsy is characterized by seizures followed closely by "confusion and amnesia for a variable period with recovery gradually occurring" (Abbott 1).

Interestingly, Poe's prose poem, *Eureka,* is highly significant in the symptomatic diagnosis of Poe as epileptic, since "hyperreligiosity, . . . an intense interest in religion, superstitious beliefs, or churches" (LaPlante 31) is frequently a part of the symptomatology of temporal lobe epilepsy. Poe "had always disliked formal worship and was at best indifferent to traditional Christianity" (Silverman 333). *Eureka* was Poe's answer to his "need [after his wife's death] to confirm a Life Everlasting [and] thus brought him to the conclusion that God, as all of *Eureka* seems to imply, is Poe . . . [and] . . . after dying, we eventually become God" (Silverman 340). Poe's view in *Eureka* is typical of temporal lobe epileptics who "whether conventionally religious or not, . . . hold profound moral and ethical convictions" (LaPlante 31) that are frequently outside of the mainstream beliefs. Loui was not the only one who found fault with *Eureka.* Poe originally presented

Eureka as a lecture, titled "The Universe," which took Poe "fully two and a half hours to deliver" (Silverman). Many found the lecture "simply too long" (Silverman 338). In temporal lobe epilepsy, patient are frequently "over-inclusive in their thinking, . . . with a tendency toward loquacity and the insistence on the elaboration of fine and often tedious distinctions" (Restak 3).

The descriptions of his death, although generally attributed in the press and even by some friends and acquaintances to " 'long-continued intoxication' . . . made sadly lethal by 'a night of insanity and exposure' " (Walsh xiii), include fits of tremors, delirium, pallor, excessive sweating, elevated pulse, fever, and hallucinations (Silverman 434-435). All of these symptoms could result from prolonged exposure (following a drunken binge), epilepsy or a combination of alcohol, exposure and epilepsy.

Dr. John J. Moran, the doctor attending Poe at the time of his death at the Washington Medical College Hospital, disputed rumors of an alcohol-related death. Dr. Moran reported that "one of [the hospital's] senior physicians diagnosed Poe's condition as encephalitis, a brain inflammation, brought on by 'exposure'" (Silverman 436). In a letter to Poe's mother-in-law, Mrs. Clemm, Dr. Moran's description of Poe's last days included

> tremor of the limbs, . . . busy, but not violent or active delirium – constant talking – and vacant converse with spectral and imaginary objects on the walls. His face was pale and his whole person drenched in perspiration . . . his answers [to questions about residence and relatives] were

> incoherent and unsatisfactory . . . he did not know when he left [Richmond] or what had become of his trunk or clothing. (Walsh 41)

Similar symptoms appear in temporal lobe epilepsy. For example, a patient with this form of epilepsy may have a

> brief loss of consciousness, . . . with loss of judgment, uncontrolled behavior, and abnormal acts. . . there may be loss of consciousness for the whole event. During the seizure the individual may appear drowsy, intoxicated, or violent . . . The patient may see things that are not there (hallucinate), have a sense of unreality and distorted sense of time . . . Physical symptoms may include chest pain, shortness of breath, [and] rapid heart beat. ("Psychomotor")

The pallor and excessive perspiration in Dr. Moran's report indicate the possibility of a secondary illness due to a serious form of epileptic seizure. Status epilepticus is "a condition in which a number of attacks follow one after the other without the patient's regaining consciousness between times . . . [and] may persist for days" (Lennox 30). This type of epilepsy is rare but frequently fatal, since "death may result not from individual attacks but from the exhaustion or the pneumonia which follows many repeated convulsions" (Lennox 49). The symptoms of pneumonia include pallor with a "bluish tinge to [the] skin, and even mental confusion" ("Respiratory"). The excessive perspiration indicates the possibility of a high fever, a symptom that is common in pneumonia ("Respiratory").

The possibility of status epilepticus increases the odds that alcohol was either not a factor in Poe's death, or was the cause of tertiary illnesses. In the

absence of alcohol abuse, pneumonia and/or death becomes secondary to the epileptic seizures of status epilepticus. The other possibility, that of alcohol involvement in his death, allows the possibility that Poe's drinking brought on first, seizures, then status epilepticus, and finally, pneumonia. Poe's activities for several days immediately before his arrival at the hospital are unknown. The only information known is that Poe,

> while traveling alone from Richmond, Virginia, to New York City, . . . disappeared from mortal view for nearly a week. When seen again after this lost interval he is found to be sodden with drink and tottering on the brink of the grave. Taken to a hospital, he is unable to say what happened to him, where he'd been all that time, who he'd been with. In another few days, after alternating periods of quiet and raving delirium, he dies. The immediate cause of death is given as 'congestion of the brain,' or 'inflammation of the brain,' serviceable phrases in a day that knew little of internal medicine. (Walsh xi-xii)

There is little doubt that alcohol was a factor in Poe's life, and possibly his death. However, people with undiagnosed epilepsy are more "sensitive" to alcohol, which can actually trigger seizures. For example, "one of the earliest observations [of alcohol and seizures] was the frequent occurrence of seizures soon after cessation of prolonged heavy drinking" (Hilliborn 206). Poe's symptoms, at the time of his death, are typical of both exposure, with resultant pneumonia, and delirium tremens (alcohol withdrawal). However, even "alcohol withdrawal can cause seizures in non-epileptics; these attacks, known as 'rum fits,' consist of hallucinations, delirium, and bodily convulsions, and occur days or

weeks after a binge" (LaPlante 96). If Poe did drink heavily, the available biographical information does not prove that it was a severely chronic problem, and although "it seems likely that liquor affected him much more immediately than most men, . . . it does not seem to have dominated his life" (Woodson 9).

Although an absolute diagnosis of Poe as an epileptic is not possible, Poe did leave evidence of his personal knowledge of epilepsy as a disease. The title character in his poem, Berenice, is "suddenly afflicted with a fatal disease, dread epilepsy, which frequently terminates in a trance" (Gale 7), and "which, as Poe knew, was a common cause of premature burial" (Twitchell 60). Although I do believe that Poe was epileptic, ultimately, the cause of Poe's death remains, at least in part, a mystery. This mystery is in keeping with the "man who invented the detective story, in his own sudden and bizarre demise, [he] provided American literature with its most enduring real-life mystery" (Walsh xi).

III. Characteristics of Gothic Literature : Supernatural vs. Rational

Examples of the Gothic in Literature

The term, Gothic literature, most commonly describes a body of sensational literature written in the mid-eighteenth to early nineteenth century. Authors such as Horace Walpole, Ann Radcliffe, Mary Shelley, and Matthew Lewis developed a type of literature defined by

> an emphasis on portraying the terrifying, a common insistence on archaic setting, a prominent use of the supernatural, the presence of highly stereotyped characters and the attempt to deploy and perfect techniques of literary suspense. (Punter 1)

The use of the supernatural, through ghosts and other mysterious, seemingly supernatural creatures, is a common characteristic in Gothic fiction; however, it is often more a "matter of effect rather than substance" (Day 35).

These ghosts, vampires, and other creatures outside of reality are frequently a part of Gothic literature; however, by the end of the story, the offering of a rational, logical explanation is also common to the Gothic genre. In Mary Shelley's *Frankenstein*, the "monster" is not a supernatural being, but is, instead, a product of science out of control. Although Shelley's story is not truly

"scientific," she does "take the trouble to invoke science" in *Frankenstein* (Day 35). In Radcliffe's novels, she "hints at supernatural events but at the end of her novels always reveals perfectly rational and natural explanations of everything that has happened" (Day 35).

Although there are still elements of the supernatural in American Gothic, it is, instead, typified by "landscapes of the mind, settings which are distorted by the pressure of the principal characters' psychological obsessions" (Punter 3), rather than the purely supernatural. In America, the Gothic tale, more so than the Gothic novel, found new expression in tales from Charles Brockdon Brown to Edgar Allan Poe and Nathaniel Hawthorne to Faulkner and Robert Penn Warren, as well as "nearly the whole 'Southern school' for the past half century" (Allen, Gay 329-342).

How does "Usher" fit the Gothic tradition?

"The Fall of the House of Usher" is typical of Poe's style of American Gothic, in which Poe's use of Gothic elements maintains the "unity of effect" that he advocates in "The Philosophy of Composition." Poe's "unity of effect" promotes the deliberate, self-conscious technique of writing that begins with the effect of the work upon the reader. To maintain the effect that he has pre-designed, the author works always with that effect in mind and "with the precision and rigid consequences of a mathematical problem" (Poe, Philosophy 483). Through this "unity of effect," Poe

> purified . . . the disparate materials and effects of the inherited Gothic tradition [into] a radically streamlined reformulation of its conventions . . . The exemplary fiction of the House of Usher famously harmonizes the terminal involution of the Usher family with the physical crumbling of the mansion: of house as dynasty with house as habitation. In doing so it selects from the properties of earlier Gothic writing a characteristic symbolic location (the threatening old building), and derives from it a clear focus of narrative direction, the vanishing point being that of the old family's imminent extinction. (Baldick 149)

In Poe's Gothic tales, he uses the conventions and settings of the Gothic tales, as well as the form of terror:

> a first-person narrator, lingering typically over a single, frightening episode, and bringing matters to a climax in which he has grown deaf to every sound except the noise of his unique sensations. (Griffith 127)

Poe's use of a first-person narrator allows the reader to experience the narrator's fears, as well as his interpretation of Usher's fears. The final scene in the story brings the narrator face to face with Usher's horrifying nightmare come to life, the return of Madeline from her grave. In this way, the narrator becomes the device through which the reader senses the emotions of Usher, as well as the narrator, who "from that chamber, and from that mansion, . . . fled aghast" (Poe, Fall 637).

The Gothic form in "The Fall of the House of Usher" is a "heightening of sense perception, sublimity of mind, secrecy, [and] terror of soul" (Mooney 270). In the Gothic fiction of Radcliffe, the "characters are wholly subordinate to the environment; it plays upon them, invades them, almost takes them over

altogether" (Allen, Walter 101). In "The Fall of the House of Usher," Poe uses the house as a dominant symbol of the Usher family, and as an isolated location, it "allows Poe to remove all social questions and focus entirely on the mental drama of the protagonists" (Woodson 11). This Gothic "landscape of the mind" (Punter 3) echoes the physical landscape, but in American Gothic, the emphasis is on the minds and emotions of the characters, and setting is the "sign system [used] to reflect the psychology of the characters" (Kullmann 99). In this way, the Usher house is symbolic of the physical as well as the psychological decay of Roderick and Madeline Usher, and the descriptions of setting obtained through the narrator contrast his rational self with his affected, irrational self.

What are the supernatural elements in "Usher"?

Usher contains many elements common to the Gothic – the haunting and possibly haunted house, mysterious and unexplainable events, and through these other elements, the possible destruction of the main characters by insanity and/or death. In "The Fall of the House of Usher," these Gothic elements focus on two primary areas: the supernatural affinity between the house and its occupants, and the mysterious illnesses of Roderick and Madeline Usher. Through careful analysis, I believe it is possible to find rational explanations for both issues. In Gothic literature,

> the typical Gothic novel leaves the reality of its supernatural events in doubt for most of the story, in the character's perception and often in the readers . . . But eighteenth-century

> Gothic characters . . . tend to be preoccupied with questioning the ontological status of their supernatural experiences. A similar preoccupation typifies their descendants, nineteenth- and twentieth-century works growing out of the Gothic tradition that utitilizes, in an atmosphere of terror, one or more of its distinguishing motifs – the haunted edifice, the sublime setting, and that characteristically Gothic phenomenon, the alienated villain-hero . . . In this fictional mode the reality of the story's supernatural phenomena hangs in question" (Carter 6-7).

Poe uses the house as the primary source of seemingly supernatural occurrences; in "The Fall of the House of Usher," the house seems to take on a menacing, active role in the deterioration and demise of the Usher family. The house then becomes a living presence, dominating the lives of its inhabitants, which Usher explains to the narrator in his theory of the

> sentience of all vegetable things . . . [a] belief, . . . connected . . . with the gray stones of the home of his forefathers. The conditions of the sentience had been here, . . . fulfilled in the method of collocation of these stones – in the order of their arrangement, as well as in that of the many *fungi* which overspread them, and of the decayed trees which stood around – above all, in the long undisturbed endurance of this arrangement, and in its reduplication in the still waters of the tarn. Its evidence – the evidence of the sentience – was to be seen . . . in the gradual yet certain condensation of an atmosphere of their own about the waters and the walls. The result was discoverable, . . . in that silent, yet importunate and terrible influence which for centuries had moulded the destinies of his family, and which made ***him*** what I now saw him – what he was. (Poe, Fall 356-373)

In this way, setting becomes an active, possibly supernatural agent in "The Fall of the House of Usher," an agent working against the narrator's efforts to aid his friend.

Although there are no "unequivocally supernatural events in this story" (Heller 136), several events are difficult to explain – Roderick's and Madeline's illnesses, Madeline's apparent death and subsequent return, and the literal "fall" of the house – all of which initially defy explanation. However, diagnosing Roderick's and Madeline's illnesses removes the first two elements from the realm of the "supernatural" - the illnesses and Madeline's "death" and "resurrection" become natural rather than supernatural elements. The last issue, that of the "fall" of the house, remains an issue of the supernatural as long there is an apparent association of the house with the Ushers' illnesses and deaths. To Roderick, the house is an extension of his tormented self, and as such, has possible power, perhaps supernatural power, over his destiny. However, by explaining the fall of the house by natural phenomena, I can dissolve the connection between the family's fate and the fate of the structure.

In the last scene, the narrator becomes aware of a severe tornado-like wind blasting the house. The house is structurally unsound, a fact the narrator notices in his first view of the house. In the opening paragraphs, the narrator notes "the crumbling condition of the individual stones" (Poe, Fall 103), an "indication of

excessive decay" (Poe, Fall 106-107), and "a barely perceptible fissure, which, extending from the roof of the building in front, made its way down the wall in a zigzag direction" (Poe, Fall 108-110). In the final scene, before Madeline's reappearance, the narrator notices a "whirlwind had apparently collected its force in our vicinity; for there were frequent and violent alterations in the direction of the wind" (Poe, Fall 486-488). After the apparent deaths of Roderick and Madeline, the narrator leaves the house, and as he leaves,

> there came a fierce breath of the whirlwind – the entire orb of the satellite burst at once upon my sight . . . there was a long tumultuous shouting sound like the voice of a thousand waters – and the deep and dank tarn at my feet closed sullenly and silently over the fragments of the HOUSE OF USHER. (Poe, Fall 645-650)

The destructive power of a tornado could topple a flawed structure with ease. The destruction of the house then becomes a result of natural events, rather than supernatural, and if diagnosing the illnesses of the Ushers removes the remaining supernatural elements involving their illnesses, then the "fall" of the house has no supernatural significance in their subsequent deaths. Instead, a natural event destroys the house and the Ushers by the physical and "natural" collapse of the house's stone structure in a violent windstorm. Of course, Roderick's and Madeline's deaths are dependent upon the narrator's last impression that both Roderick and Madeline die just before he leaves the house. Ultimately, however, the house's "fall" appears to be a natural, rather than supernatural, event.

IV. Techniques of Medical Diagnosis

Understanding the Techniques of Medical Diagnosis

The first two steps in diagnosing a patient involve gathering information about the course of the patient's medical history and the present illness. The overall clinical picture (syndrome), including both subjective symptoms and objective signs, aids the physician in identifying a specific disease or disease process. In some clinical cases, the physician's most important tool is the accurate recollection and description of symptoms by the patient; initial symptoms can suggest a specific illness or even a definitive treatment. Physicians classify symptoms and signs by the categories of subjective symptoms and/or objective signs.

The subjective information obtained from the patient and/or family members is the first part of the procedure, while the objective data comes from the physician's own observations, the physical examination, and/or laboratory testing of the patient. In order to analyze Roderick's and Madeline's illnesses, the subjective and objective information comes only from the text, since a physical examination and laboratory testing are not possible. In order to do this, I will extract from the text all descriptions pertaining to either Roderick's or Madeline's

illness and determine their relative subjectivity or objectivity. I will then analyze these descriptions to arrive at an assessment of the illness.

How is the medical history obtained?

The preliminary process in obtaining a diagnosis is the medical history, the paper work that comprises the patient's medical record. This record includes the family medical history (especially genetically transmitted illnesses), personal medical history (previous major illnesses, treatments, or procedures), as well as current symptomatology and its history. If the patient fills out questionnaires before seeing the doctor, the physician has time to familiarize himself with this history before actually seeing the patient. This allows the physician time to formulate the appropriate questions or look up specific disease symptoms. The patient history provides additional clues when combined with appropriate questions from the physician. The physician searches for patterns of symptoms strongly suggestive of a particular disease. Thus, a good physician is able,

> when confronted with a symptom or group of symptoms, . . . [to] recall what questions to ask, what data to collect, and then how systemically to consider the possible causes so that he may narrow the diagnostic field. (Seward 2)

A medical history should be so thorough as to guarantee no gaps in vital information; it should be "so precise and quantitative that its essential features can be charted on graph paper with a time coordinate; so comprehensive that succeeding physicians need not interrogate further" (Kneeland 244). A competent

physician is willing to recognize that the patient's own account of his or her illness is, sometimes, the most important part of the diagnostic procedure.

Symptoms, such as pain, are frequently indications of disease or disorder adversely affecting some part of the patient's life. This adverse effect is the catalyst that initially spurs a patient to seek help. "Presenting symptoms" is the medical phrase indicating specific symptoms that cause a patient to seek medical advice. Presenting symptoms are symptoms prompting the patient to seek medical advice; however, they are not necessarily the first to appear, or even to occur. Frequently, the patient does not recognize earlier related symptoms or even possibly brushes them aside as unimportant, and it takes a skillful physician to elicit them through skillful questioning. One of the problems in dealing with minimized symptoms (those ignored or pushed aside as unimportant), and/or non-symptomatic signs (those having no evident physical or mental effect), is that

> a person can be ill without feeling ill, because the disease is subjectively latent, i.e. does not show any noticeable symptoms, as for instance in an early cancer, or because the person concerned finds himself in such a condition that he does not notice the disturbance. But the opposite also not infrequently occurs; one can have a strong sense of not feeling well although not even the most searching examination can detect any disturbance; it is not necessarily a case of an imaginary illness. (Henschen 9)

That is where the skill of the physician as a diagnostician is vital. Determining the relative importance of symptoms and assigning them to a specific diagnosis requires full use of all the physician's senses, experience, and intuition.

A chronological order of the onset of symptoms is also helpful in assessing the course of a disease process. The order of symptom occurrence is an indicator in some illnesses; for example, kidney problems can present as back pain before other symptoms, such as burning on urination, appear. Sometimes, the physician can make the determination solely on the history. However, to do this, the physician needs a detailed account of the illness: the first onset of symptoms, the social history of the patient (for example, what stressors might be affecting the patient), and the degree of concern (either in mental anguish or physical suffering) that the symptoms are causing the patient.

Conducting the Physical Examination

After the physician obtains the medical history, he may have a short list of possible diagnoses. A physical examination helps to narrow the list. The physician conducts the physical portion of the exam through observations and/or tests. During the physical examination, the physician uses his senses as part of his diagnostic toolbox. Sight allows the observation of outward signs, such as skin color changes or facial expressions of pain or anxiety. Hearing allows the physician to listen to the patient's complaints (as well as body sounds like the heartbeat). Touch detects sensitive or painful areas, as well as skin temperature or texture. Smell is an important sense in determining unusual body chemistries that

cause unpleasant odors. The physician's observations in this stage are the objective portion of the examination.

In fiction, the second stage, the objective stage of identifying signs, obviously cannot include either a physical examination by a physician or further diagnostic tests. However, an initial objective physical examination by can begin with a visual description of the patient's general appearance, which is "particularly valuable since it is usually the first bit of objective information obtained"(Walker 428). The reader obtains visual details through the descriptions furnished throughout the text of the characters' observable physical characteristics. Even the smallest detail about the physical appearance is valuable; minute details–body size, facial features or expressions, hand and body movements, hair texture, and even clothing–add vital clues to the search for a diagnosis.

Recognizing Subjective Symptoms and Objective Signs

How does medical diagnosis differentiate between subjective and objective data?

A subjective symptom is a symptom noticed only by the patient. Signs, classified as objective, are those observed by another person and not only perceived by the patient. For example, pain, such as a headache or earache, is subjective. In the case of subjective symptoms, the doctor is careful to determine

their relative importance because a patient can fake symptoms, exaggerate their severity, accurately describe them, or minimize their importance. There are no diagnostic tools or tests capable of detecting and measuring pain. The only measurable indicators of pain are secondary reactions of the body, such as a rise in blood pressure or increased heart rate, which can also indicate problems other than the pain itself or the source of pain. However, a cut or a bruise, noted by an unbiased observer, is an objective sign. Therefore, the distinction between subjective symptoms and objective signs is necessary to get as accurate a picture of the disease process as possible.

However, some manifestations of illness involve gray areas that can be both symptoms and signs, both subjective and objective. The distinction between symptoms and signs is not always clear. For example, a nosebleed, bruising, flushed cheeks, pallor, or breathlessness are all symptoms experienced by the patient as well as observed by the physician.

It is vital to an accurate diagnosis for the physician to consider all of the symptoms, no matter how minor they seem, before attempting a diagnosis. A good physician knows that "unless the doctor is prepared to view man as a whole and not isolate him into separate compartments, it is certain that his diagnosis will be incomplete" (Seward ix). The physician also needs to avoid too premature a diagnosis. Some physicians tend to focus on certain aspects of the illness at the exclusion of all others simply because they fit a certain disease profile. This

creates a "pet diagnosis' that can obscure the true illness, sometimes with dangerous consequences. Physicians are not immune to this tendency to make a pet diagnosis work, since " an association alone may so possess a physician that he may seek no further interpretation and so miss the truth" (Kneeland xv). This study will work with an analysis of all of the symptoms and their functions in both Roderick and Madeline Usher's illnesses before arriving at a definitive diagnosis.

V. Interpretation of Literature Through Medical Methodology

Medical Diagnosis and Literature

What is the value of connecting medical diagnosis and the analysis of a fictional work?

Modern fields of study, to some degree, limit approaches to knowledge where previously there were no divisions. For example, "until recent centuries in Europe, no hard and fast distinction separated medicine and magic or science and religion" (Pope 22). In this wider approach, literature and medicine are not distinct fields without commonality; both analyze the human condition. For example, many medical universities now recognize the affinities between literature and medicine and include courses designed to explore the importance of literature for medical students by

> teaching empathy with the ill person, giving insight into the peculiarities of the medical life and the doctor's place in society and culture, underscoring the dilemmas of medical morals, and improving the use of narrative forms in history taking. (Pellegrino 19)

The diagnosis of an illness begins with the doctor taking the patient's medical history; yet,

> history-taking is the physician's most neglected skill simply because it is so often taken for granted . . . it needs cultivation; it needs to be formed on the best models of the

> narrative form. The decline in artful and cogent history-taking may be directly related to the decline among pre-medical and medical students in reading good literature . . . Narrative skills, and expository prose need reinforcement in the course of medical education. (Pellegrino 20-21)

Thus, as a literary tool, medicine offers a scientific rationale for analyzing information in a literary text; as a medical tool, literature offers an understanding of human nature. The medical history provides a juncture between these fields; it is the story of the patient's life and illness, as well as plans for future health. It is in this area of history-taking that medical diagnosis best applies to a fictional work. For many doctors, the need for taking a medical history of more than average detail is vital in illnesses where neither a standard physical examination nor laboratory tests can explain the severity of the symptoms. In diagnosing the illness of a literary character (or even the author of the work), the medical history becomes the primary tool in diagnosis.

Medical Diagnosis and "The Fall of the House of Usher"

What are the sources of information for medical diagnosis?

In the case of "The Fall of the House of Usher," the narrator serves as the observing physician who records symptoms and signs. The narrator provides the medical history through his observations, memories and knowledge. This medical history aids in categorizing and analyzing the descriptions of Roderick's and

Madeline Usher's illnesses, which is a complicated and time-consuming process. During this stage of the diagnostic procedure, I will differentiate between the symptoms the narrator obtains via Roderick's descriptions (and Madeline's symptoms as well, since Roderick speaks for both himself and his sister) and the narrator's own observations. All of the information, regardless of its source, falls into three basic areas of medical diagnosis: first, the analysis of subjective symptoms; next, the observation of objective signs; and finally, the family history and background.

All of these symptoms and signs require a careful analysis of not only the information, but also the source of the information and the role of the information in the text. The narrator, in his role as physician/diagnostician is vitally important as the source of this information and is, therefore, under intense scrutiny. Because he is the primary source of information on Roderick's and Madeline's illnesses, it is important to trust the reliability of the information obtained through him. As such an important source, he needs to be both reliable and astute.

The narrator, in his role as physician/observer, obtains information about symptoms and signs of illness, through

> some acute, though not individualizing, faculties: five keen senses which shrewdly perceive actual physical circumstances; a sixth sense of vague and indescribable realities behind the physical and apparent; a clever faculty of rational interpretation of sensible phenomena; and finally, a sceptical and matter-of-fact propensity to mistrust intuitional apprehensions and to seek natural and rational explanations.

> In short, he is a habitual naturalist resisting urgent convictions of the preternatural. (Abel 44)

The narrator's ability to "resist urgent convictions" (Abel 44) also applies to his ability to stand aside from the Ushers as an objective observer and recorder of events. I will evaluate the information provided by the narrator for reliability, as well as a lack of bias or emotional involvement.

Determination of the Reliability of Information

How is the reliability of the information determined?

The issue of the narrator's reliability is primary in using him as a diagnostic tool. If the information obtained through the narrator is questionable, the information itself becomes less reliable, and makes an accurate diagnosis more difficult. However, in his initial exposure to Usher's symptoms and fears, the narrator

> does not reflect any progressive deterioration of mind or feeling. . . his account is concerned almost entirely with Usher, his appearance, behavior, and obsessions with several varieties of fear. And rather than respond to and interiorize these obsessions, the narrator attempts to distract Usher from them. (Quinn, Patrick, Misreading 155-156)

The narrator appears to maintain a detached, almost clinical attitude throughout the story towards Roderick, despite Roderick's odd behaviors. Before arriving at the House of Usher, the narrator admits that he "really knew little" of

his friend (Poe, Fall 58), since Usher's "reserve has always been excessive" (Poe, Fall 58). This remembered "reserve" helps maintain some clinical distance on the part of the narrator as an observer. The narrator's

> interest in Usher's character tends to be what may be called a "clinical" interest . . . baffled by the vague terrors and superstitions that beset Roderick Usher, he is able to furnish us, not so much a reading of his friend's character as a list of symptoms and aberrations. Usher is a medical case, . . . a titillatingly horrible case, but merely another case after all. (Brooks 25)

This clinical attitude is strengthened by the implication in the story that the narrator has some familiarity with "the history of mental disorder" (Poe, Fall 514). The hint of this prior knowledge bestows on the narrator an appearance of authority in his observation and analysis of the Ushers' illnesses.

Although there are times in the story when the narrator seems to be in doubt of his own sanity, as well as the sanity of Roderick, he still retains the presence of mind to question his responses to unusual, and sometimes unnerving, circumstances. When confronted by the eerie appearance of the house on his initial approach, the narrator recognized his own uneasiness, and he "paused to think – what was it that so unnerved [him] in the contemplation of the House of Usher?"(Poe, Fall 28-29). Each time he is confronted by something out of the ordinary, something causing him uneasiness, he is willing to assess his feelings objectively, and

> according to Poe's own statement of affective technique, . . . the force of the narrator's hesitation is certainly to cause us to hesitate, but then to lead us to a more automatic belief; Because the narrator doubts his own observations and gives them little credence, we are reassured that he is not simply a madman and that we can trust his responses. (Haggerty 94)

As Usher's symptoms progressively worsen, the narrator is uncertain whether to diagnose Usher's problem as "extreme terror . . . [of an] unceasingly agitated mind . . . laboring with some oppressive secret" (Poe, Fall 441, 443), or "the mere inexplicable vagaries of madness" (Poe, Fall 445). Either way, Usher's condition has become increasingly disturbing to the narrator, but it is only "after perhaps weeks of residence in the house, that the narrator begins to feel real distress. Up to this point there has been no meticulous recording of a developing uneasiness" (Quinn, Patrick, Misreading 155-156).

It is not until the end of the story that the narrator truly begins to doubt his own sanity; he begins to fear that Usher's apparent madness is affecting him. However, even then, he "still retained sufficient presence of mind to avoid exciting, by any observation, the sensitive nervousness of [his] companion" (Poe, Fall 572-574). This ability of the narrator to step aside from his own fears and concerns and focus on the problems of the Ushers reassures us and allows us to regard the narrator as a reliable and objective observer throughout the story.

VI. Using Medical Diagnosis to Categorize Symptoms and Signs in the Text

Analyzing the Text

Any type of analysis of a large problem involves dividing the problem into smaller parts that are more manageable. In the case of the Ushers' illnesses, it means dividing the pertinent text into shorter descriptive or informative phrases, each dealing with some aspect of either Roderick's or Madeline's illness. The first stage in classification of the symptoms and signs is the division of the phrases into sections devoted to either Roderick's or Madeline's symptoms. Within these sections, I will organize the symptoms into subjective symptoms, objective symptoms, and family history/background. By categorizing each symptom according to subjective or objective type, I can then translate them into the appropriate medical terminology. However, the family history/background section contains information pertinent to both of the Ushers, so I will discuss those symptoms and signs in a combined section after Roderick's and Madeline's individual sections.

Examination and Categorization of Roderick Usher's Illness

What are Roderick Usher's symptoms and signs?

The majority of the text concerns Roderick's illness. Five categories stand out as sources for symptoms and/or signs of his illness, which are:

- ❖ Narrator's objective (sensory) observation of Roderick
- ❖ Narrator's knowledge of Usher family & personal memories of Usher
- ❖ Narrator's observation/(subjective) interpretation of Roderick's condition
- ❖ Narrator's recollection of contents of letter from Usher
- ❖ Roderick's description of his illness to Narrator.

However, in order to simplify the analysis, these five subcategories will be discussed under three headings: Subjective Symptom Information, Objective Sign Information, Family History/Background (Note: the Family History/Background section combines information on both Roderick and Madeline).

Indicators of Epilepsy in the Subjective Symptoms of Roderick Usher's Illness

What is obtained through Roderick's description of his illness, in person and in a letter, and the narrator's subjective interpretation?

All of these symptoms are subjective because no test or observation can verify them, and they depend on verbal accounts from the patient, as well as non-

objective interpretation by the narrator. Although the narrator can observe Roderick's apparent distaste for certain foods, the narrator cannot substantiate it objectively; the narrator is entirely dependent upon Roderick to confirm this distaste. The symptoms in this category also include those with emotional content or bias on the part of the narrator. For example, phrases containing an emotional valuation or a non-measurable quantity are interpretations by the narrator, as in "excessive nervous agitation" (Poe, Fall 169-170), which involves a valuation by the narrator of what is excessive and what is not, and thus are subjective.

In his letter to the narrator, Roderick "spoke of acute bodily illness, [and] of a mental disorder, which oppressed him" (Poe, Fall 49-50). It is not unusual for an epileptic to feel depressed. The symptoms of epilepsy are so varied and sometimes alarming, with "gross disorders of thought" (Restak 1), they are frequently mistaken for "mental disorder." In addition to this description by Roderick of his illness, the narrator recalls that the letter itself "gave evidence of nervous agitation" (Poe, Fall 49).

At their first meeting, the narrator's observation is initially subjective; however, the change in Usher shocks him, and the narrator looked at "him [Roderick] with a feeling half of pity, half of awe. Surely, man had never before so terribly altered, in so brief a period, as had Roderick Usher!" (Poe, Fall 146-147). Apart from the physical changes (as discussed in the next section on objective signs), the narrator believes his friend suffers from "an excessive

nervous agitation" (Poe, Fall 169-170). Temporal lobe epilepsy sometimes causes "a repetitive, purposeless action" (Goldberg 46), such as muscle twitching, rocking motions, and other automatic motions. An intense, irrational fear frequently precedes an epileptic seizure, with frequent "visceral component[s] to the symptoms . . . a feeling or sensation, almost always unpleasant" (Restak 2). The narrator discovers that Roderick is controlled by "an anomalous species of terror" (Poe, Fall 194) and that Roderick believes that eventually he will "abandon life and reason together, in some struggle with the grim phantasm, FEAR [Poe's emphasis]" (Poe, Fall 201-202).

Roderick's symptoms of irrational behavior are typical of epileptic behavior. The narrator describes Roderick's actions to be "alternately vivacious and sullen" (Poe, Fall 173). In an adult epileptic, the patient is often found to be "remarkably irritable and have profound mood swings" (Lechtenberg 147). These strange behaviors in epileptics "often lead friends, family members, and even physicians caring for the patient to suspect a psychological basis for much, if not all, of the abnormal behavior observed" (Lechtenberg 22). After Madeline's "death," the narrator notices a drastic change in his friend, "a species of mad hilarity in his eyes – an evidently restrained *hysteria* in his whole demeanor" (Poe, Fall 476-477). Since stress can bring on an increase in seizure occurrence, Roderick's emotional change is common in temporal lobe epilepsy. This type of epilepsy causes the patient to "suddenly behave out of character or

inappropriately, such as becoming suddenly violent or angry; laughing for no reason; or making agitated or bizarre body movements, including odd chewing movements" ("Epilepsy Signs" 1).

These behaviors are alarming to observers, but seldom lead to serious violent actions. However, these symptoms frequently cause friends, relatives, and even the patient, to believe the odd behaviors are due to some mental disorder. On several occasions in the story, the narrator implies that Roderick is suffering from a mental rather than a physical illness. He refers to Roderick as a hypochondriac (Poe, Fall 266, 391, 513) on three separate occasions, once to Roderick's "disordered fancy" (Poe, Fall 357), and once to his "an excited and highly distempered ideality" (Poe, Fall 254). In temporal lobe epilepsy, patients

> tend to be obsessive and over-inclusive in their thinking, . . . their speech and thinking is 'viscous' and ponderous with a tendency toward loquacity and the insistence on the elaboration of fine and often tedious distinctions [sounds like Poe] . . . [and] outbursts of irritability, rather than frank violence. (Restak 3)

The narrator notices Roderick's "intense mental collectedness and concentration . . . only in particular moments of the highest artificial excitement" (Poe, Fall 288-290), "the wild over-strained air of vivacity with which he [Roderick] hearkened" (Poe, Fall 515-516), and Roderick's speaking in a "low, hurried, and gibbering murmur, as if unconscious of [the narrator's] presence" (Poe, Fall 606-607). These symptoms sometimes cause observers to doubt the patient's sanity. The

symptoms of temporal lobe epilepsy involve behavior frequently mistaken for mental disorders – emotional outbursts, hallucinations, and unusual ideas or beliefs. Many of these patients spend years in psychiatric therapy. Psychiatrists frequently misdiagnose them as mentally unbalanced, making it difficult to obtain a diagnosis of epilepsy. Although psychiatric problems sometimes do coexist with seizure disorders, they are symptomatic of the epilepsy, not mental illness.

Roderick also professes to suffer from a strange physical sensitivity, a sensory disorder. Because of this disorder, he

> suffered much from a morbid acuteness of the senses; the most insipid food was alone endurable; he could wear only garments of certain texture; the odors of all flowers were oppressive; his eyes were tortured by even a faint light; and there were but peculiar sounds, and these from stringed instruments, which did not inspire him with horror. (Poe, Fall 188-193)

These symptoms involve impaired sensory function and/or sensory hallucination, typically found in temporal lobe epilepsy. These sensory hallucinations are part of the "auras" of epilepsy. Auras are warnings that immediately precede seizures. They take many forms, including:

- Sensory (a sound, a smell, or a sight like lights, sparkles, distorted images)
- Autonomic (relating to the involuntary nervous system, such as rapid heartbeat, breathlessness, throat spasms, irregular breathing, blushing)
- Related to psychic phenomena (a hallucination, for example). (Goldberg 28)

Unusual taste sensation is a common feature of temporal lobe epilepsy; gustatory hallucinations are frequently accompanied by other sensory hallucinations where the patient

> senses and often complains of a disagreeable smell or taste, . . . auditory hallucinations also incur in some auras, . . . and occasionally the aura occurs without any other seizure activity. (Lechtenberg 24-25)

In Roderick's case, these subjective symptoms are more typical of sensory hallucination than actual sensory sensitivity. Roderick's illness does not limit itself to gustatory (taste) and auditory (hearing) illusions but "displayed itself in a host of unnatural sensations" (Poe, Fall 186).

Although auras are a common occurrence in epileptic seizures, not all seizures are epileptic. Non-epileptic seizures include febrile seizures, which are brought on by a high fever in young children; seizures due to trauma, disease, or substance abuse; and hysterical seizures, which have a psychological basis. Key clues to the diagnosis of epilepsy are evidence of auras and/or seizures. In many cases, the auras are the only distinguishing symptoms of epilepsy in cases where the seizures are brief periods of lack of awareness (absence seizures). Other auras typical of epilepsy involve

> hallucinations (sight, sound, or smell), visual illusions (rotating, shrinking, or magnifying), distorted understanding (déjà vu, or recurrent memory), and sudden, intense emotion (anxiety or fear). ("Seizures" 9)

Roderick's symptoms include "a morbid condition of the auditory nerve which rendered all music intolerable to the sufferer, with the exception of certain effects of stringed instruments" (Poe, Fall 280-282). It is common to find music, or at least certain types of music, to have a calming effect upon the nerves. In the past, many people believed music could function as therapy by acting upon the nerves

> as vibrating cords [that] respond to the air, moved by musical sounds. concentration and attention of the mind . . . could also equalize motion of the spirits and control spasmodic diseases such as hysteria or epilepsy. (Rousseau 39)

Until recently, the medical community dismissed the idea of music as therapy to control the effects of epilepsy. Now, alternative forms of medical treatment are gaining support, not only in popularity amongst patients, but also in terms of respect and acceptance by the medical community. Some doctors are beginning to offer alternative therapies that include sensory therapies such as sound and aroma. Because stress often triggers epilepsy, and artistic expression soothes the feelings of stress in many people, many epileptics turn to art, literature or music as forms of therapy.

Van Gogh, once diagnosed with epilepsy during a brief hospitalization (although there was a difference of opinion among the several different doctors who treated him), "alternated between periods of near madness and highly productive calm" (LaPlante 6). In a letter to his brother, Theo, Van Gogh

attempted to explain his drive to paint. In an agitated state, he wrote, "work distracts me, and I must have some distraction; or rather work keeps me in control, so that I don't deny myself it . . . I miss the work more than it tires me" (qtd. in LaPlante 7). Like Van Gogh, Roderick Usher paints, and finds in his painting a means of expression. The narrator is amazed by the

> utter simplicity, by the nakedness of his designs, he arrested and overawed attention. If ever mortal painted an idea, that mortal was Roderick Usher . . . there arose out of the pure abstractions which the hypochondriac contrived to throw upon his canvas, an intensity of intolerable awe, no shadow of which felt I ever yet in the contemplation of the certainly glowing yet too concrete reveries of Fuseli. (Poe, Fall 262-269)

Virginia Woolf, a manic-depressive, found that "in illness words seem to possess a mystical quality" (Rousseau 43), which gave her comfort; Bacon "endorsed poetry for health" (Rousseau 43); and Van Gogh wrote voluminous letters to friends and relatives, as many as two to three letters a day to his brother. Van Gogh's letters are symptomatic of two compulsions related to temporal lobe epilepsy, particular the type of temporal lobe epilepsy known as Geschwind's syndrome (named after Dr. Norman Geschwind, who documented and categorized the syndromes as related to temporal lobe epilepsy). The first compulsion, hypergraphia, is "a tendency to increased and extensive . . . writing, often of cosmic or philosophical nature, even when they are not seizing" (LaPlante 29). The other compulsion is what Geschwind called "stickiness," a tendency for

patients with temporal lobe epilepsy to be "unusually clingy and dependent, friendly to a fault" (LaPlante 32).

Roderick Usher exhibits these two compulsions in his contacts with the narrator. The letter that prompts the narrator's visit is written in such a "wildly importunate nature, [that it] . . . admitted of no other than a personal reply" (Poe, Fall 47-48). Usher exhibits "stickiness" in his "earnest desire to see [the narrator], and of the solace he expected [the narrator] to afford him" (Poe, Fall 180-181). Another sign of Usher's "stickiness" is his belief that he can not survive without his sister, Madeline, and that part of his

> peculiar gloom . . . could be traced to . . . the severe and long-continued illness, . . . to the evidently approaching dissolution, of a tenderly beloved sister – his sole companion for long years, his last and only relative on earth. (Poe, Fall 215-219)

This "stickiness" developed in Roderick Usher since the last time he and the narrator were together as children. The narrator's previous memories of Roderick were of a boy whose "reserve had been always excessive and habitual" (Poe, Fall 58-59). Now, Roderick's dependency on the narrator and Madeline are typical of the "sticky" behavior of temporal lobe epilepsy.

The narrator is also disturbed by Roderick's beliefs in "certain superstitious impressions" (Poe, Fall 205). In patients with temporal lobe epilepsy it is common to find superstitious or unusual religious beliefs. Along with the

hypergraphia and the "stickiness," temporal lobe epilepsy causes many of its victims to have an intense interest, almost a compulsion, in "religion, superstitious beliefs, or churches" (LaPlante 31). This symptom of epilepsy, which Geschwind called hyperreligiosity, "can appear even in people who deny religious faith . . . conventionally religious or not, hyperreligious patients . . . hold profound moral and ethical convictions" (LaPlante 31). There is evidence of "hyperreligiosity" in Roderick Usher's reading material; the narrator observes that, out of all the books they study together, Roderick's "chief delight . . . was an exceedingly rare and curious book . . . the manual of a forgotten church" (Poe, Fall 386-388). Roderick's books reflect his fascination with the mystical and supernatural. Even in Roderick's belief about "the sentience of all vegetable things" (Poe, Fall 356-357), there is a hint of the fervor that is symptomatic of "hyperreligiosity" in Roderick's "earnest *abandon* [Poe's italics] of his persuasion" (Poe, Fall 360). Patients exhibiting symptoms of hyperreligiosity feel an intense need to convince others of the validity of their belief system (LaPlante 31). Although the narrator does not share Roderick's odd beliefs, he is impressed by Roderick's "pertinacity with which he maintained [his belief] . . . [in the "sentience of all vegetable things . . [an] its importunate and terrible influence which for centuries had moulded the destinies of his family, and which made him what [the narrator] now saw him – what he was" (Poe, Fall 355-373).

Indicators of Epilepsy in the Objective Signs of Roderick Usher's Illness

What is obtained through the narrator's objective (sensory) observation of Roderick Usher?

The signs in this section primarily involve the narrator's direct visual observation of Usher's actions and appearance. I also include information obtained by senses other than sight, such as hearing or touch, in this category. Additionally, I will evaluate the observations in this category for lack of emotional content. The narrator's emotional response is a factor in analyzing the observations in this category. If the narrator is emotionally involved in the observance of symptoms, his observations are not objective, and thus, are subjective symptoms. When the narrator acts solely as an observer and recorder of sensory detail without emotional input, the information is objective.

When the narrator sees Roderick for the first time shortly after his arrival at the House of Usher, he is surprised at his old friend's changed appearance. Because Usher's appearance is so alarming, the narrator elaborates on Usher's appearance. His emotional response divides his observations into both subjective (as already discussed) and objective observations. The objective portion of his initial contact of the narrator with Usher involve the narrator's visual observation without emotional context. Many of these initial descriptions involve drastic

changes in Usher's appearance. The narrator finds it difficult to recognize his old friend in "the wan being . . . [with a] cadaverous complexion, lips somewhat thin and very pallid, [and] ghastly pallor of the skin" (Poe, Fall 149-161). "Facial flushing [is more common] just before a seizure" ("Epilepsy"), but many epileptics experience distress from their seizures that result in

> feelings of hopelessness, feelings of worthlessness or low self-esteem, anxiety, panic attacks, [and/or] phobias – for example, excessive fear of having a seizure in public or going outside [agoraphobia]. (Goldberg 90)

Since pallor, unusual paleness of the skin, can result from many of the reactions that are incidental to epilepsy, Roderick's changed appearance is significant.

The most likely cause of Roderick's pallor is agoraphobia, a phobia involving "fear of being alone or being in public places from which escape might be difficult or help not available in case of sudden incapacitation" (Neuman 4). Agoraphobia is extremely common in epileptics because they fear having a seizure in public. The pallor in agoraphobia results from two main causes - the fear itself by causing skin color changes (as in the blood draining from the face in cases of shock) and the lack of sunlight in a patient who is afraid to go outside of his home. Roderick is isolated, by his own fears in a house where "feeble gleams of encrimsoned light made their way through the trellised panes" (Poe, Fall 131-132), and his "eyes were tortured by even a faint light" (Poe, Fall 191). It is unlikely, given Roderick's sensitivity to light, that he spent any time outdoors, thus,

resulting in his presenting a pale, sickly appearance. In addition, Roderick is "enchained by certain superstitious impressions in regard to the dwelling which he tenanted, and from whence, for many years, he had never ventured forth" (Poe, Fall 204-206). Agoraphobics experience panic, a type of panic known as a panic attack. These attacks cause the agoraphobic patient to avoid any place that makes him experience this severe form of anxiety, and

> to withdraw from whatever place he happens to be. Subsequently, he is likely to avoid returning to that place or any place like it, in anticipation that if he does, he will once again be overcome by such feelings . . . Soon there are more and more places to avoid and fewer places where he can feel safe and comfortable. Usually the farther away from home he is, the worse he feels . . . Ultimately, he may feel anxious everywhere except in his own house, sometimes in his own room. (Neuman 13)

The narrator never indicates any previous familiarity with the House of Usher, and since his previous acquaintance with Usher was as a child, the implication is that they were possibly at school together. Therefore, Roderick's confinement to his home is a more recent occurrence. This implication is strengthened by Roderick's "superstitious impressions in regard to the dwelling which he tenanted, and from whence, for many years, he had never ventured forth" (Poe, Fall 205-207). Notice that Roderick claims confinement in his home "for many years" (Poe, Fall 206), not that he never left it at all.

The strongest objective evidence of temporal lobe epilepsy in Roderick Usher occurs after Madeline's "death" and interment. Apparently, the stress of her

death brought on more frequent seizure activity. The narrator notices Roderick "gazing upon vacancy for long hours, in an attitude of the profoundest attention, as if listening to some imaginary sound" (Poe, Fall 446-447), and "his eyes were bent fixedly before him, and throughout his whole countenance there reigned a more than stony rigidity" (Poe, Fall 602-603). Roderick's seizures are typical of a milder form of temporal lobe epilepsy where seizures frequently involve a "prolonged staring spell" (Lechtenberg 25). These types of seizures, absence seizures, are "often mistaken for daydreaming or 'staring spells.' The person is "usually unaware of the seizure and may or may not blink" (Goldberg 42). This is a milder form of the cataleptic state that Madeline displays, where the cataleptic state is one of "waxy rigidity" (Baldwin 63).

Some of Roderick's seizures involve a rocking motion "from side to side with a gentle yet constant and uniform sway" (Poe, Fall 583-584). In temporal lobe epilepsy, the seizure state can involve "physical movement [that] can be a simple repetitive act" ("Seizures" 8). Other forms of this physical movement involve "automatism, a repetitive, purposeless action . . . [like] repeating short, meaningless phrases over and over" (Goldberg 46). The narrator observes Roderick "murmuring inaudibly" (Poe, Fall 580), with "a . . . smile quivered about his lips . . . [and] he spoke in a low hurried, and gibbering murmur, as if unconscious of [the narrator's presence]" (Poe, Fall 605-606). Regardless of the symptoms of seizure, the victim "will remember little or nothing of what

transpired during the spell because the part of . . . [the] brain that is affected – the temporal lobe – is critically involved in memory" (Goldberg 46). A few days after Madeline's "death," Roderick's "ordinary manner had vanished. His ordinary occupations were neglected or forgotten" (Poe, Fall 437). Forgetfulness is a minor but annoying symptom in epileptics; however, the more serious form of memory loss frequently follows seizure episodes. This type of memory loss involves no memory of any of the events during the seizure period; it is a total blank for the patient.

Examination and Categorization of Madeline Usher's Illness

What are Madeline Usher's symptoms and signs?

Roderick's twin sister Madeline also exhibits symptoms similar to epilepsy. Her illness, although different in many aspects from Roderick's,

> baffled the skill of her physicians. A settled apathy, a gradual wasting away of the person, and frequent although transient affections of a partially cataleptical character were the unusual diagnosis. (Poe, Fall 148)

The frequent references to her cataleptical character set up the most important part in diagnosing Madeline's illness as separate from Roderick's. However, my strongest argument for Madeline's diagnosis of epilepsy is in the Family History/Background section.

There is less information available in the text on Madeline's illness, since she only makes three brief physical appearances in the story. There are only three sources for Madeline's symptoms and signs:

- ❖ Narrator's objective (sensory) observation of Madeline
- ❖ Narrator's observation/interpretation of Madeline's condition
- ❖ Roderick's description of Madeline's illness to Narrator.

Since she and Roderick are twins, much of the same family history/background is applicable to her diagnosis. Therefore, I will apply the same sections to her symptoms and signs: Subjective Symptom Information and Objective Sign Information. I will discuss the Family History/Background Section in a combined section for both Roderick and Madeline immediately following my analysis of Madeline's subjective symptoms and objective signs.

Indicators of Epilepsy in the Subjective Symptoms of Madeline Usher's Illness

What is obtained through Roderick's description of Madeline's illness, and the narrator's subjective interpretation?

Many of these symptoms are subjective due to Roderick's deep personal attachment to Madeline. Roderick's perception of his own illness affects his views of Madeline's illness as well as his grief at the thought of her impending

death; therefore, Roderick's descriptions to the narrator are emotionally subjective. The narrator never has an opportunity to verify any of Madeline's symptoms for himself since Madeline confines herself to her room after the first night of the narrator's visit. His initial view of Madeline is the only one the narrator obtains before her "death." This view of her, from across the room, is sufficiently upsetting to him as to cause feelings of "utter astonishment not unmingled with dread, . . . [and] a sensation of stupor oppressed [him]" (Poe, Fall 224-225). One of the causes for the narrator's emotional response at the sight of Madeline lies in Roderick's description of Madeline's illness; her illness is described as "a settled apathy, [and] a gradual wasting away of the person" (Poe, Fall 232). Apparently, Madeline is extremely thin from this wasting disease. This thinness is typical of anorexia nervosa; patients with anorexia nervosa are often thin to the point where their bones are sharply visible under their skin.

In temporal lobe epilepsy, "rare presentations include anorexia nervosa" (Restak 3). Anorexia nervosa is a "mental problem in which there is a long-term refusal to eat. It causes wasting, lack of menstrual cycle, . . . [and] is often linked with mental stress or conflict, as worry, anger, or fear" ("Anorexia"). In many cases, epilepsy can cause severe loss of appetite. A neurologist at Beth Israel Hospital proposes a connection between eating disorders, such as bulimia and anorexia, and epilepsy. In disorders involving this loss of appetite, it is common to see drastic weight loss, especially in menstruating women (LaPlante 224).

Anorexia nervosa alone can cause death by weakening the heart and other organs; the most frequent cause of death in anorexic patients is heart failure ("Anorexia").

Aside from the physical symptoms, because epilepsy is a disorder of the brain, it affects cognitive thinking and mood as well. That is why "psychosis and depression occur about fifteen times as often in people with temporal lobe epilepsy as in the general population" (LaPlante 220). This would account for Madeline's depressed state, her "settled apathy" (Poe, Fall 232).

Indicators of Epilepsy in the Objective Signs of Madeline Usher's Illness

What is obtained through the narrator's objective (sensory) observation of Madeline?

There are very few of these objective signs since the narrator directly observes Madeline on only three occasions: from a distance as she passes through the room when the narrator first arrives, in the vault after her "death," and at the end of the story, when she escapes from the vault and falls upon her brother. However, these observations, coupled with evidence in the Family History/ Background Section, provide the strongest clues to the diagnosis of Madeline's illness.

The narrator's initial view of Madeline, shortly after he arrives at the House of Usher, involves an intense emotional reaction (as previously discussed in the subjective symptom section). The only close observation of Madeline by the narrator is from two of the last scenes – in the vault after her "death," and after her escape and "resurrection." In the burial chamber scene, the narrator, although distressed at the death of his friend's sister, manages to give a relatively impartial description of Madeline. The initial observation of the similarities between Usher and Madeline are discussed more thoroughly in the Family and Social History/Background section, since this information is relative to heredity. However, in observing her appearance, the narrator reveals the first clue as to her age: "the disease which had thus entombed the lady in the maturity of youth" (Poe, Fall 427-428). This observation places Madeline (and Roderick, as well, since they are twins) in young adulthood, most likely their early twenties. Anorexia nervosa, as well as temporal lobe epilepsy, is age-related. Temporal lobe epilepsy "initially presents in children, teens and young adults ("Epilepsy"). Anorexia nervosa is age and gender-related since it "is seen mainly in teenagers, mostly girls ("Anorexia").

The narrator's comments on the "maladies of a strictly cataleptical character, the mockery of a faint blush upon the bosom and face" (Poe, Fall 428-430) are extremely significant in the diagnosis of epilepsy in Madeline Usher. Temporal lobe epilepsy can cause cataleptic type states, thus producing "a

condition of suspended animation and loss of voluntary motion, in which a trancelike level of awareness and rigid muscles occur" ("Catalepsy"). Catalepsy also explains Madeline's "death" and subsequent resurrection. In catalepsy, the patient is "placid . . . [and] show[s] a condition of waxy rigidity . . . [and] would sit for long periods . . . without moving" (Baldwin 63). Temporal lobe epilepsy can produce cataleptic states, involving the inability "to move due to a problem in the nerves of the muscles, which become very stiff" ("Catalepsy"). These states sometimes produce the appearance of a type of suspended animation, involving loss of voluntary motion, which can resemble death to a cursory examination. This cataleptic state could be mistaken for rigor mortis, a "temporary rigidity of muscles occurring after death" ("Rigor Mortis"). In part, a cataleptic state partially explains Madeline's subsequent reappearance as a recovery from a cataleptic state

However, when she does recover, she finds herself entombed in the family crypt. Her reappearance with "blood upon her white robes, and the evidence of some bitter struggle upon every portion of her emaciated frame" (Poe, Fall 630-631) indicates her struggle to free herself from her tomb. However, how could she get out of a coffin, which was "screwed down," after which Roderick and the narrator "secured the door of iron" (Poe, Fall 431-432)? Initially, there are two possible answers. The first is the possibility that, in some temporal lobe epileptics, violent behavior occurs. Usually, the violence is self-directed, which could also

account for the blood on her robes. The more credible answer involves the human "fight-or-flight response," where during an emergency, for example, like being buried alive, the perception of danger causes

> the pituitary [to] secrete a hormone called adrenocorticotropic hormone (ACTH) which causes [the] adrenal gland to release other hormones. These hormones – adrenaline (epinephrine) and cortisol – immediately cause . . . [the] pulse to quicken, . . . muscles to tense, and . . . blood pressure to increase . . . [the] body is made ready to fight or to flee. ("Fight")

Her appearance, then, is quite logical for someone who is not dead but mistaken for dead and buried alive, and who, stimulated by fear, finds more than normal strength. Medical history is full of tales of people who do heroic, physically demanding feats at times of great stress. Once the crisis is over, they return to their natural level of strength. Madeline's collapse, "in her violent, and now final death-agonies" (Poe, Fall 634), is not surprising since her strength was already depleted from a prolonged state of catalepsy. (Poe, Fall 634).

Another possible answer to the mystery surrounding Madeline's "death" involves a rare but fatal form of seizure; status epilepticus is a "condition in which a number of attacks follow one after the other without the patient's regaining consciousness between times. This state may persist for days" (Lennox 30). In status epilepticus, the patient is in a non-responsive state and, if not brought out of the seizure state, will die, either from "exhaustion or the pneumonia which follows many repeated convulsions" (Lennox 49). Status epilepticus, in temporal lobe

epilepsy, is a series of severe absence seizures (no visible signs of seizure activity) that produce a near-death state.

The narrator's only remaining objective description of Madeline in her coffin mentions "the mockery of a faint blush upon the bosom and face. Epileptics may experience "facial flushing just before a seizure, and observers will often notice it afterwards" ("Epilepsy"). If Madeline had a seizure inducing a cataleptic state (or a series of seizures resulting in status epilepticus), this blush was a clue that she was still alive, but unable to respond to outside stimuli. This clue is overlooked by Roderick (intentionally has been suggested by some critics) and the narrator, but which, in retrospect, seems obvious.

Indicators of Epilepsy in the Family and Social History/Background of the Ushers

What is obtained through family background and the narrator's personal memories of Usher?

The narrator obtains the information in this category from a variety of sources; however, because the source for this information comes from vaguely defined sources, the information is subjective. Most of the information in this category falls under the category of family or social history, as well as background information about the Usher family, past and present. The distance of memory, as

well as lack of verification, makes the narrator's childhood memories of Roderick subjective also.

In medical diagnosis, many of the questions included in the medical history involve the possibility of genetically transmitted illnesses. For both Roderick and Madeline to have symptoms suggestive of epilepsy, it is necessary for heredity to play an important role. Roderick's description of their problem as "a constitutional and family evil" (Poe, Fall 183) implies just that. Epilepsy "may be inherited, but if so, it usually begins before the age of thirty" (Deaton 351). Madeline, "a lady in the maturity of youth" (Poe, Fall 428) is obviously a young adult, probably in her twenties, and since Roderick and Madeline are twins, they are the same age, and are, therefore, both young adults. The fact that they are twins is also significant since "twins have an increased risk of both developing epilepsy if one does" (Lechtenberg 83).

Roderick's interest in music, art and literature follow a significant pattern in the family history. Their family history is

> noted, . . . for a peculiar sensibility of temperament, displaying itself . . . in many works of exalted art, and manifested . . .[in] a passionate devotion to the intricacies . . . of musical science. (Poe, Fall 60-64)

Perhaps other Ushers have required the soothing music and the therapeutic art, just as Roderick now does.

Genealogy also provides some information vital to this diagnosis. Roderick and Madeline are the last of a long line of Ushers because

> the stem of the Usher race, . . . had put forth, at no period, any enduring branch; in other words, . . . the entire family lay in the direct line of descent, and had always, with very trifling and very temporary variation, so lain. (Poe, Fall 67-68)

This reveals that, until Madeline, the Usher family was male-dominated, and the few daughters born into the family did not perpetuate any collateral branching of the family line (they did not marry or they did not produce any offspring). Since epilepsy is sometimes transmitted genetically, and "sons are more likely to develop epilepsy than daughters" (Lechtenberg 83), the disease is primarily passed down from generation to generation through the masculine members of the family. This is significant because "this deficiency, perhaps, of collateral issue, and the consequent undeviating transmission, from sire to son, of the patrimony with the name" (Poe, Fall 73-75) produces a direct line of males who pass the illness to their sons. In the case of Roderick and Madeline, Roderick is susceptible to the hereditary illness because of the direct line of descent, and Madeline is susceptible to it because she is his twin. Although epilepsy can show up in families with no previous history, it does tend to "run in families" ("Seizures" 8). Therefore, through heredity, Roderick's strong indicators for epilepsy support Madeline's diagnosis and fills in the gaps due to lack of available information in the text on Madeline's illness.

VII. Examination of Previous Explanations for the Ushers' Symptoms

"The Fall of the House of Usher" as a Dream/Nightmare

Lynne Shackelford denies the possibility of either a natural or supernatural explanation for the narrator's experiences in "The Fall of the House of Usher" by turning the entire story into a dream motif, the narrator's dream/nightmare. Shackelford supports this argument by focusing on the narrator's reference to Roderick Usher's painting as reminiscent of the "glowing yet too concrete reveries of Fuseli" (Poe, Fall 269). This reference is to Henry Fuseli, a 19th century artist, who is best known for *The Nightmare*,

> an unforgettable, . . . canvas composed of three key elements: a beautiful woman, dressed in virginal white, lying prostrate upon a bed; an incubus, or demon, crouched maliciously upon the woman's breast; and a horse's head with fiery eyes emerging from a shadowy background. (Shackelford 19)

The next scene Shackelford points out is the disturbing experience of the narrator during his last sleepless night in the Ushers' house. The narrator, after a futile attempt at sleep, feels as if "there sat upon [his] . . . heart an incubus of utterly causeless alarm" (Poe, Fall 461-462). Shackelford connects the narrator's

description of Roderick's painting and the narrator's sleepless night as evidence to turn the entire story into a nightmare.

In Fuseli's painting, there are three primary elements. The most powerful of the three elements is an incubus, which is "a demon in male form that seeks to have sexual intercourse with sleeping women" ("Incubus" 583). The other two main elements in the painting are a horse's head and a sleeping girl. In *The Nightmare*, the horse and the incubus are "symbols of . . . terror and suffocating oppression"(Fleming 49). However, the narrator does not feel suffocated by the incubus; he feels alarmed and restless, while in Fuseli's painting, the sleeper is totally unaware of the presence of the demon.

However, there are other elements in the story, such as the narrator's repeated references to dreams, which connect to the dream motif. The first two dream references are during the narrator's initial approach of the House of Usher. He feels "an utter depression of soul which . . . can compare to no earthly sensation more properly than to the after-dream of the reveller upon opium" (Poe, Fall 22-24). After the narrator's examination of the house, in an effort to dispel his uneasiness, he tries to shake "off from [his] spirit what *must* have been a dream [italics, Poe's]" (Poe, Fall 96). Later in the story, the narrator listens "as if in a dream" (Poe, Fall 244) to Roderick playing the guitar.

For the dream/nightmare theory to hold true, the story should end with a sense of awakening or the relief that comes after a nightmare ends. However, the

last scene shows the narrator physically fleeing a house in the midst of a storm. The narrator does not indicate any doubt about the reality of this final scene in which his senses are actively assaulted:

> the entire orb burst at once upon my sight – my brain reeled as I saw the mighty walls rushing asunder – there was a long tumultuous shouting sound like the voice of a thousand waters" (Poe, Fall 646-648).

The dream/nightmare motif as an explanation of the events in "The Fall of the House of Usher" fails to provide any explanation for the Ushers' illnesses, and if to consider the "whole tale as a dream . . . , is to have to face an account with so many gaps in it . . . so as to invite allegorical readings that can multiply almost endlessly" (Heller 138). Although there are frequent references to dreams and nightmares in "The Fall of the House of Usher," the dream/nightmare motif does not attempt to explain the Ushers' illnesses; it simply ignores them.

Vampire and Victim in "The Fall of the House of Usher"

Lyle Kendall, in his essay "The Vampire Motif in 'The Fall of the House of Usher,'" offers evidence of vampirism as an explanation for Roderick's and Madeline's symptoms. The vampires of folk legend share certain consistent characteristics; they are "'un-dead' persons who return from the grave to prey on or devour the living under specific conditions" (Ronay 3). Kendall cites the

narrator's disturbing experience during his final night in the House of Usher, when "there sat upon [the narrator's] heart an incubus of utterly causeless alarm" (Poe, Fall 461-462) to invoke not an incubus, but a succubus (although Poe's story specifically mentions only an incubus). An incubus is

> a spirit alleged to alight on and suffocate people in their sleep . . . a demon in male form that seeks to have sexual intercourse with sleeping women; [while] the corresponding spirit in female form is called a succubus. (Incubus 583)

Kendall links the succubus with vampirism, although the succubus suffocates its victims while sexually assaulting them, and the vampire drains its victims of blood. However, in some 18th century folk legends, the victims of vampires would relate "a feeling of sickness and suffocation; of the monster lying along his victim in a sexual posture; of a great weight on the chest"(Copper 39). Unfortunately for Kendall's theory, he never mentions evidence of this nature or explains how he makes his connection of incubus to succubus to vampire.

Kendall's theory is that Madeline is the vampire and Roderick her victim. Kendall points to Roderick's "ghastly pallor" (Poe, Fall 161), and "pallor . . . [that] had assumed, . . . a more ghastly hue" (Poe, Fall 438-439), as indicators of Roderick's loss of blood to his vampire sister. In Kendall's explanation, Madeline's "death" and "resurrection" are simply the "common ability of witches to enter at will upon a trance-like, death-like state of suspended animation" (Kendall 102). Here Kendall switches once more, this time from vampires to

witches, in his explanation of Madeline's "death." Again, however, he fails to explain how he makes this connection, this time from vampire to witch.

Kendall also mentions the books that the narrator and Roderick spend their time studying as evidence of Roderick's struggles to free himself from his vampire sister. Kendall claims that the book described as Roderick's favorite, the "exceedingly rare . . . manual of a forgotten church – the Vigilae Mortuorum Secundum Chorum Ecclesiae Maguntinaen" (Poe, Fall 388-389), is actually the book of the "Black Mass" (Kendall 103), and that another book is on "exorcising witches and ferreting out other sorts of heretics" (Kendall 103). Kendall claims that it is the failure of these books to release Roderick from the vampire that cause him to "imprison Madeline" (Kendall 103), in order to save himself.

In the final scene between Roderick and Madeline, Kendall points to the "blood upon her white robes" (Poe, Fall 630), and how she "fell heavily inward upon the person of her brother, and in her violent, and now final death-agonies, bore him to the floor a corpse, and a victim to the terrors he had anticipated" (Poe, Fall 633-636). For Kendall, Madeline's fatal bite after returning from her tomb is the cause of Roderick's death. Kendall closes his argument by citing the final scene where the narrator flees from the house after witnessing the *deaths* of both Ushers. However, if Poe follows the vampire legends, and Madeline is a vampire and Roderick her victim, then Kendall's argument fails to recognize the primary evidence in this particular scene that refutes the case of vampirism: if Madeline is

a vampire, then she is one of the undead and, therefore, could not be in her "final death-agonies" (Poe, Fall 634). According to legend, the vampire is destroyed in numerous ways:

> Since the body of the vampire is already dead, he must be destroyed rather than killed. In old tales, he could simply be burned. If he wasn't burned, it was customary to stuff his mouth with garlic after the head had been decapitated . . . [then] staking became a more popular mode of destruction, . . and the stakes had to be inserted . . . [with] a swift, firm thrust of the stake through the heart [which] did not kill the demon, but forever fixed him in his coffin . . . As he was staked, blood gushed from the wound, and, while he might well howl in agony, he was strangely relieved. For now at least he could experience . . . release from an eternity of half-life: the waking dead could at last sleep. (Twitchell 12-13)

However, being entombed, as Madeline was, is not one of the methods of destroying a vampire; actually, in many vampire legends, the vampire rests inside a tomb. Additionally, Roderick, if killed by a vampire's fatal bite, would "himself become a vampire and prey on others in his turn" (Copper 37), and is therefore, not dead, but "un-dead." Kendall's theory has some interesting and somewhat valid ideas, such as the subject matter of Roderick's books, Madeline's return from the tomb, and some of Roderick's physical symptoms (pallor, etc), but he never fully develops this theory.

D. H. Lawrence also uses the vampire motif in his essay on Edgar Allan Poe and "The Fall of the House of Usher." In Lawrence's interpretation, Roderick is the vampire, Madeline is the victim, and the vampire motif is symbolic of their

incestuous relationship, not an actual creature. Lawrence bases his vampire motif on an incestuous relationship between Roderick and Madeline, where

> the exquisitely sensitive [Roderick], vibrating without resistance with his sister Madeline, more and more exquisitely, and gradually devouring her, sucking her life like a vampire in his anguish of extreme love. And she asking to be sucked. Madeline died and was carried down by her brother into the deep vaults of the house. But she was not dead. (Lawrence 41)

Lawrence's interpretation depends on an incestuous relationship between Roderick and Madeline to support his "vampire" theory as symbolic of a love that devours. Lawrence never intends the vampire to be a literal creature. Instead, it is a symbol of the Ushers' incestuous desire. Lawrence also views the burial vault as a symbol, not of death, but of

> that which takes place beneath the consciousness. On top, all is fair-spoken. Beneath, there is awful murderous extremity of burying alive. (Lawrence 42)

For Lawrence, the Ushers' symptoms are only symbols of repressed desire, which results in their destruction.

The vampire theory does work on some levels. Roderick is pale, sickly and terrorized, all traits of a vampire's victim. He is sensitive to light, which is a hallmark of the vampire, or else a victim in the last stages. Madeline has an illness unexplainable by medical science, and she does arise from a sealed tomb covered with blood. However, not all of Roderick's symptoms are explainable by blood

loss from a vampire's bite. Roderick is frequently agitated and restless with a "wild overstrained air of vivacity" (Poe, Fall 515-516), which are not the actions of a man weak from loss of blood. The narrator noted that after Madeline's "death," Roderick's "pallor of his countenance . . . assumed, . . . more ghastly hue. He should be regaining his strength, but instead he grows paler. If Madeline, as a vampire, was draining him before her "death," then why did he become paler once she was entombed? Additionally, Roderick's seizure episodes, occasions when the narrator notices Roderick "gazing upon vacancy for long hours" and when he "rocked from side to side with a gentle yet constant and uniform sway" (Poe, Fall 583-584) are not explained by his being either vampire or victim. On multiple occasions, the narrator noted these types of repetitive motions, motions that are consistent with epilepsy, not vampirism.

Madeline's "death" and "resurrection" are also more easily explainable through a diagnosis of epilepsy than vampirism. During the 18th century, there was such widespread belief and fear in vampirism that officials conducted "vampire trials." One of the methods for trying a suspected vampire was for the "body [to] be dug up and examined for the common marks of vampirism, believed to be pliancy and flexibility of limbs, fluidity of blood and unputrefied flesh" (Ronay 27). However, many of these so-called vampires, who were found in a state of suspended animation in their graves, were more likely to be "gravely ill patients and people subject to epileptic and other fits [who] were buried alive . . .

in eighteenth-century . . . Europe" (Ronay 34). Some of these people died quickly, "either because of their illness or as a result of asphyxiation due to premature internment. Those in a kind of suspended animation on the border of life and death (catalepsy) could have stayed intact for a considerable time without particularly damaging effect on their bodies. On regaining consciousness . . . in some cases perhaps several days . . . after burial, they would naturally try to claw their way out of their tomb, and this would explain the fresh blood on their faces and their hands" (Ronay 34-35).

The Narrator and Roderick Usher as Misogynists

In Cynthia Jordan's essay, "Poe's Re-Vision: The Recovery of the Second Story," she sees the narrator as a misogynist, and thus, the entire tale follows his efforts to supplant Madeline in Roderick's affections. According to Jordan's argument, all of Roderick's problems stem from the inner turmoil he experiences from being caught in a power struggle between Madeline and the narrator (Jordan 6-7), and the conflict hinges on the "male narrator's actions . . . his influence over Roderick and his misogynist strategies of textual control" (Jordan 6).

Jordan offers as proof the narrator's feelings when initially viewing Madeline as she "passed through a remote portion of the apartment, and, without having noticed [the narrator's] presence, disappeared" (Poe, Fall 222-223). This

view of Madeline causes feelings of "utter astonishment not unmingled with dread . . . [and] a sensation of stupor oppressed [him]" (Poe, Fall 224-225). Jordan interprets the narrator's feelings as misogynistic towards Madeline beginning with his first view of her crossing the room.

Jordan also points to evidence that the narrator immediately sets out to remove Madeline from Usher's thoughts and life by occupying him with constant activity:

> for several days ensuing, her [Madeline's] name was unmentioned by either Usher or myself: and, during this period, I was busied in earnest endeavors to alleviate the melancholy of my friend. (Poe, Fall 241-243)

However, the narrator's efforts to distract Roderick fail, and although he obtains, with Roderick,

> a closer and closer intimacy [and as Roderick] admitted [the narrator] more unreservedly into the recesses of his spirit, the more bitterly did [the narrator] perceive the futility of all attempt at cheering a mind from which darkness, as if an inherent quality, poured forth upon all objects of the moral and physical universe, in once unceasing radiation of gloom. (Poe, Fall 245-249)

Jordan even points to an early passage as foreshadowing the narrator's intentions to remove Madeline from Roderick's life when he remarks that "the lady, at least while living, would be seen by me no more" (Poe, Fall 240).

This argument is at its weakest when examining Usher's feelings towards Madeline; Usher's only negative emotions towards his sister are at the thought of her leaving him (in death), not misogynistic feelings towards her presence. If the

narrator's goal was the removal of Madeline, then he, as well as Usher, should have felt relief after her "death" and burial, but, instead, their nervousness increased. This explanation does not even attempt to account for the fact that Roderick's symptoms of his illness are of long-standing duration, long before the narrator arrived. Therefore, a power struggle between the narrator and Madeline can not be their source. Jordan makes little attempt to explain the physical symptoms except as a misogynistic emotional struggle for Roderick; Jordan similarly ignores Madeline's symptoms. This explanation is one of the weakest I found in my studies since it makes no effort to account for the physical characteristics and symptoms of both of the Ushers, as well as the emotional responses of both the narrator and Roderick that do not appear misogynistic.

The Incestuous Relationship of Roderick and Madeline

Many critics argue that Roderick and Madeline are in an incestuous relationship or that their unconsummated passion for each other is the cause of their symptoms. Most of the arguments in this category suggest variously that the illnesses result from:

- the Ushers' guilt concerning their incestuous relationship
- the unconsummated incestuous relationship between the Ushers
- divine punishment for their incestuous feelings and/or relationship

- ❖ a vampiric theme of incestuous and perverted desire (See the section on "Vampire and Victim in 'The Fall of the House of Usher'").

D. H. Lawrence (see Vampire and Victim in "The Fall of the House of Usher" section) argues the last explanation, that the incestuous relationship is vampiric in nature and that Roderick feeds on his love for Madeline, who is a willing participant.

Louise Kaplan also argues the incestuous vampire motif in her essay, "The Perverse Strategy in 'The Fall of the House of Usher.'" Kaplan claims that "the specter of incest is omnipresent from the beginning" (Kaplan 60), and finds "incest and necrophilia hover[ing] in the background, perversion in its narrower and customary sense – as sexual perversion" (Kaplan 47). Her explanation for Roderick's problems is that "by ridding himself of all earthly passion, he is attempting to repudiate his incestuous longing for Madeline" (Kaplan 63). Kaplan argues that

> whether as witch or vampire or as the specter of incestuous desire, the terrifying, emaciated, white-shrouded, bloody Madeline returns from her tomb to grant her brother's forbidden wishes. The twins are reunited in death, merged as one for all eternity. (Kaplan 64)

In addition, Kaplan's explains the "fall" of the house at the time of the return of Madeline at the end of the story as a "consummation" of Roderick and Madeline's desire, and

> with Madeline's substantiation of the aesthetic of pure Desire, her overthrow of moral Authority, Heaven cries out, venting its full wrath on the House of Usher, which cracks apart along its fissure, collapses like a house of cards – and is no more. (Kaplan 64)

Therefore, the "fall" of the house is a divine judgment upon its inhabitants for their sexual perversion.

In "The Psycho-Sexual Reading of 'The Fall of the House of Usher,'" John L. Marsh argues that Roderick's problems "rise from and are the aftermath of a long-standing, deliberately incestuous relationship with his sister, the Lady Madeline, in which she no less than he is a participant" (Marsh 8). Marsh claims that Roderick and Madeline's incestuous relationship stems from inbreeding in the Usher family, and "intermarriage has been a household tradition; the line has lain in direct descent; the moral fiber is extinct" (Marsh 8). Marsh's explains that Madeline's "death" and "resurrection" is no more than a sinister plot on Roderick's part to have his way with his sister, even if he must "kill" her to do so; Marsh questions Roderick's

> sinister designs upon her [Madeline's] body . . . Is he bent on his inordinate lust on violating her dead body? While scarcely pleasant to contemplate, this possibility would account for Poe's final description of the Lady Madeline (Marsh 9).

For Marsh, the final description of Madeline with "blood upon her white robes, and the evidence of some bitter struggle upon every portion of her emaciated frame" (Poe, Fall 630-631) indicates a physical attack upon Madeline. Marsh

argues that Roderick physically attacks his sister while she is helpless in the burial chamber. In this argument, Marsh claims that Roderick suffers from guilt over his actions, actions not only incestuous but also actions of necrophilia and rape.

However, the primary problem with the arguments for an incestuous relationship between Roderick and Madeline is in their dependence on two specific passages, one describing the cause of the "dying out" of the Usher name, and the other describing the special relationship of Roderick and Madeline as twins. The first passage explains that

> the stem of the Usher race . . . had put forth, at no period, any enduring branch . . . the entire family lay in the direct line of descent, and had always, with very trifling and very temporary variation, so lain . . . it was this deficiency . . . of collateral issue, and the consequent undeviating transmission, from sire to son, of the patrimony with the name. (Poe, Fall 65-75)

Critics have interpreted this passage as an indication of inbreeding and incest in the Usher family. However, examining this passage carefully, using genealogical research to define the terms, allows a different perspective.

The above passage actually indicates patterns of inheritance, as recognized in both American and English genealogical research, rather than abnormal sexual relations. In genealogical terms, the "direct line of descent"(Poe, Fall 67-68) refers to the "male-line ancestors such as father, grandfather, great-grandfather, and so on" (Roberts 31). Genealogists trace the direct line of descent through

family names, or surnames. Surnames "came into general use in the eleventh and twelfth centuries" (Williams 24), and traditionally, inheritance of name, as well as property, in most European cultures, is through the male line and "hundreds of years of birth and death records reflect this fact" (Roberts 31). When a genealogy is compiled it is done through "lines of descent . . . following only the bloodlines of one chosen forefather"(Stetson 19), and is the "history of one family of one blood strain only" (Stetson 20).

In genealogical research, "collateral issue" (Poe, Fall 73) are "the lines of all descendants on [the] family tree including their spouses and children, not just [the] direct-line ancestors" (Roberts 32). In most cases, if the genealogy is "restricted to those persons bearing the same surname as the selected ancestor . . .it is only the history of sons and unmarried daughters" (Stetson 20). When documenting a genealogy of a family's surname, the line of descent follows only the "male ancestors . . . bearing the family surname" (Stetson 98); when daughters marry they become a part of their husband's genealogy.

By reexamining the above passage from Poe's story in light of genealogical definitions, the passage becomes an explanation for why only Roderick and Madeline remain in the Usher family. The passage explains why there are no other Ushers, and is not an indicator of incest and/or inbreeding. The "stem of the Usher race" (Poe, Fall 65-66), in genealogical terms, is the ancestor who first bore the Usher surname. That "the Usher race . . . had put forth, at no period, any

enduring branch" explains that the present Usher family consists only of members in the direct line; there are no siblings, cousins, or any other distant relatives bearing the Usher name. The Ushers were not a fruitful family, since "the entire family lay in the direct line of descent, and had always, with very trifling and very temporary variation, so lain" (Poe, Fall 67-69), which indicate several possibilities: many of the Ushers died without heirs, few female children were born to the Ushers (since the marriages of daughters produce collateral issue), the sons in the family produced few offspring, or many of the Usher sons did not produce offspring at all. Therefore, the entire family lies in a straight line of descent through a "undeviating transmission, from sire to son, of the patrimony of the name" (Poe, Fall 74-75), with "patrimony" defined as "an inheritance from a father or an ancestor" ("Patrimony" 480). Therefore, the passage does not mean inbreeding or incest, but instead describes a family without any branches, and since neither of the Ushers have offspring, the Usher name is dying with its last two members.

The second passage that is used as a part of the argument for an incestuous relationship between Roderick and Madeline is the one explaining the close connection between brother and sister. The narrator learns, after Madeline's death, that "the deceased [Madeline] and . . . [Roderick] had been twins, and that sympathies of a scarcely intelligible nature had always existed between them" (Poe, Fall 424-425). The "sympathies of a scarcely intelligible nature had always

existed between them" (Poe, Fall 425) does not necessarily refer to an incestuous relationship. In folklore, there is a long-held belief in the strong, almost psychic, link between twins; tales of twins reveal special affinities between twins, physically, emotionally, spiritually, and mentally. These tales frequently relate stories of twins who were bonded psychically, with one twin feeling the pain and/or death of the other. Researchers have long debated the influence of genetics versus environment. A recent study of twins at the Minnesota Center for Twin and Adoption Research (University of Minnesota), found that "twins . . . were found to have similar IQs, personality scores, electroencephalograms, electro-cardiograms, . . . and handwriting" (Twin 1). In these studies, researchers found that twins raised apart were more similar in intelligence and personality than siblings raised together. This study concluded that genetics have more influence on intelligence, personality and character than the environment. In this light, the "sympathies of a scarcely intelligible nature" (Poe, Fall 425) simply refer to the genetic bonding shared by twins.

In the incest theory, most of the explanations for the Ushers' illnesses depend on a measure of guilt in the Ushers over their incestuous feelings and/or relationship. Other explanations for the illnesses in the incest theories see the illnesses as punishment for their incestuous desires. By examining the above passages from "The Fall of the House of Usher" in light of their meaning through genealogy and genetics, the two passages fail to support the incest theory, and

without the incestuous relationship, the explanation for the illnesses in these theories fail as well.

Hysteria and/or Hypochondriasis of Roderick and Madeline

In "Usher's Hypochondriasis: Mental Alienation and Romantic Idealism in Poe's Gothic Tales," David W. Butler diagnoses Roderick's illness as hypochondriasis, "a melancholic disorder" (Butler 1), which was "thought to involve the interaction of the mind and body . . . [and] . . . offered a superb medical analogy to the romantic's concern with the bonds between the internal, subjective realm and the external world of physical objects" (Butler 5). Butler's analysis/diagnosis of Usher's illness as hypochondriasis is excellent – to a point. However, although he accounts for many of Roderick's symptoms and they do fit Butler's profile of hypochondriasis, Butler fails to explain many of Roderick's symptoms, and never approaches the problem of Madeline's illness. For example, Butler explains Roderick's "morbid acuteness of the sense" (Poe, Fall 189) by an anecdotal example of a writer who claimed

> to suffer so much from his acuteness of hearing that he habitually stops his ears with wax, and Johnson [Dr. James Johnson, in 1827] states that, in higher grades of the illness [hypochondriasis], 'The nerves of sense . . . are morbidly susceptible to an astonishing degree. (qtd. in Butler 7)

However, Butler does not account for the seizure evidence (Roderick's repetitive motions, trance-like states, etc.).

George R. Uba, in "Malady and Motive: Medical History and "The Fall of the House of Usher,'" builds on Butler's theory of hypochondriasis. But where Butler stops with diagnosing Roderick, Uba diagnoses both Roderick and Madeline, Roderick with hypochondriasis and Madeline with the companion illness of hysteria. Uba begins by discussing Butler's failure to explore Poe's intentional "use of medically cognate terms such as 'melancholy' and 'madness'" (Uba 11). He also criticizes Butler for not examining Madeline's illness, since "Poe enumerates several specific symptoms of Madeline's distress and otherwise encourages us to believe that it has a definite basis in reality" (Uba 11). Uba believes Madeline's illness is hysteria, a disorder frequently linked with hypochondriasis (Uba 12). Uba points out that, although "during Poe's lifetime the association between hypochondriasis and hysteria remained sufficiently widespread" (Uba 12), it is also important to note that "the most conspicuous difference between the two maladies was that hypochondriasis was believed to afflict men and hysteria to afflict women" (Uba 12). As for Madeline's "death," Uba explains that

> Poe's handling of Madeline's disorder, no less than his handling of her brother's, is both sophisticated and medically correct . . . [Poe's] decision to make Madeline a victim of catalepsy . . . affords a medically credible way of explaining how she is buried alive . . . For centuries, catalepsy had been

> regarded as one of the most dramatic, of hysterical symptoms. In a cataleptic or hysterical fit, the patient experienced a muscular paroxysm which froze the body and limbs . . . sometimes the patient lost consciousness. Breathing was slowed and the pulse rate diminished . . . The cataleptic fit was widely assumed to be capable of imitating death itself. (Uba 14).

According to Uba, even Madeline's appearance at the end of the story corroborates the diagnosis of hysteria. Her "emaciated frame" is consistent with a hysterical fit that could continue for "several days, during which the person afflicted took no food whatsoever" (Uba 14), and the "blood staining her white robe, may appertain . . . [to] reported cases of catalepsy that had been cured by spontaneous hemorrhages" (Uba 15).

In addition to the diagnosis of Madeline with hysteria and Roderick with hypochondriasis, Uba also links Roderick to the "related disorder of melancholia" (Uba 16), which presents itself as symptoms in Roderick of

> profound uneasiness; tends to avoid society and bodily exercise; and, conversely seeks out solitude, quiet, and darkness, where he can spend long hours in brooding. In addition, he suffers from extreme distress, extravagant ideas of persecution, and innumerable imagined objects of terror – all of which were among the common symptoms of melancholia. (Uba 16).

Uba then links Ushers' illnesses of both hypochondriasis and melancholia and Madeline's illness of hysteria with insanity. He uses insanity as an explanation of Roderick's reasons for burying Madeline alive (he is symbolically committing suicide by burying his twin), and as explanation for Madeline's "resurrection"

since "one of the symptoms of insanity or madness was long believed to be an inconceivable strength" (Uba 18).

Ultimately, however, both Butler's and Uba's diagnoses of hypochondriasis and hysteria fail to account for some of the Ushers' symptoms, specifically the seizure episodes and physically debilitating symptoms. Although hypochondriasis, melancholia, hysteria, and epilepsy share some common symptoms (such as depression and other mental disorders), the most important factors in distinguishing epilepsy from other similarly appearing disorders are the presence of auras and seizure episodes. Butler's and Uba's example of hypochondriasis, and/or melancholia, hysteria and insanity fail to account for the symptoms typical of seizure disorders.

VIII. Conclusion

Importance of Medical Diagnosis as a Literary Tool

Specialization has become the hallmark of modern times. Modern doctors choose not just the specific area of medicine to study, but in some cases, the particular body parts as a specialty. For example, the urinary system consists of three major organs, the bladder and two kidneys. Urologists treat either organ, as well as the sexual organs; however, a nephrologist treats only the kidneys. The study of literature has undergone a similar division. Graduate students are encouraged to choose a particular period or type of literature to specialize in. For example, there are scholars whose specialties are the Victorian or Romantic periods, and in some cases, specific authors from those areas of study (for example, Poe scholars). Gone are the days of the "Renaissance Man" (or Woman); instead, we now have day of the "Specialist." This study illustrates the point that there is still room in each profession for a little diversity, a fresh look from a different angle. In studying literature through a medical perspective, I discovered other similar viewpoints: Thomas Mann, who recognized the connections between disease and creativity, Graham Greene, who saw writing as therapy, Dostoyevsky, who put a little piece of himself in each of his works, and Virginia Woolf, who commented that

> considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed . . . it becomes strange indeed that illness has not taken its place with love and battle and jealousy among the prime themes of literature. (Woolf 193).

Virginia Woolf did not recognize the ways in which illness has always been among the "prime themes of literature." Disease has always held an important place in the psychological study of the human condition, and writers have plumbed those depths throughout literary history. Some of the greatest works of literature are, at their heart, portraits of the dual roles of suffering and creativity. The act of creativity, intentionally or not, leaves a piece of the creator in every work produced. Writers leave their marks, their "psychological fingerprints," on the works they create. By using interdisciplinary tools, like medical diagnosis or psychoanalysis in conjunction with literary analysis, scholars can investigate those "fingerprints" and add new insights into, not only the author and their work, but also the act of creation itself. One of the most common questions asked of writers - Where do you get your ideas? - is a complex combination of all aspects of an author's life, his mental and physical health, and the world in which he lives. The physical and/or mental well-being of the author is merely one of those "fingerprints."

Edgar Allan Poe, left "fingerprints" throughout his works of his struggle to succeed in a world where he was distinctly out-of-step. It is impossible to prove, with any degree of certainty, at this late date, that Poe was epileptic. However, the diagnosis of epilepsy in Poe, as well as in some of his characters, is, indeed, a strong possibility.

Although other illnesses could account for some of the symptoms exhibited by Roderick and Madeline Usher, only epilepsy, and particularly, temporal lobe epilepsy, accounts for the entire range of unusual symptoms. Roderick, in particular, has classic symptoms of temporal lobe epilepsy. Therefore, by the use of medical diagnosis, the question of the Usher illness is resolved: both Roderick and Madeline Usher suffer from temporal lobe epilepsy, with the addition of catalepsy and/or status epilepticus to Madeline's diagnosis. In the case of Roderick and Madeline, however, their fate is best described, as being "victims to the terrors . . . anticipated" (Poe, Fall 635-636. However, these terrors are not theirs alone; they are also the terrors of their creator, Edgar Allan Poe, and have "his own suffering-horror as its source" (Haggerty 90). By understanding the suffering of Edgar Allan Poe, we can understand the source of his characters' torment, and understanding is at the heart of both medical diagnosis and literary analysis. In his study of the connections between creativity and disease, Philip Sandblom discovered that

> there is more kindness in the argument that it is through suffering and pain that we can identify with our fellow-creatures: happiness may be incomprehensible, pain is easy to understand. (Sandblom 19)

In order to understand Poe's works, it is first important to understand Poe because "all of Edgar Poe's stories are . . . biographical. The man is found in his art" (Baudelaire 15). From Dupin to Usher, Poe's "fingerprints" lead to new

understanding of, not only the motives and desires of his characters, but also insights into the inner forces that drove Poe to create.

Because Poe's works contain so much that is autobiographical, a closer look at Poe's life, in conjunction with an examination of others of his works, may reveal more about the man whose death was shrouded in mystery. Scholars may still find an abundant source of information hidden in Poe's works, information that may ultimately answer some, if not all of the mysteries surrounding the master of mystery. Other authors' works also offer intriguing mysteries that could be examined using this same diagnostic technique. Some scholars have already applied similar techniques to other writers. For example, Dr. Maryanne M. Grabowsky has already investigated the works and life of Emily Dickinson in *The House Without the Door* for symptoms of agoraphobia. In his book, *Creativity and Disease*, Phillip Sandblom examines the effects of illness on literature, as well as art and music. In *Creative Maladies*, George Pickering addresses the question of "a relationship between creativity and illness in general or only with mental illness" (Pickering 284). These investigations, as well as future investigations, will explore and possibly begin to unlock some of the mysteries of the mind-body connection, the creative process, and the drive to create.

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Appendix

IX. Appendix: Text of "The Fall of the House of Usher"

1839 "THE FALL OF THE HOUSE OF USHER"
by Edgar Allan Poe

Son coeur est un luth suspendu;
Sitôt qu'on le touche il résonne.
—De Béranger

During the whole of a dull, dark, and soundless day in the autumn of the year, when the clouds hung oppressively low in the heavens, I had been passing alone, on horseback, through a singularly dreary tract of country; and at length found myself, as the shades of the evening drew on, within view of the melancholy House of Usher. I know not how it was – but, with the first glimpse of the building, a sense of insufferable gloom pervaded my spirit. I say insufferable; for the feeling was unrelieved by any of that half-pleasurable, because poetic, sentiment, with which the mind usually receives even the sternest natural images of the desolate or terrible. I looked upon the scene before me – upon the mere house, and the simple landscape features of the domain, upon the bleak walls, upon the vacant eye-like windows, upon a few rank sedges, and upon a few white trunks of decayed trees – with an utter depression of soul which I can compare to no earthly sensation more properly than to the after-dream of the reveller upon opium: the bitter lapse into everyday life, the hideous dropping off of the veil. There was an iciness, a sinking, a sickening of the heart, an unredeemed dreariness of thought which no goading of the imagination could torture into aught of the sublime. What was it – I paused to think – what was it that so unnerved me in the contemplation of the House of Usher? It was a mystery all insoluble; nor could I grapple with the shadowy fancies that crowded upon me as I pondered. I was forced to fall back upon the unsatisfactory conclusion, that while, beyond doubt, there *are* combinations of very simple natural objects which have the power of thus affecting us, still the analysis of this power lies among considerations beyond our depth. It was possible, I reflected, that a mere different arrangement of the particulars of the scene, of the details of the picture, would be sufficient to modify, or perhaps to annihilate its capacity for sorrowful impression; and, acting upon this idea, I reined my horse to the precipitous brink of a black and

lurid tarn that lay in unruffled lustre by the dwelling, and gazed down – but with a shudder even more thrilling than before – upon the remodelled and inverted images of the gray sedge, and the ghastly tree-stems, and the vacant and eye-like windows.

Nevertheless, in this mansion of gloom I now proposed to myself a sojourn of some weeks. Its proprietor, Roderick Usher, had been one of my boon companions in boyhood; but many years had elapsed since our last meeting. A letter, however, had lately reached me in a distant part of the country – a letter from him – which, in its wildly importunate nature, had admitted of no other than a personal reply. The MS. gave evidence of nervous agitation. The writer spoke of acute bodily illness, of a mental disorder, which oppressed him, and of an earnest desire to see me, as his best, and indeed his only personal friend, with a view of attempting, by the cheerfulness of my society, some alleviation of his malady. It was the manner in which all this, and much more, was said – it was the apparent heart that went with his request – which allowed me no room for hesitation; and I accordingly obeyed forthwith what I still considered a very singular summons.

Although, as boys, we had been even intimate associates, yet I really knew little of my friend. His reserve had been always excessive and habitual. I was aware, however, that his very ancient family had been noted, time out of mind, for a peculiar sensibility of temperament, displaying itself, through long ages, in many works of exalted art, and manifested, of late, in repeated deeds of munificent yet unobtrusive charity, as well as in a passionate devotion to the intricacies, perhaps even more than to the orthodox and easily recognizable beauties, of musical science. I had learned, too, the very remarkable fact, that the stem of the Usher race, all time-honored as it was, had put forth, at no period, any enduring branch; in other words, that the entire family lay in the direct line of descent, and had always, with very trifling and very temporary variation, so lain. It was this deficiency, I considered, while running over in thought the perfect keeping of the character of the premises with the accredited character of the people, and while speculating upon the possible influence which the one, in the long lapse of centuries, might have exercised upon the other – it was this deficiency, perhaps, of collateral issue, and the consequent undeviating transmission, from sire to son, of the patrimony with the name, which had, at length, so identified the two as to merge the original title of the estate in the quaint and equivocal appellation of the "House of Usher" – an appellation which seemed to include, in the minds of the peasantry who used it, both the family and the family mansion.

I have said that the sole effect of my somewhat childish experiment, that of looking down within the tarn, had been to deepen the first singular impression. There can be no doubt that the consciousness of the rapid increase of my superstition – for why should I not so term it? – served mainly to accelerate the increase itself. Such, I have long known, is the paradoxical law of all sentiments having terror as a basis. And it might have been for this reason only, that, when I again uplifted my eyes to the house itself, from its image in the pool, there grew in my mind a strange fancy – a fancy so ridiculous, indeed, that I but mention it to show the vivid force of the sensations which oppressed me. I had so worked upon my imagination as really to believe that about the whole mansion and domain there hung an atmosphere peculiar to themselves and their immediate vicinity; an atmosphere which had no affinity with the air of heaven, but which had reeked up from the decayed trees, and the gray wall, and the silent tarn: a pestilent and mystic vapour, dull, sluggish, faintly discernible, and leaden-hued.

Shaking off from my spirit what *must* have been a dream, I scanned more narrowly the real aspect of the building. Its principal feature seemed to be that of an excessive antiquity. The discoloration of ages had been great. Minute fungi overspread the whole exterior, hanging in a fine tangled web-work from the eaves. Yet all this was apart from any extraordinary dilapidation. No portion of the masonry had fallen; and there appeared to be a wild inconsistency between its still perfect adaptation of parts, and the crumbling condition of the individual stones. In this there was much that reminded me of the specious totality of old woodwork which has rotted for long years in some neglected vault, with no disturbance from the breath of the external air. Beyond this indication of extensive decay, however, the fabric gave little token of instability. Perhaps the eye of a scrutinizing observer might have discovered a barely perceptible fissure, which, extending from the roof of the building in front, made its way down the wall in a zigzag direction, until it became lost in the sullen waters of the tarn.

Noticing these things, I rode over a short causeway to the house. A servant in waiting took my horse, and I entered the Gothic archway of the hall. A valet, of stealthy step, thence conducted me, in silence, through many dark and intricate passages in my progress to the *studio* of his master. Much that I encountered on the way contributed, I know not how, to heighten the vague sentiments of which I have already spoken. While the objects around me – while the carvings of the ceilings, the sombre tapestries of the walls, the ebon blackness of the floors, and the phantasmagoric armorial trophies which rattled as I strode, were but

matters to which, or to such as which, I had been accustomed from my infancy – while I hesitated not to acknowledge how familiar was all this – I still wondered to find how unfamiliar were the fancies which ordinary images were stirring up. On one of the staircases, I met the physician of the family. His countenance, I thought, wore a mingled expression of low cunning and perplexity. He accosted me with trepidation and passed on. The valet now threw open a door and ushered me into the presence of his master.

The room in which I found myself was very large and lofty. The windows were long, narrow, and pointed, and at so vast a distance from the black oaken floor as to be altogether inaccessible from within. Feeble gleams of encrimsoned light made their way through the trellised panes, and served to render sufficiently distinct the more prominent objects around; the eye, however, struggled in vain to reach the remoter angles of the chamber, or the recesses of the vaulted and fretted ceiling. Dark draperies hung upon the walls. The general furniture was profuse, comfortless, antique, and tattered. Many books and musical instruments lay scattered about, but failed to give any vitality to the scene. I felt that I breathed an atmosphere of sorrow. An air of stern, deep, and irredeemable gloom hung over and pervaded all.

Upon my entrance, Usher arose from a sofa on which he had been lying at full length, and greeted me with a vivacious warmth which had much in it, I at first thought of an overdone cordiality – of the constrained effort of the *ennuyé* man of the world. A glance, however, at his countenance, convinced me of his perfect sincerity. We sat down; and for some moments, while he spoke not, I gazed upon him with a feeling half of pity, half of awe. Surely, man had never before so terribly altered, in so brief a period, as had Roderick Usher! It was with difficulty that I could bring myself to admit the identity of the wan being before me with the companion of my early boyhood. Yet the character of his face had been at all times remarkable. A cadaverousness of complexion; an eye large, liquid, and luminous beyond comparison, lips somewhat thin and very pallid, but of a surpassingly beautiful curve; a nose of a delicate Hebrew model, but with a breadth of nostril unusual in similar formations; a finely moulded chin, speaking, in its want of prominence, of a want of moral energy; hair of a more than web-like softness and tenuity; these features, with an inordinate expansion above the regions of the temple, made up altogether a countenance not easily to be forgotten. And now in the mere exaggeration of the prevailing character of these features, and of the expression they were wont to convey, lay so much of change that I doubted to whom I spoke. The now ghastly pallor of the

skin, and the now miraculous lustre of the eye, above all things startled and even awed me. The silken hair, too, had been suffered to grow all unheeded, and as, in its wild gossamer texture, it floated rather than fell about the face, I could not, even with effort, connect its Arabesque expression with any idea of simple humanity.

In the manner of my friend I was at once struck with an incoherence – an inconsistency; and I soon found this to arise from a series of feeble and futile struggles to overcome an habitual trepidancy --an excessive nervous agitation. For something of this nature I had indeed been prepared, no less by his letter, than by reminiscences of certain boyish traits, and by conclusions deduced from his peculiar physical conformation and temperament. His action was alternately vivacious and sullen. His voice varied rapidly from a tremulous indecision (when the animal spirits seemed utterly in abeyance) to that species of energetic concision – that abrupt, weighty, unhurried, and hollow-sounding enunciation – that leaden, self-balanced and perfectly modulated guttural utterance, which may be observed in the lost drunkard, or the irreclaimable eater of opium, during the periods of his most intense excitement.

It was thus that he spoke of the object of my visit, of his earnest desire to see me, and of the solace he expected me to afford him. He entered, at some length, into what he conceived to be the nature of his malady. It was, he said, a constitutional and a family evil, and one for which he despaired to find a remedy – a mere nervous affection, he immediately added, which would undoubtedly soon pass off. It displayed itself in a host of unnatural sensations. Some of these, as he detailed them, interested and bewildered me; although, perhaps, the terms, and the general manner of the narration had their weight. He suffered much from a morbid acuteness of the senses; the most insipid food was alone endurable; he could wear only garments of certain texture; the odors of all flowers were oppressive; his eyes were tortured by even a faint light; and there were but peculiar sounds, and these from stringed instruments, which did not inspire him with horror.

To an anomalous species of terror I found him a bounden slave. "I shall perish," said he, "I *must* perish in this deplorable folly. Thus, thus, and not otherwise, shall I be lost. I dread the events of the future, not in themselves, but in their results. I shudder at the thought of any, even the most trivial, incident, which may operate upon this intolerable agitation of soul. I have, indeed, no abhorrence of danger, except in its absolute effect – in terror. In this unnerved – in this pitiable condition, I feel that I must inevitably abandon life and reason together, in some struggle with the grim phantasm, FEAR."

I learned, moreover, at intervals, and through broken and equivocal hints, another singular feature of his mental condition. He was enchained by certain superstitious impressions in regard to the dwelling which he tenanted, and from whence, for many years, he had never ventured forth – in regard to an influence whose suppositious force was conveyed in terms too shadowy here to be re-stated – an influence which some peculiarities in the mere form and substance of his family mansion, had, by dint of long sufferance, he said, obtained over his spirit – an effect which the *physique* of the gray walls and turrets, and of the dim tarn into which they all looked down, had, at length, brought about upon the *morale* of his existence.

He admitted, however, although with hesitation, that much of the peculiar gloom which thus afflicted him could be traced to a more natural and far more palpable origin – to the severe and long-continued illness, indeed to the evidently approaching dissolution, of a tenderly beloved sister – his sole companion for long years, his last and only relative on earth. "Her decease," he said, with a bitterness which I can never forget, "would leave him (him the hopeless and the frail) the last of the ancient race of the Ushers." While he spoke, the lady Madeline (for so was she called) passed slowly through a remote portion of the apartment, and, without having noticed my presence, disappeared. I regarded her with an utter astonishment not unmingled with dread, and yet I found it impossible to account for such feelings. A sensation of stupor oppressed me, as my eyes followed her retreating steps. When a door, at length, closed upon her, my glance sought instinctively and eagerly the countenance of the brother; but he had buried his face in his hands, and I could only perceive that a far more than ordinary wanness had overspread the emaciated fingers through which trickled many passionate tears.

The disease of the lady Madeline had long baffled the skill of her physicians. A settled apathy, a gradual wasting away of the person, and frequent although transient affections of a partially cataleptical character, were the unusual diagnosis. Hitherto she had steadily borne up against the pressure of her malady, and had not betaken herself finally to bed; but, on the closing in of the evening of my arrival at the house, she succumbed (as her brother told me at night with inexpressible agitation) to the prostrating power of the destroyer; and I learned that the glimpse I had obtained of her person would thus probably be the last I should obtain – that the lady, at least while living, would be seen by me no more.

For several days ensuing, her name was unmentioned by either Usher or myself: and, during this period, I was busied in earnest endeavours to alleviate the melancholy of my friend. We painted and read

together; or I listened, as if in a dream, to the wild improvisations of his speaking guitar. And thus, as a closer and still closer intimacy admitted me more unreservedly into the recesses of his spirit, the more bitterly did I perceive the futility of all attempt at cheering a mind from which darkness, as if an inherent positive quality, poured forth upon all objects of the moral and physical universe, in one unceasing radiation of gloom.

I shall ever bear about me a memory of the many solemn hours I thus spent alone with the master of the House of Usher. Yet I should fail in any attempt to convey an idea of the exact character of the studies, or of the occupations, in which he involved me, or led me the way. An excited and highly distempered ideality threw a sulphureous lustre over all. His long improvised dirges will ring for ever in my cars. Among other things, I hold painfully in mind a certain singular perversion and amplification of the wild air of the last waltz of Von Weber. From the paintings over which his elaborate fancy brooded, and which grew, touch by touch, into vaguenesses at which I shuddered the more thrillingly, because I shuddered knowing not why; – from these paintings (vivid as their images now are before me) I would in vain endeavor to educe more than a small portion which should lie within the compass of merely written words. By the utter simplicity, by the nakedness of his designs, he arrested and overawed attention. If ever mortal painted an idea, that mortal was Roderick Usher. For me at least – in the circumstances then surrounding me, there arose out of the pure abstractions which the hypochondriac contrived to throw upon his canvas, an intensity of intolerable awe, no shadow of which felt I ever yet in the contemplation of the certainly glowing yet too concrete reveries of Fuseli.

One of the phantasmagoric conceptions of my friend, partaking not so rigidly of the spirit of abstraction, may be shadowed forth, although feebly, in words. A small picture presented the interior of an immensely long and rectangular vault or tunnel, with low walls, smooth, white, and without interruption or device. Certain accessory points of the design served well to convey the idea that this excavation lay at an exceeding depth below the surface of the earth. No outlet was observed in any portion of its vast extent, and no torch, or other artificial source of light was discernible; yet a flood of intense rays rolled throughout, and bathed the whole in a ghastly and inappropriate splendor.

I have just spoken of that morbid condition of the auditory nerve which rendered all music intolerable to the sufferer, with the exception of certain effects of stringed instruments. It was, perhaps, the narrow limits to which he thus confined himself upon the guitar, which gave birth, in great measure, to the fantastic character of his performances.

But the fervid *facility* of his impromptus could not be so accounted for. They must have been, and were, in the notes, as well as in the words of his wild fantasias (for he not unfrequently accompanied himself with rhymed verbal improvisations), the result of that intense mental collectedness and concentration to which I have previously alluded as observable only in particular moments of the highest artificial excitement. The words of one of these rhapsodies I have easily remembered. I was, perhaps, the more forcibly impressed with it, as he gave it, because, in the under or mystic current of its meaning, I fancied that I perceived, and for the first time, a full consciousness on the part of Usher, of the tottering of his lofty reason upon her throne. The verses, which were entitled "The Haunted Palace," ran very nearly, if not accurately, thus:

In the greenest of our valleys,
By good angels tenanted,
Once a fair and stately palace –
Radiant palace – reared its head.
In the monarch Thought's dominion,
It stood there!
Never seraph spread a pinion
Over fabric half so fair.

Banners yellow, glorious, golden,
On its roof did float and flow;
(This – all this – was in the olden
Time long ago)
And every gentle air that dallied,
In that sweet day,
Along the ramparts plumed and pallid,
A winged odor went away.

Wanderers in that happy valley
Through two luminous windows, saw
Spirits moving musically
To a lute's well-tunéd law,
Round about a throne where, sitting
Porphyrogene!
In state his glory well befitting,
The ruler of the realm was seen.

And all with pearl and ruby glowing
Was the fair palace door,
Through which came flowing, flowing, flowing
And sparkling evermore,
A troop of Echoes, whose sweet duty
Was but to sing,
In voices of surpassing beauty,
The wit and wisdom of their king.

But evil things, in robes of sorrow,
Assailed the monarch's high estate;
(Ah, let us mourn, for never morrow
Shall dawn upon him, desolate!)
And, round about his home, the glory
That blushed and bloomed
Is but a dim-remembered story
Of the old time entombed.

And travellers now within that valley,
Through the red-litten windows see
Vast forms that move fantastically
To a discordant melody;
While, like a rapid ghastly river,
Through the pale door,
A hideous throng rush out forever,
And laugh – but smile no more.

I well remember that suggestions arising from this ballad led us into a train of thought wherein there became manifest an opinion of Usher's which I mention not so much on account of its novelty, (for other men have thought thus), as on account of the pertinacity with which he maintained it. This opinion, in its general form, was that of the sentience of all vegetable things. But, in his disordered fancy, the idea had assumed a more daring character, and trespassed, under certain conditions, upon the kingdom of inorganization. I lack words to express the full extent, or the earnest *abandon* of his persuasion. The belief, however, was connected (as I have previously hinted) with the gray stones of the home of his forefathers. The conditions of the sentience had been here, he imagined, fulfilled in the method of collocation of these stones – in the order of their arrangement, as well as in that of the many *fungi* which overspread them, and of the decayed trees which stood around – above all, in

the long undisturbed endurance of this arrangement, and in its reduplication in the still waters of the tarn. Its evidence – the evidence of the sentience – was to be seen, he said, (and I here started as he spoke), in the gradual yet certain condensation of an atmosphere of their own about the waters and the walls. The result was discoverable, he added, in that silent, yet importunate and terrible influence which for centuries had moulded the destinies of his family, and which made *him* what I now saw him – what he was. Such opinions need no comment, and I will make none.

Our books – the books which, for years, had formed no small portion of the mental existence of the invalid – were, as might be supposed, in strict keeping with this character of phantasm. We pored together over such works as the *Ververt et Chartreuse* of Gresset; the *Belphegor* of Machiavelli; the *Heaven and Hell* of Swedenborg; the *Subterranean Voyage of Nicholas Klimm* by Holberg; the *Chiromancy* of Robert Flud, of Jean d'Indaginé, and of De la Chambre; the *Journey into the Blue Distance* of Tieck; and the *City of the Sun* of Campanella. One favourite volume was a small octavo edition of the *Directorium Inquisitorum*, by the Dominican Eymeric de Gironne; and there were passages in Pomponius Mela, about the old African Satyrs and Aegipans, over which Usher would sit dreaming for hours. His chief delight, however, was found in the perusal of an exceedingly rare and curious book in quarto Gothic – the manual of a forgotten church – the *Vigilae Mortuorum Secundum Chorum Ecclesiæ Maguntinæn.*

I could not help thinking of the wild ritual of this work, and of its probable influence upon the hypochondriac, when, one evening, having informed me abruptly that the lady Madeline was no more, he stated his intention of preserving her corpse for a fortnight, (previously to its final interment), in one of the numerous vaults within the main walls of the building. The worldly reason, however, assigned for this singular proceeding, was one which I did not feel at liberty to dispute. The brother had been led to his resolution (so he told me) by consideration of the unusual character of the malady of the deceased, of certain obtrusive and eager inquiries on the part of her medical men, and of the remote and exposed situation of the burial-ground of the family. I will not deny that when I called to mind the sinister countenance of the person whom I met upon the staircase, on the day of my arrival at the house, I had no desire to oppose what I regarded as at best but a harmless, and by no means an unnatural, precaution.

At the request of Usher, I personally aided him in the arrange-

ments for the temporary entombment. The body having been encoffined, we two alone bore it to its rest. The vault in which we placed it (and which had been so long unopened that our torches, half smothered in its oppressive atmosphere, gave us little opportunity for investigation) was small, damp, and entirely without means of admission for light; lying, at great depth, immediately beneath that portion of the building in which was my own sleeping apartment. It had been used, apparently, in remote feudal times, for the worst purposes of a donjon-keep, and, in later days, as a place of deposit for powder, or other highly combustible substance, as a portion of its floor, and the whole interior of a long archway through which we reached it, were carefully sheathed with copper. The door, of massive iron, had been, also, similarly protected. Its immense weight caused an unusually sharp grating sound, as it moved upon its hinges.

Having deposited our mournful burden upon tressels within this region of horror, we partially turned aside the yet unscrewed lid of the coffin, and looked upon the face of the tenant. A striking similitude between the brother and sister now first arrested my attention; and Usher, divining, perhaps, my thoughts, murmured out some few words from which I learned that the deceased and himself had been twins, and that sympathies of a scarcely intelligible nature had always existed between them. Our glances, however, rested not long upon the dead – for we could not regard her unawed. The disease which had thus entombed the lady in the maturity of youth, had left, as usual in all maladies of a strictly cataleptical character, the mockery of a faint blush upon the bosom and the face, and that suspiciously lingering smile upon the lip which is so terrible in death. We replaced and screwed down the lid, and, having secured the door of iron, made our way, with toil, into the scarcely less gloomy apartments of the upper portion of the house.

And now, some days of bitter grief having elapsed, an observable change came over the features of the mental disorder of my friend. His ordinary manner had vanished. His ordinary occupations were neglected or forgotten. He roamed from chamber to chamber with hurried, unequal, and objectless step. The pallor of his countenance had assumed, if possible, a more ghastly hue – but the luminousness of his eye had utterly gone out. The once occasional huskiness of his tone was heard no more; and a tremulous quaver, as if of extreme terror, habitually characterized his utterance. There were times, indeed, when I thought his unceasingly agitated mind was laboring with some oppressive secret, to divulge which he struggled for the necessary courage. At times, again, I was obliged to resolve all into the mere inexplicable vagaries of madness, for I beheld him gazing upon vacancy for long hours, in an attitude of the

profoundest attention, as if listening to some imaginary sound. It was no wonder that his condition terrified – that it infected me. I felt creeping upon me, by slow yet certain degrees, the wild influences of his own fantastic yet impressive superstitions.

It was, especially, upon retiring to bed late in the night of the seventh or eighth day after the placing of the lady Madeline within the donjon, that I experienced the full power of such feelings. Sleep came not near my couch – while the hours waned and waned away. I struggled to reason off the nervousness which had dominion over me. I endeavored to believe that much, if not all of what I felt, was due to the bewildering influence of the gloomy furniture of the room – of the dark and tattered draperies, which, tortured into motion by the breath of a rising tempest, swayed fitfully to and fro upon the walls, and rustled uneasily about the decorations of the bed. But my efforts were fruitless. An irrepressible tremor gradually pervaded my frame; and, at length, there sat upon my very heart an incubus of utterly causeless alarm. Shaking this off with a gasp and a struggle, I uplifted myself upon the pillows, and, peering earnestly within the intense darkness of the chamber, harkened – I know not why, except that an instinctive spirit prompted me – to certain low and indefinite sounds which came, through the pauses of the storm, at long intervals I knew not whence. Overpowered by an intense sentiment of horror, unaccountable yet unendurable, I threw on my clothes with haste (for I felt that I should sleep no more during the night), and endeavored to arouse myself from the pitiable condition into which I had fallen, by pacing rapidly to and fro through the apartment.

I had taken but few turns in this manner, when a light step on an adjoining staircase arrested my attention. I presently recognized it as that of Usher. In an instant afterward he rapped, with a gentle touch, at my door, and entered, bearing a lamp. His countenance was, as usually, cadaverously wan – but there was a species of mad hilarity in his eyes – an evidently restrained *hysteria* in his whole demeanor. His air appalled me – but anything was preferable to the solitude which I had so long endured, and I even welcomed his presence as a relief.

"And you have not seen it?" he said abruptly, after having stared about him for some moments in silence – "you have not then seen it? – but, stay! you shall." Thus speaking, and having carefully shaded his lamp, he hurried to one of the casements, and threw it freely open to the storm.

The impetuous fury of the entering gust nearly lifted us from our feet. It was, indeed, a tempestuous yet sternly beautiful night, and one wildly singular in its terror and its beauty. A whirlwind had apparently collected its force in our vicinity; for there were frequent and violent

alterations in the direction of the wind; and the exceeding density of the clouds (which hung so low as to press upon the turrets of the house) did not prevent our perceiving the life-like velocity with which they flew careering from all points against each other, without passing away into the distance. I say that even their exceeding density did not prevent our perceiving this; yet we had no glimpse of the moon or stars, nor was there any flashing forth of the lightning. But the under surfaces of the huge masses of agitated vapor, as well as all terrestrial objects immediately around us, were glowing in the unnatural light of a faintly luminous and distinctly visible gaseous exhalation which hung about and enshrouded the mansion.

"You must not – you shall not behold this!" said I, shudderingly, to Usher, as I led him, with a gentle violence, from the window to a seat. "These appearances, which bewilder you, are merely electrical phenomena not uncommon – or it may be that they have their ghastly origin in the rank miasma of the tarn. Let us close this casement; the air is chilling and dangerous to your frame. Here is one of your favorite romances. I will read, and you shall listen; and so we will pass away this terrible night together."

The antique volume which I had taken up was the *Mad Trist* of Sir Launcelot Canning; but I had called it a favorite of Usher's more in sad jest than in earnest; for, in truth, there is little in its uncouth and unimaginative prolixity which could have had interest for the lofty and spiritual ideality of my friend. It was, however, the only book immediately at hand; and I indulged a vague hope that the excitement which now agitated the hypochondriac might find relief (for the history of mental disorder is full of similar anomalies) even in the extremeness of the folly which I should read. Could I have judged, indeed, by the wild over-strained air of vivacity with which he hearkened, or apparently hearkened, to the words of the tale, I might well have congratulated myself upon the success of my design.

I had arrived at that well-known portion of the story where Ethelred, the hero of the *Trist*, having sought in vain for peaceable admission into the dwelling of the hermit, proceeds to make good an entrance by force. Here, it will be remembered, the words of the narrative run thus:

> And Ethelred, who was by nature of a doughty heart, and who was now mighty withal, on account of the powerfulness of the wine which he had drunken, waited no longer to hold parley with the hermit, who, in sooth, was of an obstinate and maliceful turn, but, feeling the rain upon his shoulders, and fearing the rising of the tempest, uplifted his mace

outright, and, with blows, made quickly room in the plankings of the door for his gauntleted hand; and now pulling therewith sturdily, he so cracked, and ripped, and tore all asunder, that the noise of the dry and hollow-sounding wood alarumed and reverberated throughout the forest.

At the termination of this sentence I started, and for a moment, paused; for it appeared to me (although I at once concluded that my excited fancy had deceived me) – it appeared to me that, from some very remote portion of the mansion, there came, indistinctly, to my ears, what might have been, in its exact similarity of character, the echo (but a stifled and dull one certainly) of the very cracking and ripping sound which Sir Launcelot had so particularly described. It was, beyond doubt, the coincidence alone which had arrested my attention; for, amid the rattling of the sashes of the casements, and the ordinary commingled noises of the still increasing storm, the sound, in itself, had nothing, surely, which should have interested or disturbed me. I continued the story:

But the good champion Ethelred, now entering within the door, was sore enraged and amazed to perceive no signal of the maliceful hermit; but, in the stead thereof, a dragon of a scaly and prodigious demeanor, and of a fiery tongue, which sate in guard before a palace of gold, with a floor of silver; and upon the wall there hung a shield of shining brass with this legend enwritten –

Who entereth herein, a conqueror hath bin;
Who slayeth the dragon, the shield he shall win;

And Ethelred uplifted his mace, and struck upon the head of the dragon, which fell before him, and gave up his pesty breath, with a shriek so horrid and harsh, and withal so piercing, that Ethelred had fain to close his ears with his hands against the dreadful noise of it, the like whereof was never before heard.

Here again I paused abruptly, and now with a feeling of wild amazement – for there could be no doubt whatever that, in this instance, I did actually hear (although from what direction it proceeded I found it impossible to say) a low and apparently distant, but harsh, protracted, and most unusual screaming or grating sound – the exact counterpart of what my fancy had already conjured up as the sound of the dragon's

unnatural shriek as described by the romancer.

Oppressed, as I certainly was, upon the occurrence of the second and most extraordinary coincidence, by a thousand conflicting sensations, in which wonder and extreme terror were predominant, I still retained sufficient presence of mind to avoid exciting, by any observation, the sensitive nervousness of my companion. I was by no means certain that he had noticed the sounds in question; although, assuredly, a strange alteration had, during the last few minutes, taken place in his demeanor. From a position fronting my own, he had gradually brought round his chair, so as to sit with his face to the door of the chamber; and thus I could but partially perceive his features, although I saw that his lips trembled as if he were murmuring inaudibly. His head had dropped upon his breast – yet I knew that he was not asleep, from the wide and rigid opening of the eye as I caught a glance of it in profile. The motion of his body, too, was at variance with this idea – for he rocked from side to side with a gentle yet constant and uniform sway. Having rapidly taken notice of all this, I resumed the narrative of Sir Launcelot, which thus proceeded:

> And now, the champion, having escaped from the terrible fury of the dragon, bethinking himself of the brazen shield, and of the breaking up of the enchantment which was upon it, removed the carcass from out of the way before him, and approached valorously over the silver pavement of the castle to where the shield was upon the wall; which in sooth tarried not for his full coming, but fell down at his feet upon the silver floor, with a mighty great and terrible ringing sound.

No sooner had these syllables passed my lips, than – as if a shield of brass had indeed, at the moment, fallen heavily upon a floor of silver – I became aware of a distinct, hollow, metallic, and clangorous, yet apparently muffled reverberation. Completely unnerved, I leaped to my feet; but the measured rocking movement of Usher was undisturbed. I rushed to the chair in which he sat. His eyes were bent fixedly before him, and throughout his whole countenance there reigned a more than stony rigidity. But, as I laid my hand upon his shoulder, there came a strong shudder over his whole person; a sickly smile quivered about his lips; and I saw that he spoke in a low, hurried, and gibbering murmur, as if unconscious of my presence. Bending closely over him, I at length drank in the hideous import of his words.

"Not hear it? – yes, I hear it, and *have* heard it. Long – long –

long – many minutes, many hours, many days, have I heard it – yet I dared not – oh, pity me, miserable wretch that I am! – I dared not – I *dared* not speak! *We have put her living in the tomb*! Said I not that my senses were acute? – I *now* tell you that I heard her first feeble movements in the hollow coffin. I heard them – many, many days ago – yet I dared not – *I dared not speak*! And now – to-night – Ethelred – ha! ha! – the breaking of the hermit's door, and the death-cry of the dragon, and the clangor of the shield! – say, rather, the rending of her coffin, and the grating of the iron hinges of her prison, and her struggles within the coppered archway of the vault! Oh whither shall I fly? Will she not be here anon? Is she not hurrying to upbraid me for my haste? Have I not heard her footstep on the stair? Do I not distinguish that heavy and horrible beating of her heart? MADMAN!" here he sprang furiously to his feet, and shrieked out his syllables, as if in the effort he were giving up his soul – "*Madman! I tell you that she now stands without the door!*"

As if in the superhuman energy of his utterance there had been found the potency of a spell --the huge antique panels to which the speaker pointed, threw slowly back, upon the instant, ponderous and ebony jaws. It was the work of the rushing gust – but then without those doors there DID stand the lofty and enshrouded figure of the lady Madeline of Usher. There was blood upon her white robes, and the evidence of some bitter struggle upon every portion of her emaciated frame. For a moment she remained trembling and reeling to and fro upon the threshold, then, with a low moaning cry, fell heavily inward upon the person of her brother, and in her violent, and now final death-agonies, bore him to the floor a corpse, and a victim to the terrors he had anticipated.

From that chamber, and from that mansion, I fled aghast. The storm was still abroad in all its wrath as I found myself crossing the old causeway. Suddenly there shot along the path a wild light, and I turned to see whence a gleam so unusual could have issued; for the vast house and its shadows were alone behind me. The radiance was that of the full, setting, and blood-red moon, which now shone vividly through that once barely-discernible fissure of which I have before spoken as extending from the roof of the building, in a zigzag direction, to the base. While I gazed, this fissure rapidly widened – there came a fierce breath of the whirlwind – the entire orb of the satellite burst at once upon my sight – my brain reeled as I saw the mighty walls rushing asunder – there was a long tumultuous shouting sound like the voice of a thousand waters –

649 and the deep and dank tarn at my feet closed sullenly and silently over
650 the fragments of the HOUSE OF USHER.

Curriculum Vitae

Janice S. Clifford was born in Knoxville, Tennessee on February 4, 1956. She grew up in Knoxville and briefly entered the University of Tennessee as an early admissions student from 1973 to 1974. She left school to pursue other careers, among which was ownership of a small retail business from 1980 to 1989. In 1989, she decided to return to college and enrolled in Pellissippi State Technical Community College where she obtained an Associate of Science degree in Computer Science in 1993. Although interested in computer technology, her real love was English literature. In order to pursue her dream of teaching English, she then transferred back to the University of Tennessee to pursue a degree in English. She obtained a Bachelor of Arts degree in English in 1996, and a Master of Arts degree in English in 1999.