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Narrative Functions of Medical Discourse in Edgar Allan Poe's "Berenice"

This article explores the significance of the incorporation of elements of medical discourse in the narration of Edgar Allan Poe's tale "Berenice" (1835) for the ambivalent positioning of the narrator in the text. The function of the narrator and protagonist, named Egaeus, can be described in terms of several binary oppositions: the narrator versus the subject of narration, the doctor versus the patient, the torturer versus the sufferer. Narrative ambiguity in "Berenice" results from the fact that while each opposition constitutes its own signifying domain, these domains inevitably overlap. Accordingly, since it is often impossible to determine the position the narrator speaks from, the rules of signification in the text become increasingly vague. As one who embodies and articulates the aforementioned opposites, Egaeus undermines those guidelines for examining his utterances, character and deeds which are extrinsic to his self, and induces the reader to take for granted all the explanations that he himself conceives of.

"Berenice" foregrounds the problem of the arbitrariness and hence unreliability of discourse as a way of organizing and disseminating knowledge. This dubious status of discourse results directly from the arbitrariness of the authority that is the main factor behind its formation and circulation. Even though there exist discourses which try to eliminate linguistic ambivalence and impose on language users unequivocal rules of producing utterances and meanings, the authority of such discourses becomes dissolved due to intertextual exchanges occurring within a specific discourse or across different discourses. Literature, whose limits are set by the limits of imagination, highlights such discursive processes because it freely incorporates elements of other discourses without being subject to verifications the makers of authoritative discourses must reckon with. In her book *Theories of Discourse*, Diane Macdonell writes:

A "discourse," as a particular area of language use, may be identified by the institutions to which it relates and by the position from which it comes and which it marks out for the speaker. That position does not exist by itself, however. Indeed, it may be understood as a standpoint taken up by the discourse through its relation to another,

ultimately an opposing, discourse... a discourse takes effect indirectly and directly through its relation to, its address to, another discourse. (2-3)

In other words, no discourse remains impervious to the interference of alien discursive elements. In "Berenice," medical discourse is isolated from the context in which it acquires power and medical facts become components of literary discourse. Egaeus's manipulation of medical discourse offers insights into the processes of both dissolution and establishment of medical authority and its linguistic milieu.

Critics often comment on Edgar Allan Poe's interest in contemporary medicine and its interconnection with his fascination with science in general and with crime. For example, David Brion Davis presents Poe's literary preoccupation with monomania and moral insanity against the background of, on the one hand, early-nineteenth-century developments in the study of mental disorders and, on the other hand, literary reflections of the diseased mind on the other (108-10, 123-24). Robert Giddings describes "The Fall of the House of Usher," "Ligeia," and "Berenice" as tales dealing with "the catatonic condition of schizophrenia" and asserts that this was not an accidental theme in Poe's fiction, since the writer "was contemporary with the beginnings of modern psychiatric medicine" (53). Giddings also touches upon Poe's fascination with popular medical pseudo-sciences of the day, such as mesmerism (50-51). This latter issue is explored in a broad context of contemporary reform writings by David S. Reynolds in his book *Beneath the American Renaissance* (224-48). John Cleman puts forward a thesis that the legal and medical controversy over the theory of irresistible impulses, which were regarded by some medical specialists as symptoms of moral insanity and, accordingly, as a possible excuse for crime, directly influenced Poe's decision to write "The Tell-Tale Heart," "The Black Cat," and "The Imp of the Perverse" (623-40).

In his article "The Psychological Context of Three Tales by Edgar Allan Poe," Allan Smith writes specifically about "Berenice" alongside "The Black Cat" and "The Murders in the Rue Morgue." In his opinion, Poe's description of Egaeus's state of mind "is almost clinical, or as much so as those in the psychological texts of his period" (282). He argues further that "Poe has constructed a careful scientific case history of a rather morbid phenomenon, in which every aspect, even Egaeus's half-memory of the scream, is consistent with medical science" (284). The critic supports his argument with references to contemporary treatises by medical specialists: Erasmus Darwin's *Zoonomia* (1796), John Abercrombie's *Inquiry into the Intellectual Powers* (1832), Thomas Upham's *Outlines of Imperfect and Disordered Mental Action* (1840). Smith points out that Egaeus's

obsession illustrates a certain variety of madness which was often analyzed in medical writings in the first half of the nineteenth century. Thus, on the basis of such writings, the critic identifies successive stages of Egaeus's disorder. The first phase is characterized by the hero's proclivity to ponder for hours on end on various insignificant objects; in the words of Thomas Upham, such a mental state resembles "the condition of a paralytic limb." The second phase is marked by Egaeus's "morbid obsession with the teeth of Berenice." Smith observes that obsession was constantly discussed by early-nineteenth-century medical specialists, and the astounding frequency with which the concept of obsession and other related notions appeared in scientific texts resulted in the theorization of monomania, the central medical concept in "Berenice." The final stage of Egaeus's malady "is what contemporary theorists called 'divided consciousness' and somnambulism." Smith concludes, "The progress of Egaeus's disease is from 'defective attention' through 'monomania' and into 'somnambulism' or 'divided consciousness,' with, finally, a return into horrified sanity. His symptoms are coherent with one another and with their treatment in contemporary works of psychology" (282-84).

In contrast to Smith, Elizabeth Phillips, who discusses "Berenice" in the light of the observations formulated by two of the most influential early-nineteenth-century American authorities on "mental medicine": Benjamin Rush and Isaac Ray, claims that "Egaeus seems, to a later student of mental illness, an improbable case" (118). Egaeus's illness resembles an amalgam of symptoms which medical and psychological specialists ascribed to different disorders. According to Phillips, the reason why Egaeus's case is scientifically dubious is that Poe used different sources of medical knowledge, sources with differing terminologies and perceptions of illness. This inconsistency can reflect the terminological confusion in mental medicine in the first half of the nineteenth century: "When the physicians themselves write about kinds of mania, terms vary, bases of signification are shifted, views are retracted or modified, meanings overlap or are vague and some cases do not fit categories" (118). Such discursive conditions serve to detract from the authority of the discipline and to re-establish this authority on new terms. In "Berenice," the narrator wants to establish such new terms.

In seeking either to corroborate or to undermine the scientific accuracy of Poe's depiction of the madman in "Berenice," both Smith and Phillips tend to subordinate the literary text to the scientific text by treating the former as a reflection of the latter. However, in the case of "Berenice," scientific accuracy is of secondary importance in comparison with the very fact of reformulating a scientific discourse on a literary basis. If "Berenice" is a thrilling and, at least to some readers, convincing tale, it is because the

text derives its dynamics from being structured around the interplay of two divergent discursive spheres: medical science and literary aesthetics. The tale does not merely reflect particular medical discoveries; it creates an alternative context for the reconsideration of those discoveries and determines new rules of signification for the discourse which propounds scientific findings. Marie-Christine Leps describes the unique qualities of literature as contrasted with other discourses: “Deriving both from the imaginary, and from political, economic, and social structures of production and distribution, literature holds a para-doxical position within the discursive production of knowledge, which permits it to present several layers of contradictory or correlated meanings without having to provide a final resolution” (220).

In “Berenice,” elements of medical discourse are woven into an impassioned rhetoric, brimming with exclamations and rhetorical questions. There is a certain stylistic excess in this tale, which perhaps is a recognizable feature of a number of Poe’s stories, but which serves a particularly important purpose in “Berenice” as it enhances different kinds of excess in Egaeus’s experience: excessive suffering, excessive beauty, excessive terror. In the opening paragraph, the narrator relies heavily on figurative language, which evokes in the reader certain expectations as to the quality of narrative discourse: “Misery is manifold. The wretchedness of earth is multiform. Overreaching the wide horizon as the rainbow, its hues are as various as the hues of that arch – as distinct too, yet as intimately blended” (186). Egaeus ponders on how to express the inexpressible, the unspeakable. The opening paragraph foregrounds the inadequacy of language which will never allow for the expression of the “measure” of the hero’s tragedy. Such passages, characterized by a kind of linguistic despair, contrast visibly with Egaeus’s matter-of-fact description of his disorder:

In the one instance, the dreamer or enthusiast, being interested by an object usually *not* frivolous, imperceptibly loses sight of this object in a wilderness of deductions and suggestions issuing therefrom, until at the conclusion of a day-dream *often replete with luxury*, he finds the *incitamentum*, or first cause of his musings, entirely vanished and forgotten.... The meditations were *never* pleasurable; and at the termination of the reverie, the first cause, so far from being out of sight, had attained that supernaturally exaggerated interest which was the prevailing feature of the disease. (188)

The reason why the two kinds of rhetoric to be found in “Berenice” stand in evident contrast is that while figurative language strips bare the arbitrariness of representation,

the language of science defends the unchanging rules of referentiality. The textual tension which characterizes Poe's tale can easily be described in Bakhtinian terms: Egaeus's narrative is a heteroglot utterance which causes a rupture in the unitary language of medicine, having, as it were, eroded it from within through imitation.

Initially, Egaeus talks about his overwhelming sense of suffering (without naming its causes) and his sophistication in order to arouse the reader's interest, which is subsequently stimulated by the narrator's discursive transformation into a student of medical science, albeit disguised as a patient. However, as the narrative unfolds it becomes increasingly difficult to decide from which position Egaeus speaks. The following description of the sick Berenice is probably the best illustration of this effect of narrative indeterminacy:

The forehead was high, and very pale, and singularly placid; and the once jetty hair fell partially over it, and overshadowed the hollowed temples with innumerable ringlets, now of a vivid yellow, and jarring discordantly, in their fantastic character, with the reigning melancholy of the countenance. The eyes were lifeless, and lusterless, and seemingly pupilless, and I shrank involuntarily from their glassy stare to the contemplation of the thin and shrunken lips. They parted; and in a smile of peculiar meaning, the teeth of the changed Berenice disclosed themselves slowly to my view. (189-90)

Of crucial significance in this passage is the quality of Egaeus's observations and of the description which those observations enable him to formulate. On the one hand, the narrator could be an anatomist eyeing a corpse before conducting the post mortem and searching in the body's appearance for symptoms of what its interior, understood in purely anatomical terms, might reveal. Such a recognition would perhaps allow him to avoid an unpleasant surprise; Egaeus is a sensitive person and even has a moment of weakness when he "shr[inks] involuntarily" from Berenice's look. On the other hand, the narrator may be a masochistic esthete examining the object of his morbid fascination, although still afraid to admit to himself that it, or rather she, does fascinate him. Both the anatomist and the esthete would feel tempted to venture into an unexplored and dangerous realm; in other words, in both cases there is a hint of culpable curiosity. In such an interpretative context, the famous teeth of Berenice, which have puzzled critics for decades, serve to remind one of the thin red line that exists between what is permitted in a certain pursuit or preoccupation and what still remains forbidden.

The collusion of perspectives and discourses is one of several strategies which the narrator of “Berenice” uses to undermine the authority of the medical specialist and of his language. Another such strategy is related to Egeus’s way of speaking about physicians. He refers to medical doctors twice in his narrative and, what is extremely symptomatic, each time in a reductive context. He first hints at his contacts with a doctor or doctors when stating the details of his monomania: “In the meantime, my own disease – for I have been told that I should call it by no other appellation – my own disease, then, grew rapidly upon me” (187). Egeus acknowledges a fact of communication but, interestingly, names only one party involved, that is himself, and refrains from specifying the other, for example in terms of whether he has consulted with just one or with several medical specialists. Neither does the reader learn if Egeus has received information about his condition from the family physician, who, however, might not be acquainted with recent developments in the study of mental diseases, or from an expert in mental medicine. In the context of “Berenice,” where the narrator counters the hypothetical medical personage’s authority over him with his own authority over the text, the omission of such information is crucial. Additionally, it should be stressed that the agency of the doctor is presented in a rather dubious light. There is not even a brief mention of a medical examination or observation of Egeus. The contact between the narrator and the doctor is reduced to a mere act of telling. The marginalization of the medical specialist facilitates Egeus’s usurpation of the right and the privilege to speak about his malady in his own words, which deceptively echo professional medical discourse. In Egeus’s description of the nature and symptoms of monomania, the doctor, who is indeed useless as a source of knowledge, appears to be a minor linguistic trace.

The second situation in which the presence of a doctor is evoked in a reductive sense, occurs toward the end of the story. After Berenice has been entombed, Egeus sits alone in the library: “It seemed to me that I had newly awakened from a confused and exciting dream.” Apparently, he is unaware of what has happened between Berenice’s interment and the present hour, but he anticipates the discovery of something horrible. While pondering over what he may have done, he spots a very particular object on the table: “On the table beside me burned a lamp, a near it lay a little box. It was of no remarkable character, and I had seen it frequently before, for it was the property of the family physician; but how came it *there*, upon my table, and why did I shudder in regarding it?” The horrifying contents of the box are “some instruments of dental surgery, intermingled with thirty-two small, white, and ivory-looking substances” (191-92). Here, the doctor is reduced metonymically to the role of an inadvertent accomplice in Egeus’s atrocity.

Quite evidently, the family physician has been helpless about finding a remedy for Berenice's malady; this helplessness corresponds to the physician's lack of proper attention and possibly, although this is sheer speculation, gullibility. Characteristically, Poe undermines the authority of the medical specialist by finding metonymic substitutes for this figure: in the first situation, discourse functioned as such a substitute, in the second, it was the medical instruments stolen from the family physician. Just as his description of the sick Berenice, Egaeus's final train of thoughts also enhances the eradication of the medical doctor's agency.

A more traditionally-minded reader or critic of Poe's fiction might object to the above observations, claiming that Poe does not consciously construct a narrative aiming at the questioning of a specific discursive authority but rather invents yet another way of achieving the narrative effect which is a hallmark of his fiction. This effect is related to Poe's construction of narrators, who usually have a severely limited awareness of and contact with the surrounding world. Assuredly, Egaeus is such a narrator, and David Halliburton is by all means right in stating that in "Berenice" "the external world... is a recognizable one, while the narrating consciousness through which it is experienced is grossly distorted" (339). However, in the light of such observations, is it possible to explain Egaeus's proficiency in medical science, or more specifically in the application of its discourse, and his simultaneous utter mindlessness of those who produce and use it? "Berenice" can definitely be regarded as an example of narrative interference with a rigid scientific discourse. This interference is conspicuous precisely thanks to the distortion of the external world, which is reduced to discourse and a handful of requisites.

Egaeus clearly indicates that his medical knowledge is not incidental. He constructs a narrative image of himself as a man who is as vulnerable as he is sophisticated. He is born "into a palace of imagination – into the wild dominions of monastic thought and erudition" (186). The connection between imagination and erudition is crucial as it may suggest that the latter without the former is worthless. Egaeus virtually turns medicine into an arcane knowledge, available exclusively to a narrow group of individuals like himself. The first thing the reader learns about Egaeus's ancestry is, "Our line has been called a race of visionaries" (186). Imagination is not bound up by all those experiential and discursive limitations which science should take into consideration. Somewhat perversely, Egaeus experiments upon himself, reading philosophical treatises which, as he suspects, can worsen his condition due to "their imaginative and inconsequential nature" (188). In his view, medical knowledge is not a matter of formal education and professional practice, but rather of predisposition, personal experience, and intellectual capaci-

ty. All the same, one should not forget about linguistic skills, because it is language which ultimately sanctions medical authority.

Language underlies a variety of semiotic interdependences, which facilitate the establishment of medical authority. As Michel Foucault claims in *The Archaeology of Knowledge*, discourse, and, in consequence, the authority it designates, is constantly in process, constantly getting re-oriented in its field and in relation to other fields (21-30). Nevertheless, the principal tendency in an authoritative discourse is centripetal, targeted at finding a stable position from which the speech of the authority will come. The establishment of such a position can be connected with the emergence of what Foucault elsewhere calls the *episteme*,

in which knowledge, envisaged apart from all criteria having reference to its rational value or to its objective form, grounds its positivity and thereby manifests a history which is not that of its growing perfection, but rather that of its conditions of possibility; in this account, what should appear are those configurations within the *space* of knowledge which have given rise to the diverse forms of empirical science. (*Order of Things* xxii)

Foucauldian scholars Charles C. Lement and Garth Gillan define the *episteme* far less enigmatically as a set of social conditions, which constitute particular historical forms of discourse and knowledge (163).

Egaeus's use of medical discourse is not a mere imitation; he modifies it in two ways: through emulation and reservation. Egaeus emulates medical specialists because, on the one hand, he is not limited by the state of research in the field, and, on the other, as a patient he possesses first-hand knowledge of his malady and therefore has the unique opportunity to verify scientific findings immediately. The consequence of this is a crucial repositioning of the patient in relation to the doctor, which consists in the eradication of discursive distance between the two parties. In turn, the narrator's reservations about medical discourse are evident in the following statement: "This monomania, if I must so term it, consisted in a morbid irritability of those properties of the mind in the metaphysical science termed the attentive" (187). This single sentence contains two indications of Egaeus's reservations about medical discourse and of his consciousness of its shortcomings. First, the locution "if I must so term it" is extremely significant insofar as it unequivocally points to the narrator's dissatisfaction with the rigid and inadequate language of medicine. Second, in referring to "metaphysical science," Egaeus resorts to an alterna-

tive discourse in order to make medical discourse more relevant for the description of his condition.

Characteristically, the authority of medical discourse, and consequently the power configuration involving the doctor and the patient, is simultaneously deconstructed and reconstructed on the narrative and metanarrative levels of "Berenice." The deconstructive effect is perhaps more evident, while the reconstitution of authority is purposefully subtle. The former consists in the reduction of the distance between the doctor and the patient in the figure of Egeus. In usurping the right to speak from the position of scientific authority, Egeus appropriates the discourse of the dangerous Other, the discourse which potentially foreshadows the use of some precautionary measures of physical enforcement against Egeus. As Allan Ingram observes,

This relation between doctor and patient, between authority and its object, finds its most potent symbolic expression not in any act of linguistic origin, but the strait-waistcoat. This device, which was in use early in the [eighteenth] century, renders complete the status of the madman as object, for it prevents all the functions by which an individual may express individuality with the single exception of language; but the peculiar irony of the strait-waistcoat is that its application transforms the individual into an object-person for whom language is absurdity. (94)

Thus, as long as Egeus finds sense in language and convinces the reader about this sense, he safeguards himself from the objectification exercised by the powerful Other. Christopher Benfey makes an interesting point about a particular narrative aspect of Poe's tales-confessions, which include "Berenice"; namely, he observes that for Poe's narrators, the very fact of being able to speak, to make a confession, is the evidence of their sanity (30-31).

Whereas Egeus's self-articulation deconstructs the power relation involving the medical authority and the patient, his descriptions of Berenice can be seen as an attempt at a reconstruction of this configuration on new terms, with the eponymous heroine as the object of Egeus's examination and concomitantly his substitute in the function of the patient. It is worth noting that it is when he talks about Berenice's malady that the quality of his rhetoric changes markedly for the first time – from the loftiness of the opening paragraphs describing the family character, the predisposition of the narrator, and the charms of Berenice, to the precision characterizing his medical utterances:

Among the numerous train of maladies superinduced by that fatal and primary one which effected a revolution of so horrible a kind in the moral and physical being of my cousin, may be mentioned as the most distressing and obstinate in its nature, a species of epilepsy not infrequently terminating in *trance* itself – trance very nearly resembling positive dissolution, and from which her manner of recovery was, in most instances, startlingly abrupt. (187)

Significantly, Egaeus spares the reader further medical details of Berenice's malady; however, what he reveals about it is sufficient for an attentive reader to be able to notice a certain similarity between the narrator's and his beloved's diseases, namely, the trance-like condition they both often suffer from. When Berenice's condition has deteriorated rapidly, Egaeus envisages her as an "abstraction"; she is no longer "a thing to admire, but to analyze; not... an object of love, but the theme of the most abstruse although desultory speculation" (189). Berenice resembles a screen on which Egaeus reads symptoms stimulating his analytical mind. Somewhat deceptively, he talks about the terror and sadness which every appearance of the beautiful cousin arouses in him. Gillian Brown emphasizes the fact that the death of women is Poe's stories "is regularly accompanied by the imagination of their regeneration." The resurrected heroines "testify to the stories their partners tell; they verify the narratives about themselves." Brown concludes, "Their regenerate corpses thus embody a principle of preservation, safeguarding the consciousness in which they figure as memories and thus poetic subjects" (340-41). In the gallery of Poe's heroines, Berenice fulfills a singular role of the narrator's "patient." All in all, the extraction of her teeth is a surgical intervention.

With some reservations in mind, it is possible to argue that a corresponding reconstitution of the medical authority takes place on the metanarrative level and involves the narrator and the reader, on whom the narrator, in a sense, sets a trap. This textual trap depends on inducing the reader to take Egaeus's statements for granted; in other words, to accept his authority. Egaeus has one advantage over the reader – knowledge; therefore he speaks as if he were someone like a guide. For instance, he makes sure that the reader will comprehend the medical problem he is concerned with. Egaeus says, "in my case, the powers of meditation (not to speak technically) busied and buried themselves, in the contemplation of even the most ordinary objects of the universe" (187). The phrase put in parentheses is of great significance as it clearly implies that Egaeus can talk about technical details and that he translates intricate medical discourse into its more comprehensible alternative. The parenthetical remark designates specific medical discourse as a subtext of Egaeus's narrative. Apparently,

the narrator's craves the reader's sympathy; however, what he expects from the reader, first and foremost, is a subconscious recognition of his authority. The reader's acknowledgement of the narrator's trustworthiness is the ultimate test of whether Egaeus exercises true control over his narrative.

Several critics have commented on the traps inherent in the role that Poe's narrators have reserved for the reader. Essentially, the reader should be persuaded to follow the leads which the narrator suggests. Sybil Wuletich-Brinberg writes,

Virtually all of Poe's characters pride themselves on their intelligence. The reader, therefore, must take special care to resist its magnetic appeal that is re-enforced by the magnetic power of the first person subjective point of view by which Poe attempts to diminish the distance between art and life so that the reader becomes – to use a word Poe often used in his tales – “infected” with the anxiety and the bizarre misconceptions of reality that afflict his characters. (100-01)

In a like vein, Paul Witherington, in an article on “The Tell-Tale Heart,” describes the implied listener in Poe's confessional tales as an “accomplice after the fact” (472).

Summing up, “Berenice” is an intriguing illustration of the interplay of contrasting ways and purposes of introducing authoritative, scientific discourse into a literary work. On the one hand, in usurping the right to speak this kind of language, Egaeus precludes the power which, potentially, a medical specialist can claim over him. The deconstruction of medical discourse is, accordingly, a liberating gesture. On the other hand, the manipulation of medical discourse toward the re-establishment of its authority facilitates the narrator's control of literary discourse. This kind of control is meant to guarantee an appropriate positioning of the reader in relation to the narrator and the narrative.

WORKS CITED

- Benfey, Christopher. “Poe and the Unreadable: ‘The Black Cat’ and ‘The Tell-Tale Heart.’” *New Essays on Poe's Major Tales*. Ed. Kenneth Silverman. Cambridge: Cambridge UP, 1993. 27-44.
- Brown, Gillian. “Poetics of Extinction.” *The American Face of Edgar Allan Poe*. Ed. Shawn Rosenheim and Stephen Rachman. Baltimore and London: Johns Hopkins UP, 1995. 330-44.
- Cleman, John. “Irresistible Impulses: Edgar Allan Poe and the Insanity Defense.” *American Literature* 63.4 (December 1991): 623-40.
- Davis, David Brion. *Homicide in American Fiction, 1798-1860: A Study in Social Values*. Ithaca: Cornell UP, 1957.
- Foucault, Michel. *The Archaeology of Knowledge and The Discourse on Language*. Trans. A. M. Sheridan Smith. New York: Pantheon, 1972.
- _____. *The Order of Things: An Archaeology of the Human Sciences*. Translator unspecified. New York: Vintage, 1994.

- Giddings, Robert. "Poe: Rituals of Life and Death." *American Horror Fiction: From Brockden Brown to Stephen King*. Ed. Brian Docherty. London: Macmillan, 1990. 33-58.
- Halliburton, David. *Edgar Allan Poe: A Phenomenological View*. Princeton: Princeton UP, 1973.
- Ingram, Allan. *The Madhouse of Language: Writing and Reading Madness in the Eighteenth Century*. London and New York: Routledge, 1991.
- Lemert, Charles C., and Garth Gillan. *Michel Foucault: Teoria społeczna i transgresja*. Trans. Damian Leszczyński and Lotar Rasiński. Warszawa – Wrocław: PWN, 1999.
- Leps, Marie-Christine. *Apprehending the Criminal: The Production of Deviance in Nineteenth-Century Discourse*. Durham and London: Duke UP, 1992.
- Macdonell, Diane. *Theories of Discourse: An Introduction*. Oxford, UK and Cambridge, MA: Blackwell, 1993.
- Phillips, Elizabeth. *Edgar Allan Poe: An American Imagination. Three Essays*. Port Washington and London: Kennikat, 1979.
- Poe, Edgar Allan. *The Complete Illustrated Works of Edgar Allan Poe*. London: Chancellor, 1996.
- Reynolds, David S. *Beneath the American Renaissance: The Subversive Imagination in the Age of Emerson and Melville*. New York: Knopf, 1989.
- Smith, Allan. "The Psychological Context of Three Tales by Poe." *Journal of American Studies* 7.3 (1973): 279-92.
- Witherington, Paul. "The Accomplice in 'The Tell-Tale Heart.'" *Studies in Short Fiction* 22.4 (1985): 471-75.
- Wuletich-Brinberg, Sybil. *Poe: The Rationale of the Uncanny*. New York: Lang, 1988.