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A BRIGHT BUT UNSTEADY LIGHT

This patient was as strange and as talented a figure as any in the American literary pantheon.¹ Orphaned, disowned, wedded to a child-cousin and ruled by alcohol, he overcame extreme poverty and mental torment during an all-too-brief life to become one of the most influential writers of the 19th century.

He was a Romantic poet of incomparable technical virtuosity, one who captured the actual sound of bells in a phonic experiment of hypnotic cadences and also conjured up a haunting vision of doom in a single-word refrain delivered by a raven. He was a literary critic, an editor and an art theorist; it has even been said, with some justification, that he created the science fiction genre and the detective story. He also wrote macabre stories, ones most of us read as children and have encountered again as modern-day horror films.²

The patient had a perverse concept of beauty, one epitomized by the death of a beautiful woman.³ Death, in fact, was never far from his mind, and in his work took strange forms. His own death in 1849, three months before his forty-first birthday, was as strange as any he created in his many works of fiction.

Only a few details of the illness that extinguished his “bright but unsteady light”⁴ are known because his physician, Dr. John Joseph Moran, used the illness to promote his own celebrity and in the process denied posterity an accurate clinical description.⁵ Only Moran’s letter to Mrs. Maria Clemm (see Figure 10-1), the patient’s mother-in-law, can be trusted, for it was written before he began to feed the public’s appetite for ever more moving and ironic details of

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Balt. City Marine Hospital, Nov 15/49.

W. Clemm,

My dear Madam,

I take the earliest opportunity of responding to yours of the 9th Inst, which came to hand by yesterday's Mail.

Your deep solicitude, Madam, in reference to the "last moments" of him of whom you write, does not surprise me. It falls to the lot of but few, to enjoy the extensive popularity that was unquestionably his. Whomsoever talent - mental works, nay genius, was prized, there "C. A. Pav" had warm friends. To his rarely gifted mind are as indelible for many of the brightest thoughts that adorn our literature. to him is Belles Lettres indebted for the poet's gem he called Centuries, "He is gone!" How many hearts have heaved a sigh in uttering these three words! How many thousands will yet, and for years to come, lament the premature demise of this truly great man! Not can there be found, in the list of his enemies, what great man can find without them! one individual, who will withhold from him the mea^{sure} of praise to which you refer - when you speak of his "nobility of soul." Posterity will not hesitate to award him a place in the Catalogue of those whose great have strewn flowers in the pathway of life - those whose fragrance will last for the enjoyment of unborn millions. Surely preserving a memorial more lasting than the Sculptor's Chisel or the Art of the Statuary could ever fabricate or invent - But now for the required intelligence

FIGURE 10-1. John Moran's letter to Maria Clemm, November 15, 1849, in which he describes the patient's last hours (see Note 6). Courtesy of Enoch Pratt Free Library, Central Library/State Library Resource Center, Baltimore, Maryland.

his patient's final hours.⁶ Unfortunately, the letter is brief and only modestly informative.

According to the letter, the patient arrived at the Washington College Hospital in Baltimore on Wednesday, the 3rd of October, 1849. He was delirious, with no apparent appreciation of his desperate condition, how he happened to be in the hospital or where he had been during the days prior to his admission. Earlier that day, he

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had been found disoriented outside of Ryan's Fourth Ward polls in the heart of Baltimore and brought to the hospital by his friend, Dr. J. E. Snodgrass. In one of his later accounts, Moran wrote that the coachman who conveyed the patient to the hospital claimed that his passenger "did not smell of whiskey," fueling speculation that his fatal illness was the consequence of some disease other than the alcoholism with which he had struggled for years.

By the next morning the patient was in a tremulous state. Initially, he exhibited a busy but not violent or active delirium, marked by constant talking and vacant conversations with spectral and imaginary objects on the walls. His face was pale, his whole body drenched with perspiration. All efforts to induce tranquility were unsuccessful that first day. But by the next day, his senses seemed to clear, though his answers remained incoherent and unsatisfactory. He claimed that he had a wife in Richmond (which was untrue, although he did have a fiancée there) and that he did not know when he had left that city or what had become of his clothes and other belongings. The mystery of his whereabouts and activities from the time of his departure from Richmond until his arrival at the Washington College Hospital have never been solved.

Attempts to console the patient were met with visible agitation and an assertion that "the best thing his best friend could do would be to blow out his brains with a pistol."⁶ Shortly thereafter he seemed to doze, only to awaken sometime later in a delirium so violent that two nurses had great difficulty keeping him in bed. He persisted in this state until Saturday the 6th, when, as Moran reported, he began calling for one "Reynolds." Who Reynolds was, if not simply the product of Moran's over-active imagination, has never been determined, but in an article published in the *Baltimore Sun* on the one hundredth anniversary of the patient's death,⁷ James H. Bready claimed that the man was Henry Reynolds, a friend of the patient and owner of a carpenter shop near the spot where the poet was found. According to Maryland Historical Society records, this same Reynolds was also chief judge of elections at the local polling station⁸ where some believe the patient fell victim to the

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practice of Election Day “cooping.” The patient continued calling out until 3:00 a.m. Sunday, when a decided change began to affect him. Enfeebled by the strenuous exertions of the preceding three days, he seemed to rest for a short time, then, gently moving his head, he said “Lord help my poor Soul” and expired. The official diagnosis was “congestion of the brain.”⁹

Whereas details of this last illness are sparse, the patient’s letters and those of his family, friends and associates¹⁰ tell us much about the man and, in all likelihood, also about the nature of the illness that cured for him “the fever called living.”¹¹

He was born in Boston to a twenty-two-year-old English actress who performed with some distinction in theaters throughout the northeastern United States. She died when he was two of a lingering, debilitating illness, which, although never diagnosed, was most likely tuberculosis. The patient’s father was also an actor, but one decidedly less talented than his mother. He was of Irish stock, and some say that it was his Celtic flame that kindled in his son a mysticism that concerned itself with those dim regions where the relations of man and the supernatural collide. The patient’s father loved alcohol more than he loved his son and abandoned the child and his wife just before she died. What became of him is unknown. Fortunately for the boy, a cousin took him in when his mother died and raised him as his foster son in a loving and privileged household. When the boy became a man, a schism developed between them and with it, the loss of both his foster father’s love and financial support.

The patient had an older brother who died at age twenty-four. While the exact cause of his death is unknown, it is likely that alcoholism was involved.¹² Another relative, a paternal cousin, was also an alcoholic. The patient’s sister, one year his junior, did not suffer from the disease, however, and though mentally retarded, lived until aged sixty-three in “reasonably good physical health.”¹³

Although the patient spent most of his formative years in Virginia, he began his schooling at a private institution in England at age six. After five years of study there, he was able to speak French and to read Latin and was better versed in history and literature

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than many older, more advantaged boys. He continued to exercise his mind and his body and by the time he entered the University of Virginia at age seventeen, he showed evidence of a promising future as a man of letters. However, whereas the University of Virginia broadened his grasp of literature, it also taught him the elements of gambling, fighting and drinking. After a year, his stepfather refused to subsidize his education further because of the debts he had accumulated.

Shortly after his departure from the University, the patient enlisted in the army. He served in an artillery unit under an assumed name, Edgar Perry. Why he chose not to use his own name is not known. In his two years with the unit, he rose to the rank of sergeant major, the highest non-commissioned grade in the army. When he was twenty-one, he entered the United States Military Academy at West Point. Within a year, he was court-martialed and forced to leave the Academy. Although his roommates said that he had a “fondness for drinking,” the charges against him were “gross neglect of duty” and “disobedience of orders.” A biographer credited his expulsion to the fact that “he simply declined to continue under circumstances which hampered his creative work.”¹⁴

After he left the Academy, poverty, despair and alcohol began to tighten their grip on him, even as the literary triumphs that would become his legacy were accumulating. In October, 1833, when he was twenty-four, he wrote “The Manuscript Found in a Bottle,” for which he received a fifty-dollar prize for the best short story submitted to Baltimore’s *The Saturday Visitor*. It was the first public acknowledgement of his literary genius. By the time he was twenty-six, he had many other published works to his credit, including “Berenice,” “Morella,” “Lionizing” and “Hans Phaall, a Tale.” It was then that he began a courtship of his thirteen-year-old cousin, Virginia, which within a year culminated in marriage. Her companionship and that of her mother temporarily elevated his spirits. Virginia, however, was never well, and spent their eleven years of marriage succumbing to the ravages of tuberculosis. She was twenty-five when she died. He was thirty-eight, and although

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famous by then following publication of his poem “The Raven” in *The American Whig Review*, he was mentally and physically bereft.

Except for minor childhood illnesses and “severe ear trouble” while at the Academy, the patient’s health had been good until age twenty-two. That year he wrote to his foster father of “bad health” and an arrest for a debt. The former was a recurrent theme in subsequent letters. Like his great rival, Nathaniel Hawthorne, he complained repeatedly of nervous depression.¹⁵ He is believed to have attempted suicide at least once (see below) and was plagued by a succession of unspecified illnesses that interrupted his work for varying periods of time. He exercised regularly, at least he did until his final years, and except for an attack of cholera early in 1849, his “unspecified illnesses” seem to have been more the result of mental than physical disability.

The patient’s most serious and most controversial medical problem concerned his use of alcohol. By his own admission and the statements of numerous friends and associates, he had a weakness for drink, which reflected “a perverse tendency to injure his own prospects.”¹⁶ Was the weakness indicative of some basic character flaw? It was said that he was overly sensitive, self-critical, irregular, eccentric, querulous, prideful and chronically unhappy. He also had a “wonderful fecundity of imagination,”¹⁷ which at times culminated in fabrications concerning his personal history. He loved his wife deeply, for example, and she was devoted to him. However, after her death, pursuit of new companionship led him to claim that he had “married, for another’s happiness, where I knew no possibility of my own existed.”¹⁸

Many of the patient’s later years were marked by a desperate struggle for sanity. Recurrent bouts of depression brought on by his basic constitution and his unrelenting social and financial pressures drove him ever deeper into the shadowy world of alcohol. He had both a fondness for and an intolerance of wine. If he took one glass, “the Rubicon of the cup was passed with him, and it almost always ended in excess and sickness.”¹⁹ In June of 1842, when he was thirty-three and hard at work on *Phantasy Pieces*, a new two-volume

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edition of his collected works, he was so “unwell” he was forced to give up and go to bed. Virginia was then dangerously ill with hemorrhage from her lungs. In September while nursing her, he was taken with a severe chill and fever himself. He was ill again in March of 1843, and also in September of that year. Although admitting to “in times past [being] given to spreeing upon an extensive scale,” he claimed that he was sober then as he despaired over Virginia’s deteriorating condition.²⁰

Eighteen forty-six was a particularly bad year. From February to July of that year the patient was too ill to write installments of “Marginalia” for *Graham’s* and *The Democratic Review*, from which he earned his meager income. When Virginia died in January of 1847, his own long agony seemed to be drawing to conclusion. At times then he talked like a man insane, one perfectly self-possessed in all other respects, whose brain and tongue seemed beyond his control.²¹ He had no memory of these spells afterwards and seems to have been under the influence of mental aberrations brought on by wine. During the first few months after Virginia’s death, he experienced a complete mental collapse and had to be cared for by his mother-in-law and Mrs. Marie Louise Shew, a friend with some medical training. According to the latter, the patient was afflicted with “brain fever,” which caused his pulse to race and to “beat only ten regular beats, after which it suspended or intermitted.”²²

The patient was still exceedingly ill in August of 1847. In November of that year, he made a trip to Providence of which he remembered nothing distinctly until his arrival. After a bad night, he bought two ounces of laudanum, half of which he swallowed and immediately regurgitated during his return trip to Boston.²³ At the time, he was purportedly despondent over a failed courtship, leading to suspicion that the ingestion might have been a suicide attempt. This was apparently the only time he used opiates. In spite of these “illnesses,” his mind never weakened, at least not until the very end, as evidenced by “Eureka,” a long prose poem of a semi-scientific and metaphysical nature that he wrote in 1846 and lectured on until shortly before his death.²⁴

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A little less than a year before he died, the patient was writing with renewed inspiration. However, misfortune continued to pursue him. Magazines which had accepted his work failed or suspended payment, leading to further episodes of bingeing and delirium for which his aging mother-in-law again had to nurse him. In the spring of 1849, somewhat recovered, he left her in New York to travel to Richmond. On the way, a stop in Philadelphia resulted in yet another binge for which he was arrested. Ultimately, faithful friends raised sufficient funds to rescue him from prison and send him on his way to Richmond.

Shaken by what had been a near fatal relapse of his struggle with alcohol in Philadelphia, and with great effort, the patient succeeded in abstaining from drink for a brief time. During this period of sobriety, he managed to obtain a promise of marriage from his childhood sweetheart, Elmira Royster, now Mrs. A.B. Shelton, a well-to-do widow. On September 27, 1849, the patient left Richmond on what was to be his final journey. The purpose of the trip is just one of many lingering mysteries surrounding his death. It has been speculated that he intended to travel to New York to retrieve his mother-in-law for the upcoming wedding,²⁵ and also that he was going to either New York or Philadelphia to wind up some unfinished business.²⁶ Whatever his reason for making the trip, he was far from well when he departed.

According to his intended, when he came to her house the night before he left, “he was very sad and complained of being quite sick.”²⁷ When she felt his pulse, she found that he had “considerable fever” and thought it unlikely that he would be able to begin his journey the next morning.

From the time the patient left Richmond until he was found in Baltimore on October 3, nothing is known of his activities. His death, unlike his poetry, was unbeautiful. It was, however, poignant to the point of mythmaking — if, that is, the details were not fabricated *in the interest of mythmaking*, for many have sought to find fame of their own in embellishing the story of the life and death of Edgar Allan Poe, who died in Baltimore early in the morning of October 7, 1849 (see Figure 10-2).

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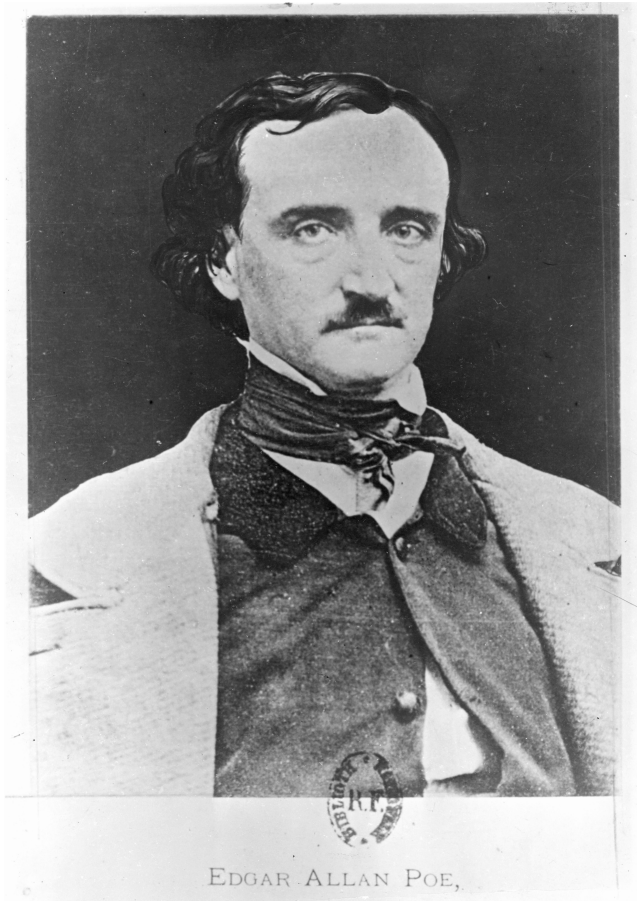


FIGURE 10-2. Edgar Allan Poe. Daguerreotype belonging to Sarah Helen Whitman (1803-1878). Photo Credit : Giraudon/Art Resource, NY.

Many diagnoses have been offered to explain Poe's death. The earliest and most persistent has been that of alcohol-induced delirium tremens. The newest and most interesting is rabies. Homicide, carbon monoxide poisoning, suicide, syphilis and mercury intoxication also have been proposed, reflecting more an unwillingness on the part of the proposers to accept an ordinary disease as the cause of Poe's death than any convincing clinical evidence of such disorders.

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In 1995, during the first of the Historical Clinicopathological Conferences on which this book is based, Dr. R. Michael Benitez concluded that Poe died of rabies resulting from an unrecorded and most likely unrecognized animal exposure prior to his hospitalization in Baltimore.²⁸ Benitez based his diagnosis on evidence of autonomic instability (dilating and contracting pupils and an irregular pulse which alternated between rapid and slow), fluctuating delirium and hydrophobia (suggested by his adamant refusal of alcohol and difficulty swallowing water) included in Moran's later descriptions of the terminal illness.

Rabies, in fact, has much in common with Poe's final illness.²⁹ It is a viral encephalitis (i.e., an infection of the brain) marked by acute onset of confusion, hallucinations, combativeness, muscle spasms and seizures, all of which tend to wax and wane during the course of the illness. Autonomic instability marked by alternating tachycardia (racing pulse) and bradycardia (slow pulse), profuse sweating, lacrimation and salivation are also characteristic. The infection is virtually always fatal, with a median survival time after the onset of symptoms of four days. Poe, it will be recalled, died four days after being admitted to the hospital.

Although Poe had no known history of exposure to a rabid animal, this would by no means be unusual in cases of rabies. Of thirty-three such human cases diagnosed in the United States between 1977 and 1994, only nine had evidence of an appropriate animal exposure.³⁰

Moran offered no indication of autonomic instability in the letter he wrote to Mrs. Clemm a month after her son-in-law's death. Only decades later, most likely relying on memory alone, does he mention a "very low pulse" and that his famous patient's "pulse which had been as low as fifty was rising rapidly, though still feeble and variable."⁵ Likewise, in Moran's early letter, he says that although Poe regained consciousness the day after being admitted, "his answers were incoherent & unsatisfactory," implying that Poe's delirium was unremitting, not waxing and waning. Only in his later accounts does he suggest that Poe's delirium cleared for a pe-

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riod during his hospitalization. And with regard to suggestions that Poe might have had hydrophobia, Moran states in his later account that his patient “vehemently rejected” a glass of toddy and when given a drink of water to determine if he could swallow freely, “did this with some difficulty.” No such evidence of hydrophobia appears in his earlier letter to Mrs. Clemm. Nor in any of his accounts is there mention of excessive salivation or seizures, both of which are highly characteristic of rabies.

In his account of 1885,⁵ Moran theorized that prior to arriving at his hospital, Poe had been “seized by two roughs, dragged into one of the many sinks of iniquity or gambling hells which lined the [Baltimore] wharf...drugged, robbed [and] stripped of every vestige of clothing he had on” before, in effect, having been left to die. By the time he wrote this account, Moran had assumed the role of his patient’s defender, declaring that he had detected no trace of alcohol on the poet’s breath and later felt obligated to protect the man he initially “believed to be drunk” against the malicious accusations of his enemies. In fact, Moran’s accounts of 1875 and 1885 are so replete with contradictions (e.g., regarding the time of Poe’s death) and untruths (e.g., his claim of having referred to Poe’s hospital record in writing his later accounts), one is inclined to doubt anything he says in them not corroborated by his earlier letter to Mrs. Clemm. His robbery/murder theory is especially suspect, because when found unconscious, Poe still grasped a valuable sword-cane he had brought with him from Richmond.

Several more recent theories are worth mentioning, if only to illustrate the determination of Poe devotees to ascribe to him a cause of death as enigmatic as his life and works. It has been suggested, for example, by an employee of a company that manufactures carbon monoxide detectors, that Poe’s alcohol intolerance was a consequence of “multiple chemical sensitivity” due to chronic carbon monoxide poisoning acquired from gas lights used in Baltimore, Philadelphia and New York during the poet’s lifetime.³¹ Another would-be diagnostician has suggested, without supporting evidence, that Poe’s alcohol intolerance was the result of a “hyperactive

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ear syndrome” caused by syphilis.³² It has even been proposed that Poe killed himself by taking an overdose of calomel, a mercury-containing compound he originally obtained to treat himself for cholera.³³ If past is indeed prologue, none of these diagnoses offers a better explanation for Poe’s chronic ill health and death than alcoholism.

Was Poe an alcoholic? The *Third Diagnostic and Statistical Manual* of the American Psychiatric Association divides alcoholism into alcohol abuse and alcohol dependence. According to the manual, *alcohol abuse* exists if there is evidence of alcohol-related impairment of normal life function. Alcohol abuse progresses to *alcohol dependence* when alcohol-related functional impairment is accompanied by heightened ethanol intolerance or characteristic physical abnormalities on withdrawal from alcohol. In simpler terms, alcoholism is a diagnosis given to persons whose use of alcohol causes marital strife, work-related problems, arrests, or physical disabilities, such as liver dysfunction, heart failure and withdrawal symptoms.³⁴

Although there is no direct evidence that Poe’s drinking created problems in his relationship with his wife, Virginia, there is evidence that his subsequent courtship of Mrs. Sarah Helen Whitman was jeopardized by alcohol. On November 13, 1848, Whitman reportedly consented to be engaged to Poe, but only if he abstained from drink, which he proved he could not.³⁵ That alcohol repeatedly interfered with his work is suggested by the many “unspecified illnesses” referred to above, which repeatedly interrupted his literary and editorial efforts. That at least some, if not most, of these illnesses were direct consequences of alcohol abuse is suggested by a letter written by John R. Thompson, editor of the *Southern Literary Messenger*, on October 17, 1848. He reported:

Poe is not in Richmond. He remained here about 3 weeks, horribly drunk and discoursing ‘Eureka’ every night to the audiences of the Bar Rooms. His friends tried to get him sober and set him to work but to no effect and were compelled at last to reship him to New York. I was anxious for him to write something for me, while

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he remained here, but his lucid intervals were so brief and infrequent that it was quite impossible.³⁶

As noted above, Poe was arrested at least once for drunkenness. We know this because in a letter to his mother-in-law three months before he died he wrote, "I have been taken to prison once since I came here for getting drunk."³⁷ Although he claimed that he was not drunk "then," he nevertheless fulfilled yet another criterion of the *Third Diagnostic and Statistical Manual* for alcohol dependence.

Evidence that alcohol was exacting a heavy toll on Poe's physical condition during his later years is also compelling. As early as 1841, when he was thirty-two and working in Philadelphia as an assistant editor for *Graham's* magazine, he wrote:

I was never in the *habit* of intoxication. I never drank drams, etc. But for a brief period while I resided in Richmond, and edited the *Messenger*, I certainly did give way, at long intervals, to the temptation held out on all sides by the spirit of Southern Conviviality...In short, it sometimes happened that I was completely intoxicated. For some days after each excess, I was invariably confined to bed.³⁸

Then in November of 1847, as we have already seen, there was the trip to Providence of which Poe remembered nothing. This was not his only instance of short-term memory loss and subsequent amnesia (blackout) characteristic of both episodic and chronic intoxication. In an editorial in the *Home Journal*, Saturday, December 26, 1846, Nathaniel P. Willis describes an exhibition of patently psychotic behavior by Poe, which he had "little or no memory of... afterwards."³⁹

By July of 1849, Poe's handwriting was beginning to deteriorate. In a letter to his mother-in-law on July 19, he wrote, "You will see at once, by the handwriting of this letter, that I am better..."⁴⁰ His remark implies that he was having at least intermittent difficulty with his penmanship. Although the source of this problem is open to question, based on Poe's other physical disabilities related to

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alcohol, it is likely that he was beginning to manifest tremors characteristic of persons who reduce their intake of alcohol after prolonged bouts of drinking.

Hallucinations and overt psychosis are common during withdrawal periods in alcohol-dependent persons. *Delirium tremens*, the most severe form of withdrawal, is dominated by confusion, agitated delusions and hallucinations and, occasionally, generalized seizures. The hallucinations of delirium tremens are most often visual hallucinations of a disturbing nature, spiders on walls, for example. Moran's description of his patient's vacant conversations with "spectral and imaginary objects on the walls"⁶ suggest that Poe was having just such visual hallucinations during his final illness.

The likelihood of developing severe symptoms of withdrawal increases in the presence of concomitant medical problems (such as infection), a prior history of withdrawal seizures or delirium tremens, and in the aftermath of particularly intense drinking bouts. Most episodes begin and end abruptly. Symptoms appear within five to ten hours of ceasing alcohol intake, peak in intensity by day two or three and improve by day four to five.²¹ In some series, mortality has been as high as twenty percent.⁴¹

Poe had episodes of both hallucinations and overt psychosis prior to his final illness. In the letter by Willis referred to above, Poe is described as:

{talking} like a man insane. Perfectly self-possessed in all other respects, his brain and tongue were evidently beyond his control. We learned afterwards that the least stimulus — a single glass of wine — would produce this effect....³⁹

Similarly, Mrs. Whitman described a visit by Poe in November, 1848 in which he came to her home in an excited state, begging her to save him from a terrible doom. A physician was called and diagnosed the case as one of "cerebral congestion,"³⁵ ironically, the very diagnosis that was later given as the cause of Poe's death.⁹ During a stop in Philadelphia in July of 1849, Poe called on John Sartain,

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then editor of the *Union Magazine*. Looking pale and haggard, Poe begged Sartain for refuge from attack by two men who, he said, were on the train for New York, and were plotting to kill him. Sartain believed Poe was suffering from “mania of persecution,” for he reported being in Moyamensing Prison and dreaming of a radiant young woman standing on the topmost coping of the prison’s stone tower, who spoke to him across a great distance. When Sartain asked how he came to be in Moyamensing Prison, Poe said he had been suspected of trying to pass a fifty-dollar counterfeit note, when, in fact, he had been arrested for public intoxication.⁴² Poe repeated his account of the dream and the radiant figure to John R. Thompson some time later. However, in the later version, the vision carried him over the housetops of Philadelphia, “turning eventually into a black evil bird, which told Poe it was cholera.”⁴³ Later that same month, in a letter to his mother-in-law, he wrote:

For more than ten days I was totally deranged, although I was not drinking one drop; and during this interval, I imagined the most horrible calamities. All was hallucination, arising from an attack which I had never before experienced — an attack of mania-à-potu [another name for delirium tremens].⁴⁰

In the fall of 1849, Poe was taken to Duncan Lodge in Richmond by Dr. John MacKenzie and Dr. Gibbon Carter after two “relapses,” the second of which was serious. The two physicians warned Poe at that time “that another attack of the same nature would be fatal.” Poe replied that “if people would not tempt him, he would not fall.”⁴⁴

Although the liver is the organ most vulnerable to the toxic effects of prolonged alcohol excess, like the brain, the heart occasionally falls victim to such abuse. In 1973, in a letter to *The New England Journal of Medicine*, Tsung O. Cheng, MD first described a syndrome he called “delirium tremens cordis.”⁴⁵ This condition, now more commonly known as “holiday heart,” is characterized by cardiac rhythm disturbances (especially various forms of tachycardia) in alcoholics who

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have engaged in especially heavy bouts of drinking. The specific mechanism responsible for these alcohol-induced tachycardias is unknown. However, preliminary evidence points to an excitatory effect of alcohol on the sympathetic nervous system.⁴⁶

Shortly after Virginia's death, following a period of intense drinking, Poe collapsed and was cared for by his mother-in-law and Mrs. Marie Louise Shew, a friend with some prior medical training. The latter found Poe's pulse to be rapid and extremely irregular and, in consultation with the great Dr. Valentine Mott of the School of Medicine of New York University, diagnosed "brain fever brought on by extreme suffering of the mind and body."²² Based on her findings and Poe's long history of alcohol abuse, "delirium tremens cordis" due to alcoholic cardiomyopathy is the diagnosis today's clinicians likely would apply to his condition.

How much Poe drank and for how long can only be guessed. Clinical investigation has determined that complications of alcoholism such as those from which Poe appears to have suffered arise only after prolonged and continuous drinking at levels in excess of the equivalent of one pint, or more often one fifth, of spirits a day.⁴⁷ In view of such observations, it can be estimated that if wine was Poe's alcoholic beverage of choice, given its lower ethanol content, he had for years consumed an average of three to four fifths of the drink daily.

Why Poe drank has many potential answers. Currently, alcoholism afflicts ten percent of men and three to five percent of women at some time during their lives. Evidence from family, twin and adoption studies has shown that genetics plays an important role in vulnerability to alcoholism, with the risk increasing *pari passu* with the number of alcoholic relatives and the closeness of their genetic relationship.⁴⁸ Poe's father, brother and at least one cousin were most likely alcoholics.

Poe gave a host of reasons for why he drank. He maintained that drinking was a treatment of sorts for his "sensitive temperament [that] could not stand an excitement which was an everyday matter to [his] companions."³⁸ He claimed that he "was induced to resort

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to the occasional use of *cider*, with the hope of relieving a nervous attack.”³⁸ He attributed his drinking to the death of Virginia when he “became insane, with long intervals of horrible sanity. During fits of absolute unconsciousness [he] drank, God only knows how often and how much.”⁴⁹ And he blamed his drinking on his associates. He said, “I call God to witness that I have never loved dissipation.... But I was drawn to it by companions.”⁵⁰

Poe’s biographer, Arthur Hobson Quinn, offers his own reasons for the drinking: Fear that one day he [Poe], like his sister Rosalie, “would pass over the line that divides the sane from the insane”⁵¹ caused Poe to drink so that he might forget for a short time who and where he was.⁵¹ Quinn has suggested that the sufferings caused by poverty in a sensitive, proud, educated gentleman like Poe are agonies indescribable that generate temptations irresistible; and that Poe’s poverty was at times extreme, extending to the want of even the mere necessities of life. Pride, self-reproach, want, weariness, Quinn believed, drove Poe to seek excitement, perhaps forgetfulness, in wine, and that the least drop of wine, which to most people is a moderate stimulus, was to Poe literally the cup of frenzy.

Of the many mysteries surrounding Poe’s death, one of the most perplexing is the question of his activities between the time he left Richmond on September 23 and his appearance at the Washington College Hospital on October 3. One of the most persistent theories concerning his whereabouts and how he came to be fatally intoxicated is that he was a victim of “cooping.”⁵² This particular theory has attracted many students of his final illness because it would explain how he happened to be dressed in a poor suit of thin texture, not his own, at the time he was discovered outside Ryan’s Fourth Ward polls and yet still be in possession of the expensive sword-cane he had brought with him from Richmond. It might also explain why he might have broken so soon an oath of abstinence that he had given the Sons of Temperance shortly before leaving Richmond.

In 1849, Baltimore, like most major American cities, was plagued by election fraud. “Cooping,” then a popular form of ballot rigging, was a practice whereby gangs of thugs roamed the city a

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few days before Election Day, rounding up drunkards and homeless persons. These captives were furnished with food and liquor while confined to a basement or back room, “like chickens in a coop.” On Election Day, they were then herded to the polls to vote repeatedly for candidates of the party sponsoring the gangs. To make it harder for opponents at the polls to spot such fraud, captives were made to swap clothes after casting votes. Many believe Poe, already drunk or perhaps sick, injured or just vulnerable looking, was scooped up from the streets of Baltimore by one such gang. Critics of the cooping theory argue that Poe had too many friends, fans and family in Baltimore to have been marched through the streets without being recognized and rescued.

Given Poe’s medical history prior to his departure from Richmond in late September of 1849, and the nature of the illness described by Moran in his letter of November 15, 1849 to Poe’s mother-in-law, one need look no further than delirium tremens as an explanation for his death. Whether his last bout with alcohol was the result of cooping,⁵² his own inability to control the craving that had for so many years driven him to drink, or a second (successful) attempt at suicide⁵³ will never be known. However, if one ignores Moran’s later expanded description of Poe’s final illness, which deviates so spectacularly from his initial description in his letter to Maria Clemm a month after his patient’s death,⁶ neither rabies,²⁸ homicide,⁵ mercury intoxication,³³ nor, for that matter, any of the myriad other explanations proposed in the century and a half since Poe’s death, offers a better fit than delirium tremens.

The physical consequences of chronic alcoholism were clear to physicians of the first half of the 19th century. Dr. Benjamin Rush, one of the most influential American physicians of that era, correctly identified alcohol with “sickness of the stomach,” “obstructions of the liver,” “jaundice and dropsy of the belly and limbs,” “consumption,” “diabetes,” epilepsy, gout and madness.⁵⁴ He also recognized the potentially deadly consequences of these complications of the addiction. He was aware of the genetic predisposition to alcoholism. *A propos* of Poe, he believed that men who follow professions that re-

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quire constant exercise of the faculties of their minds are apt to seek relief by use of ardent spirits from fatigue born of great mental exertions. He also maintained that persons under pressure of debt, disappointments in worldly pursuits and guilt, sometimes seek to drown their sorrows in strong drink. Interestingly, Rush did not believe that fermented liquors such as wine and beer contained enough alcohol to produce intoxication without exciting a disrelish to their taste or pain from distension of the stomach. Rather, he thought that when taken in a moderate quantity, such beverages were generally innocent and “often have a friendly influence upon health and life.”

Rush taught physicians of Poe’s era how to manage fits of acute drunkenness,⁵⁵ as well as how to destroy the desire for alcohol.⁵⁶ In the former instance, he advised first opening the man’s collar and removing all tight ligatures from every other part of the body. The contents of the stomach were then to be discharged by thrusting a feather down the throat. A napkin was wrapped round the head and wetted for an hour or two with cold water. Sometimes the whole body was plunged into cold water. Other treatments included severe whippings, to excite “a revulsion of the blood from the brain to the external parts of the body” (i.e., to relieve “congestion of the brain”), profuse sweats and bleeding. Although Dr. Moran did not describe application of any of these treatments to Poe in his letter to Mrs. Clemm of November 1849, in view of Rush’s considerable influence on the practice of medicine in early 19th-century America, if Moran had thought Poe intoxicated at the time of admission, it is likely that he would have resorted to at least some of Rush’s recommendations.

The specific treatment recommended for delirium tremens in 1849 was articulated by Dr. Robley Dunglison, MD in his *Dictionary of Medical Science*, published in 1845.⁵⁷ Dunglison taught in Baltimore at the University of Maryland School of Medicine from 1833 until 1836. Although many of his contemporaries regarded the use of “stimulants” such as large doses of opium to induce rest as indispensable, Dunglison believed that simple supportive measures were both generally successful and more likely to result in a permanent cure than drugs.

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The treatment of delirium tremens today is controversial and, in many respects, no more satisfying than Dunglison's. Like Dunglison's contemporaries, most modern clinicians treat patients with sedatives (Dunglison refers to opium as a stimulant; today it is classified as a sedative) such as benzodiazepines.³⁴ Because patients are confused and agitated for three to five days regardless of therapy, sedatives are used to control behavior rather than to alter the course of the delirium. Supportive measures, such as proper nutrition, vitamins, rest and hydration, are the other mainstays of therapy today.

According to Rush, the purpose of alcoholic rehabilitation programs was to destroy the desire for ardent spirits.⁵⁶ To this end, he recommended interventions based on the doctrines of the Christian religion, inducing a sense of guilt or shame, negative conditioning (using measures such as the lacing of the alcoholic's drink with tartar emetic) and "exciting a counter measure in the mind" of the alcoholic. He also advocated a diet consisting wholly of vegetables, "an oath, taken before a magistrate" and counseling regarding the potential fatal consequences of intemperance. Although some of his contemporaries recommended gradual withdrawal of spirits from the alcoholic, Rush felt that addicted persons should abstain from alcohol "suddenly and entirely."

Even today, fewer than half of alcoholics completing rehabilitation programs maintain abstinence for a year.³⁴ Moreover, there is as yet no accepted single best way to rehabilitate alcoholics. Most programs emphasize the importance of helping patients achieve and maintain a high degree of motivation toward abstinence and, in the process, teaching the alcoholic to adjust to life without alcohol and to reestablish a functional lifestyle through personal counseling, vocational rehabilitation, family support and sexual counseling. Sometimes disulfiram is prescribed. This is a drug that induces severe gastrointestinal distress when alcohol is consumed. Self-help groups, such as Alcoholics Anonymous, like the Sons of Temperance Poe joined just prior to his death,⁵⁸ have also been effective in helping some alcoholics manage their addiction.

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Thus, had Poe recovered from his last illness, it is doubtful that he would have succeeded in his struggle against alcohol, even with the help of the Sons of Temperance. Whether his mental faculties had already suffered from alcohol to an extent incompatible with the literary triumphs of earlier years is also uncertain. However, scientific investigation has shown that whereas chronic alcoholics do not differ from non-alcoholics on most standard indices of psychometric testing, they perform significantly less well on several measures of adaptive ability, such as speech and sound perception.⁴⁷

Although there are many secrets surrounding Poe's death, there can be no doubt that alcohol had already done great harm to him by the time he was found unconscious in Baltimore in October of 1849. Nor is there any reason to believe he ever triumphed over his addiction to alcohol. How he came to be in delirium tremens when taken to the Washington College Hospital will not likely ever be known. Based on his prior history, however, and the nature of the illness described by Dr J.J. Moran in his initial account to Mrs. Maria Clemm, there can be no doubt that delirium tremens was the disorder that carried Poe to the place: "Where the good and the bad and the worst and the best/Have gone to their eternal rest."⁵⁹

Notes

1. Description of Poe by John Pendleton Kennedy in his journal written after Poe's death in 1849. From Tuckerman HT. *The Life of John Pendleton Kennedy*. New York: 1871, p. 376-7.
2. Weinstein A. Lecture 10: Edgar Allan Poe: Poete Maudit. In *The Brown University Guidebook. The Great Courses: Teaching that Engages the Mind*. 1997. The Teaching Company Limited Partnership. Chantilly, VA.
3. Some scholars attribute the death of Poe's young wife, Virginia, as the inspiration for "Annabel Lee." Silverman, K. *Edgar A. Poe: Mournful and Never-Ending Remembrance*. New York: Harper Perennial, 1992, p. 401-4.

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4. J. P. Kennedy's description from his October 10, 1849 note in his diary: "On Tuesday last Edgar A. Poe died in town here at the hospital from the effects of a debauch. . . . He fell in with some companion here who seduced him to the bottle, which it was said he had renounced some time ago. The consequence was fever, delirium, and madness, and in a few days a termination of his sad career in the hospital. Poor Poe! . . . A bright but unsteady light has been awfully quenched." (Charles H. Bonner, *John Pendleton Kennedy; Gentleman from Baltimore*, Baltimore: The Johns Hopkins Press, 1961, p. 194.
5. Our knowledge of what happened, from the time of Poe's admission to the Washington College Hospital In Baltimore until his death depends almost entirely on the evidence of one person, Dr. J. J. Moran. His two later accounts were likely influenced by his desire to tell anyone who would listen the story of Poe's final illness and death. He even gave a number of public lectures on the subject, of which we have several newspaper reports. His most important statements, however, are contained in three documents, still extant:

(1) Moran's letter of 15 November 1849, to Maria Clemm. This letter was first published incompletely by Woodberry in his 1885 book on Poe, but with some excisions and false readings. It has been reprinted with similar infidelities. The most reliable text is the one given by Arthur Hobson Quinn and Richard Hart in 1941. The manuscript which they reproduce in facsimile, is held by the Enoch Pratt Library.

(2) His article published in the *New York Herald*, 28 October 1875, entitled "Official Memoranda of the Death of Edgar A. Poe," page 28.

(3) His book of eighty-seven pages, entitled *A Defense of Edgar Allan Poe*, published in 1885, perhaps at Moran's own expense, by the Washington firm of William F. Boogher.

The summary of Poe's 1849 hospitalization presented here is derived primarily from Moran's letter to Maria Clemm. The er-

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rors and inconsistencies contained in these three documents have been noted by some biographers, who usually ascribe them to lapse of memory, an over-developed tendency to romanticize, or to senility. Most scholars believe Moran was lying when he claimed that his several accounts of Poe's death were based on the official hospital records. If there were such records, Moran did not consult them; otherwise he would not have given different dates and hours for Poe's admission and for his death. (Bandy WT. Dr. Moran and the Poe-Reynolds Myth. In *Myths and Reality*. Baltimore: The Edgar Allan Poe Society of Baltimore, 1987.

6. Dr. J. J. Moran's letter to Maria Clemm on November 15, 1849 was as follows:

Balt. City & Marine Hospital, Nov. 15/49

Mrs. Clemm,

My dear Madam,

I take the earliest opportunity of responding to yours of the 9th Inst., which came to hand by yesterday's mail.

Your deep solicitude, Madam, in reference to the "last moments" of him of whom you write, does not surprise me.

It falls to the lot of but few, to enjoy the extensive popularity that was unquestionably his. Wherever talent — mental worth, nay Genius, was prized, there "E. A. Poe" had warm friends. To his rarely gifted mind are we indebted for many of the brightest thoughts that adorn our literature — to him is Belles Lettres indebted for the purest gems her Casket Contains, "Poe is gone"! How many hearts have heaved a sigh in uttering these three words! How many thousands will yet, and for years to come, lament the premature demise of this truly great man! Nor can there be found, in the list of his enemies (— what great man ever lived without them?) one individual, who will withhold from him the meed of praise to which you refer — when you speak of his "nobility of soul." Posterity will not hesitate to award him a place in the Cata-

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logue of those whose pens have strewn flowers in the pathway of life — flowers too, whose fragrance will last for the enjoyment of unborn millions, thereby reserving a memorial more lasting than the Sculptor's Chisel or the Art of the Statuary could ever fabricate or invent — But now for the required intelligence.

Presuming you are already aware of the malady of which Mr. Poe died I need only state concisely the particulars of his circumstances from his entrance until his decease.

When brought to the Hospital he was unconscious of his condition — who brought him or with whom he had been associating. He remained in this condition from 5 o'clock in the afternoon — the hour of his admission — until 3 next morning. This was on the 3rd Oct.

To this state succeeded tremor of the limbs, and at first a 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 — We were unable to induce tranquility before the second day after his admission.

Having left orders with the nurses to that effect, I was summoned to his bedside so soon as conscious supervened, and questioned him in reference to his family — place of residence — relatives &c. But his answers were incoherent & unsatisfactory. He told me, however, he had a wife in Richmond (which, I have since learned was not the fact), that he did not know when he left that city or what had become of his trunk of clothing. Wishing to rally and sustain his now fast sinking hopes I told him I hoped, that in a few days he would be able to enjoy the society of his friends here, and I would be most happy to contribute in every possible way to his ease & comfort. At this he broke out with much energy, and said the best thing his best friend could do would be to blow out his brains with a pistol — that when he beheld his degradation he was ready to sink

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in the earth &c.” Shortly after giving expression to these words Mr. Poe seemed to dose & I left him for a short time. When I returned I found him in a violent delirium, resisting the efforts of two nurses to keep him in bed. This state continued until Saturday evening (he was admitted on Wednesday) when he commenced calling for one “Reynolds,” which he did through the night up to three on Sunday morning. At this time a very decided change began to affect him. Having become enfeebled from exertion he became quiet and seemed to rest for a short time, then gently moving his head he said “Lord help my poor Soul” and expired!

This, Madam, is as faithful an account as I am able to furnish from the Record of his case.

Mrs. Chapman was not with him. But he lacked nothing which the utmost assiduity of nurses and myself could supply. Indeed we considered Mr. Poe an object of unusual regard. Medical men & Students of the House sympathized earnestly with him. Your imperative request urges me to be candid, else I should not have been this plain. Rather far would I cancel his errors than even hint a fault of his.

His remains were visited by some of the first individuals of the city, many of them anxious to have a lock of his hair. Those who had previously known him pronounced his corpse the most natural they had ever seen. Z. Collins Lee Esq. and Nelson Poe with many other respectable individuals attended his funeral — The Revd. Mr. Clemm of this city attended officially on the occasion.

I have, thus, complied with your request, Madam, and therefore subscribe myself respectfully yours

J. J. Moran, Res. Phys.

7. Baltimore Sun. 7 October 1949.

8. Bandy WT. Dr. Moran and the Poe-Reynolds myth. In *Myths and Reality*. Baltimore: The Edgar Allan Poe Society of Baltimore, 1987.

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9. Baltimore *Clipper*, October 9, 1849, p. 2, col. 7. The precise meaning of “congestion of the brain” is uncertain. According to Robley’s *Dictionary of Medical Science*, published in 1845 (*A Dictionary of Medical Science*. Lea and Blanchard. Philadelphia: 1845, p. 226):

Congestion. Accumulation of blood or other fluid in an organ. It is an important symptom in febrile and other disorders. It may arise, either from an extraordinary flow of blood by the arteries, or from a difficulty in the return of blood to the heart by the veins. More often, perhaps, it is owing to the latter cause, and is termed *venous congestion*, *stasis* or *stagnation*, — being not unusually attended with symptoms of oppression and collapse.

Interestingly, in November of 1848, Poe was examined by a physician during an excited state, most likely the result of alcohol withdrawal. The physician diagnosed the case as one of “cerebral congestion” (Quinn AH. *Edgar Allan Poe. A Critical Biography*. The Johns Hopkins University Press. Baltimore: 1998, p. 580).

10. This version of Poe’s medical history prior to his hospitalization in Baltimore is a distillate of information contained within letters and books written by Poe himself, his friends and his associates as recorded in Quinn’s biography (Ibid).
11. from “For Annie.”
12. Quinn, AH. *Edgar Allan Poe, A Critical Biography*. The John Hopkins University Press. Baltimore: 1998, p. 188.
13. Poe’s sister Rosalie, “was always a pathetic figure and failed to develop mentally after she was about 12 years of age.” Op Cit (Quinn), p. 93
14. Op cit (Quinn) p. 174.
15. In 1836, Nathaniel Hawthorne was discouraged in his efforts to publish *Twice Told Tales*. As a result, he was going through a nervous depression which caused his friend, Horatio Bridges, to caution him against suicide [Op cit (Quinn) p. 252].
16. Op cit (Quinn) p. 297
17. Op cit (Quinn) p. 433.

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18. Letter from Poe to Mrs. Sarah Helen Whitman on October 18, 1848 [Op cit (Quinn) p. 578].
19. Written by Frederick W. Thomas in March of 1843 [Op cit (Quinn) p. 381].
20. Letter from Poe to Thomas & Dow, March 16, 1843 [Op cit (Quinn) p. 379-80].
21. Willis NP. *Home Journal*, Editorial Page, Saturday, December 26, 1846.
22. Op cit (Quinn) p. 528.
23. Op cit (Quinn) p. 579.
24. During 1847, Poe worked steadily on "Eureka," his prose poem dealing with science and the universe. To a certain extent the work was the climax of his creative achievement. According to Quinn, it demonstrated that as late as 1848 Poe was not, as had frequently been stated, entering a period of mental decline. "His mind [instead] was clear and his imaginative power was still capable of dealing with scientific problems that tax the best of modern thinkers" [Op cit Quinn p. 541, 557].
25. Allen H. Biography of Edgar Allan Poe. <http://www.pambytes.com/poe/bio.html>.
26. Op cit (Quinn) p. 629.
27. Letter of Mrs. Elmira Shelton to Mrs. Clemm, October 11, 1849, published by Woodberry in "The Poe-Chivers Papers," *Century Magazine*, N.S. XLIII (February, 1903) p. 551-2.
28. Benitez RM. A 39-year old man with mental status change. *Maryland Med J*. 1996;45:765-9.
29. Bleck PP, Rupprecht CE. Rhabdoviruses. In Mandell GL, Bennett JE, Dolin R (eds.). *Principles and Practice of Infectious Diseases*. 6th Ed., Elsevier, Inc. Philadelphia:2005, p. 2047-56.
30. Centers for Disease Control and Prevention. Human rabies: Alabama, Tennessee and Texas 1994. *MMWR*. 1995;44:269-272.
31. *The Sun*. January 11, 2000. p. E1-2.
32. Gordon AG. The death of Edgar Allan Poe: a case for syphilis? *Maryland Med J*. 1997;46:289.

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33. Shoemaker RC. Reader suggests Poe died from mercury poisoning. *Maryland Med J*. 1997;46:288.
34. Schuckit MA. Alcohol and alcoholism. In Issebacher KJ, Braunwald E, Wilson JD, et al. Eds. *Harrison's Principles of Internal Medicine*. 13th ed. McGraw-Hill Inc. New York: 1994, p. 2422-5.
35. Op cit (Quinn) p. 580.
36. Op cit (Quinn) p. 568-71.
37. Letter from Poe to his mother-in-law, July 7, 1849. Published first by Chauncey Burr in his quarterly journal, *The Nineteenth Century*, V (February, 1852), p. 29.
38. Letter from Poe to Dr. J. E. Snodgrass, April 1, 1841. Published in the *Baltimore American* of April 4, 1881, with editorial comment.
39. *Home Journal*, Editorial Page, Saturday, December 26, 1846.
40. Letter from Poe to his mother-in-law, July 19, 1849 [Op cit (Quinn)] p. 620-1.
41. Hashimoto SA, Paty DW. The neurologic complications and consequences of ethanol use and abuse. In Kelley WN. Ed. *Textbook of Internal Medicine*. 3rd Ed. Lippincott-Raven Publishers. Philadelphia: 1997, p. 2408.
42. Op cit (Quinn) p. 616-7.
43. Op cit (Quinn) p. 618.
44. Susan A, Weiss T. The last days of Edgar A. Poe. *Scribner's Monthly*, XV (March, 1878), p. 712.
45. Cheng TO. Delirium tremens cordis. *N Engl J Med*. 1973; 289:593.
46. Greenspan AJ, Schaal SF. The "holiday heart:" electrophysiologic studies of alcohol effects in alcoholics. *Ann Intern Med*. 1983;98:135-9.
47. Turner TB, Mezey E, Kimball AW. Measurement of alcohol related effects in man: chronic effects in relation to levels of alcohol consumption. Part B. *Johns Hopkins Med J*. 1977;141:273-86.
48. Schuckit MA. Genetics and the risk for alcoholism. *JAMA*. 1985;254:2614-7.

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49. Letter from Poe to George W. Eveleth, January 4, 1849 [Op cit (Quinn)], p. 536-7.
50. Valentine letters, p. 259-62 [Op cit (Quinn) p. 111].
51. Op cit (Quinn) p. 227.
52. Birch D. The last days of Edgar Allan Poe. *Baltimore Sun, Sun Magazine*. October 2, 1994, p. 5-14.
53. In the aftermath of Poe's death, Charles Baudelaire, the French poet and Poe's fervent admirer wrote:

This death was almost a suicide, a suicide prepared for a long time" (Ibid p. 14).

In fact, according to Poe's own story, his distress over Virginia's death "led him even to attempt suicide." [Op cit (Quinn) p. 572].

Moreover, in the spring of 1849, he wrote: "It is not so much ill that I have been as depressed in spirits — I can not express to you how terribly I have been suffering from gloom.... I am full of dark forebodings. Nothing cheers or comforts me. My life seems wasted — the future looks a dreary blank: but I will struggle on and "hope against hope." [Undated letter from Poe to Mrs. Charles Richmond. Op cit (Quinn) p.604].

54. Rush B: An inquiry into the effects of ardent spirits upon the human body and mind with an account of the means of preventing and of remedies for curing them. In *Medical Inquiries and Observations*. Vol I. Third Ed. Published by Carey M, Hopkins, Earle, et al. Philadelphia: 1809, p. 271-314.
55. The complete version of Rush's cure for a fit of drunkenness. Note that measures 1, 7 and 9 are specifically designed to relieve "congestion of the brain" (see note 5), the official cause of Poe's death:

(1.) The first thing to be done to cure a fit of drunkenness, is to open the collar, if in a man, and remove all ligatures from every other part of the body. The head and shoulders should at the same time be elevated, so as to favour a more feeble determination of the blood to the brain.

(2.) The contents of the stomach should be discharged, by thrusting a feather down the throat. It often restores the patient

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immediately to his senses and feet. Should it fail of exciting a puking,

(3.) A napkin should be wrapped round the head, and wetted for an hour or two with cold water, or cold water should be poured in a stream upon the head. In the latter way I have sometimes seen it used, when a boy, in the city of Philadelphia. It was applied, by dragging the patient, when found drunk in the street, to a pump, and pumping water upon his head for ten or fifteen minutes. The patient generally rose, and walked off, sober and sullen, after the use of this remedy.

Other remedies, less common, but not less effectual for a fit of drunkenness, are,

(4.) Plunging the whole body into cold water. A number of gentlemen who had drunken to intoxication, on board a ship in the stream, near Fell's point, at Baltimore, in consequence of their reeling in a small boat, on their way to the shore, in the evening, overset it, and fell into the water. Several boats from the shore hurried to their relief. They were all picked up, and went home, perfectly sober, to their families.

(5.) Terror. A number of young merchants, who had drunken together, in a compting-house, on James River, above thirty years ago, until they were intoxicated, were carried away by a sudden rise of the river, from an immense fall of rain. They floated several miles with the current, in their little cabin, half filled with water. An island in the river arrested it. When they reached the shore that saved their lives, they were all sober. It is probably terror assisted in the cure of the persons who fell into the water at Baltimore.

(6.) The excitement of a fit of anger. The late Dr. Witherspoon used to tell a story of a man in Scotland, who was always cured of a fit of drunkenness by being made angry. The means chosen for that purpose was a singular one. It was talking against religion.

(7.) A severe whipping. This remedy acts by exciting a revulsion of the blood from the brain to the external parts of the body.

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(8.) Profuse sweats. By means of this evacuation, nature sometimes cures a fit of drunkenness. Their good effects are obvious in labourers, whom quarts of spirits taken in a day will seldom intoxicate while they sweat freely. If the patient be unable to swallow warm drinks, in order to produce sweats, they may be excited by putting him in a warm bath, or wrapping his body in blankets, under which should be placed half a dozen hot bricks, or bottles filled with hot water.

(9.) Bleeding. This remedy should always be used, when the former ones have been prescribed to no purpose, or where there is reason to fear, from the long duration of the disease, a material injury may be done to the brain.”

56. The complete version of Rush’s method for preventing recurrence of drunkenness and for destroying a desire for ardent spirits was as follows:

(1.) Many hundred drunkards have been cured of their desire for ardent spirits, by a practical belief in the doctrines of the christian religion. Examples of the divine efficacy of Christianity for this purpose have lately occurred in many parts of the United States.

(2.) A sudden sense of the guilt contracted by drunkenness, and of its punishment in a future world. It once cured a gentleman in Philadelphia, who, in a fit of drunkenness, attempted to murder a wife whom he loved. Upon being told of it when he was sober, he was so struck with the enormity of the crime he had nearly committed, that he never tasted spirituous liquors afterwards.

(3.) A sudden sense of shame. Of the efficacy of this deep seated principle in the human bosom, in curing drunkenness, I shall relate three remarkable instances.

A farmer in England, who had been many years in the practice of coming home intoxicated, from a market town, one day observed appearances of rain, while he was in market. His hay was cut, and ready to be housed. To save it, he returned in haste to his farm, before he had taken his customary dose of grog.

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Upon coming into his house, one of his children, a boy of six years old, ran to his mother, and cried out, "O, mother! father is come home, and he is not drunk." The father, who heard this exclamation, was so severely rebuked by it, that he suddenly became a sober man.

A noted drunkard was once followed by a favourite goat to a tavern, into which he was invited by his master, and drenched with some of his liquor. The poor animal staggered home with his master, a good deal intoxicated. The next day he followed him to his accustomed tavern. When the goat came to the door, he paused: his master made signs to him to follow him into the house. The goat stood still. An attempt was made to thrust him into the tavern. He resisted, as if struck with the recollection of what he suffered from being intoxicated the night before. His master was so much affected by a sense of shame, in observing the conduct of his goat to be so much more rational than his own, that he ceased from that time to drink spirituous liquors.

A gentleman, in one of the southern states, who had nearly destroyed himself by strong drink, was remarkable for exhibiting the grossest marks of folly in his fits of intoxication. One evening, sitting in his parlour, he heard an uncommon noise in his kitchen. He went to the door, and peeped through the key hole, from whence he saw one of his negroes diverting his fellow servants, by mimicking his master's gestures and conversation when he was drunk. The sight overwhelmed him with shame and distress, and instantly became the means of his reformation.

(4.) The association of the idea of ardent spirits with a painful or disagreeable impression upon some part of the body, has sometimes cured the love of strong drink. I once tempted a negro man, who was habitually fond of ardent spirits, to drink some rum (which I placed in his way) and in which I had put a few grains of tartar emetic. The tartar sickened and puked him to such a degree, that he supposed himself to be poisoned. I was much gratified by observing he could not bear the sight, nor smell, of spirits for two years afterwards.

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I have heard of a man who was cured of the love of spirits, by working off a puke by large draughts of brandy and water, and I know a gentleman, who in consequence of being affected with a rheumatism, immediately after drinking some toddy, when overcome with fatigue and exposure to the rain, has ever since loathed that liquor, only because it was accidentally associated in his memory with the recollection of the pain he suffered from his disease.

This appeal to that operation of the human mind which obliges it to associate ideas, accidentally or otherwise combined, for the cure of vice, is very ancient. It was resorted to by Moses, when he compelled the children of Israel to drink the solution of the golden calf (which they had idolized) in water. This solution, if made, as it most probably was, by means of what is called *hepar sulphuris*, was extremely bitter, and nauseous, and could never be recollected afterwards, without bringing into equal detestation the sin which subjected them to the necessity of drinking it. Our knowledge of this principle association upon the minds and conduct of men should lead us to destroy, by means of other impressions, the influence of all those circumstances, with which the recollection and desire of spirits are combined. Some men drink only in the *morning*, some at *noon*, and some only at *night*. Some men drink only on a *market day*, some at *one* tavern only, and some only in *one kind* of company. Now by finding a new and interesting employment or subject of conversation for drunkards, at the usual times in which they have been accustomed to drink, and by restraining them by the same means from those places and companions, which suggested to them the idea of ardent spirits, their habits of intemperance may be completely destroyed. In the same way the periodical returns of appetite, and a desire to sleep, have been destroyed in a hundred instances. The desire for strong drink differs from each of them, in being of an artificial nature, and therefore not disposed to return, after being chased for a few weeks from the system.

(5.) The love of ardent spirits has sometimes been subdued, by exciting a counter passion in the mind. A citizen of

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Philadelphia had made many unsuccessful attempts to cure his wife of drunkenness. At length, despairing of her reformation, he purchased a hogshead of rum, and after tapping it, left the key in the door of the room in which it was placed, as if he had forgotten it. His design was to give his wife an opportunity of drinking herself to death. She suspected this to be his motive, in what he had done, and suddenly left off drinking. Resentment here became the antidote to intemperance.

(6.) A diet consisting wholly of vegetables cured a physician in Maryland of drunkenness, probably by lessening that thirst, which is always more or less excited by animal food.

(7.) Blisters to the ankles, which were followed by an unusual degree of inflammation, once suspended the love of ardent spirits, for one month, in a lady in this city. The degrees of her intemperance may be conceived of, when I add, that her grocer's account for brandy alone amounted, annually, to one hundred pounds, Pennsylvania currency, for several years.

(8.) A violent attack of an acute disease has sometimes destroyed a habit of drinking distilled liquors. I attended a notorious drunkard, in the yellow fever in the year 1798, who recovered, with the loss of his relish for spirits, which has, I believe, continued ever since.

(9.) A salivation has lately performed a cure of drunkenness, in a person of Virginia. The new disease excited in the mouth and throat, while it rendered the action of the smallest quantity of spirits upon them painful, was happily calculated to destroy the disease in the stomach which prompts to drinking, as well as to render the recollection of them disagreeable, by the laws of formerly mentioned.

(10.) I have known an oath, taken before a magistrate, to drink no more spirits, produce a perfect cure drunkenness. It is sometimes cured in this way in Ireland. Persons who take oaths for this purpose are called affidavit men.

(11.) An advantage would probably arise from frequent representations being made to drunkards, not only of the certainty,

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but of the *suddenness* of death, from habits of intemperance. I have heard of two persons being cured of the love of ardent spirits, by seeing death suddenly induced by fits of intoxication; in the one case, in a stranger, and in the other, in an intimate friend.

(12.) It has been said, that the disuse of spirits should be gradual, but my observations authorise me to say, that persons who have been addicted to them should abstain from them *suddenly*, and *entirely*. "Taste not, handle not, touch not," should be inscribed upon every vessel that contains spirits, in the house of a man who wishes to be cured of habits of intemperance. To obviate, for awhile, the debility which arises from the sudden abstraction of the stimulus of spirits, laudanum, or bitters infused in water, should be taken, and perhaps a larger quantity of beer or wine, than is consistent with the strict rules of temperate living. By the temporary use of these substitutes for spirits, I have never known the transition to sober habits to be attended with any bad effects, but often with permanent health of body, and peace of mind.

57. R. *A Dictionary of Medical Science*. Lea and Blanchard. Philadelphia: 1845, p. 226.

58. Op cit (Quinn) p. 624.

59. From "The City in the Sea."