



LE RETOUR DES TÉNÉBRES

L'IMAGINAIRE GOTHIQUE DEPUIS FRANKENSTEIN

NIGHTFALL

GOTHIC IMAGINATION SINCE FRANKENSTEIN



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M MUSEES D'ART
ET D'HISTOIRE
DE GENÈVE



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FROM PASSION TO MANIA: FRANKENSTEIN AS A TALE OF HYSTERIA

MICHELLE WITEN

When *Frankenstein* was first published in 1818, it was received with a mixture of disgust and grudging admiration.^{N01} Many commentators noted the clear influence of leading English journalist and philosopher William Godwin (who was Mary Shelley's father, and to whom the book was dedicated). They also remarked on its unpolished style, and the disturbing themes—political, ethical, atheistic—that comprised the novel's gothic subject matter. The transgressive idea of man playing God, which informed *Frankenstein*, gave rise to apprehension;^{N02} one reviewer even accusing "the head or the heart" of the story's progenitor of being "most diseased" for having conceived such a tale.^{N03} An anonymous writer for *Edinburgh Magazine* classified "the monstrous conceptions" within *Frankenstein* as "the consequences of the wild and irregular theories of the age,"^{N04} now ascribed with an "air of reality" through its connection to "the favourite projects and passions of the times."^{N05} Although most critics interpret these "wild and irregular theories" as an oblique reference to vogue sciences such as electricity, galvanism, polar expeditions, magnetism, vivisection, and evolutionary theories,^{N06} the use of "passions" within the reviewer's framework allows for a gloss on the medical circumstances of *Frankenstein's* narrative—especially given the symptoms of early nineteenth-century hysteria and its attendant psychoses displayed by Victor Frankenstein as the story unfolds.

The *Edinburgh Magazine* review is not the first to highlight the "passions of the times" in relation to *Frankenstein*. In his unsigned preface to the 1818 edition, Percy Bysshe Shelley writes that the novel "affords a point of view to the imagination for the delineating

N01 For a more detailed description of Frankenstein's reception, see Chris Baldick, *In Frankenstein's Shadow: Myth, Monstrosity, and Nineteenth-Century Writing* (Oxford: Clarendon Press, 1987). Also see Marilyn Butler, "Introduction," in *Frankenstein; or, the Modern Prometheus: The 1818 Text* (Oxford: Oxford Univ. Press, 1994).

N02 In her introduction to the 1831 edition, Mary Shelley herself comments upon the frequency with which she is asked, "How I, then a young girl, came to think of, and dilate upon, so very hideous an idea?" Mary Shelley, "Introduction to *Frankenstein*, Third Edition" in *Frankenstein*, ed. J. Paul Hunter (New York: W. W. Norton & Co., 2012), 165.

N03 John Wilson Croker, review of *Frankenstein*, *Quarterly Review* 36 (January 1818): 385.

N04 Review of *Frankenstein*, *Edinburgh Magazine* (March 1818), in *Frankenstein*, ed. Hunter, 236.

N05 *Ibid.*, 231.

N06 Butler, "Frankenstein and Radical Science," in *Frankenstein*, ed. Hunter, 405.

of *human passions* more comprehensive and commanding than any which the ordinary relations of existing events can yield."^{N07} This seems to indicate that "passion" extends beyond its standard definition of an overpowering feeling. Rather, it posits intricate links to late eighteenth- and early nineteenth-century conceptions of hysteria, where the term for the medical disorder was used interchangeably with "passions of the mind."^{N08} Here, the phrase refers to "the power of the imagination upon the organs of the body," as demonstrated, for example, by the way in which an afflicted mind might be made manifest in physical debilitation.^{N09} For the most part, these were symptoms of a late eighteenth-century notion of the disease known as "hysteria," which itself was considered to be a type of passion, namely, "the Passions commonly called Hysterical or Fits of the Mother."^{N10}

Coming from the Greek *hystera* (uterus), ancient Greco-Roman medical literature posited that hysteria stemmed from an "inactive or ungratified" female reproductive system, causing the uterus to become "a restless animal, raging through the female body due to unnatural prolonged continence and giving rise to a bizarre series of symptoms, including a sensation of suffocation, heart palpitations, and loss of voice."^{N11} Despite much vacillation in its history as well as fruitless surgical attempts and/or autopsies to catch the straying uterus in the act, the theory of the "wandering womb" was still considered the source of nervous or hysterical trouble in women as late as 1831,^{N12} especially since the uterus was considered to be a type of female brain, with "the plexus of the nerves emanating from the uterus through the entire body."^{N13} Another

N07 Percy Bysshe Shelley, "Preface" in *Frankenstein*, ed. Hunter, 5; emphasis added.

N08 Ilza Veith, *Hysteria: The History of a Disease* (Chicago: Univ. of Chicago Press, 1965), 147. See Michel Foucault, "Passion and Delirium," in *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (London: Routledge, 1989), 80–110.

N09 Veith, *Hysteria*, 148.

N10 Thomas Willis, *Practice of Physick* (1684), as quoted in John D. Spillane, *The Doctrine of the Nerves: Chapters in the History of Neurology* (Oxford: Oxford Univ. Press, 1981), 72.

N11 Mark S. Micale, "Charcot and the Idea of Hysteria in the Male: Gender, Mental Science, and Medical Diagnosis in Late Nineteenth-Century France," *Medical History* 34 (1990): 363.

N12 Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present* (London: Virago, 2008), 8.

N13 Micale, "Charcot," 366.

manifestation of the unruly womb was the occurrence of "vapors," which "originally denoted emanations from the disordered uterus... floating upwards," though these came to be seen as synonymous with hysteria.^{N14} These vapors were believed to be contagious and, to some extent, accounted for the diagnosis of male hysteria (despite the absence of a uterus in the male body) as well as clusters of female hysterics.^{N15}

The symptoms of hysteria were varied and contradictory. They included numbness of the skin, fits, fainting, trembling, convulsions, involuntary or constant movement, agitation, hallucination, "inexhaustible loquacity,"^{N16} an inability to speak, and the "choking breathlessness of *globus hystericus* when [the uterus] lodged in the throat."^{N17} Additionally, hysteria was an imitative disorder, causing "inflammation and paralysis," "spasms," and "mental affection or delirium."^{N18}

Following in the footsteps of ancient Greek predecessors such as Hippocrates and Plato—who believed that "the womb is an animal which longs to generate children," and would wander if it "remain[ed] barren too long after puberty"^{N19}—eighteenth- and nineteenth-century physicians similarly prescribed the marriage or baby cure,^{N20} believing that procreation would provide the womb with a more fruitful activity than running rampant through the body. Unfortunately, the procreative cure had its pitfalls as well, both during and after the birthing process. As Lisa Appignanesi

N14 Veith, *Hysteria*, 168.

N15 Much work on male hysteria was done by Jean-Martin Charcot in the late nineteenth century, and the subject has been explored in depth. See Micale, *Approaching Hysteria: Disease and its Interpretations* (Princeton, NJ: Princeton Univ. Press, 1995); Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge, MA: Harvard Univ. Press, 2008); and Jan Goldstein, "The Uses of Male Hysteria: Medical and Literary Discourse in Nineteenth-Century France," *Representations* 34 (Spring 1991): 134–65.

N16 Appignanesi, *Mad, Bad and Sad*, 123.

N17 Plato, *Timaeus*, quoted *ibid.*, 143.

N18 Richard Bright, *Diseases of the Brain and Nervous System* (1831), as quoted in Spillane, *Doctrine*, 188. For a history of hysteria—symptoms, diagnosis, prognosis—see Foucault, "Aspects of Madness," in *Madness and Civilization*, 111–50.

N19 Appignanesi, *Mad, Bad and Sad*, 143.

N20 Micale, "Charcot," 363.

reports in *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present*:

Pregnant women were considered to be subject to wild and depraved whims, quite unlinked to their "normal" state. Even more susceptible to madness, it was thought, were women who had just given birth, were nursing or had abruptly weaned their babies. "Puerperal madness," as it came to be known, was responsible for a tenth of the intake of women at the Salpêtrière between 1811 and 1814. ^{N21}

The cures for puerperal madness (mania caused by pregnancy) and hysteria all involved combinations of a regime incorporating country air, exercise (specifically horseback riding), tranquility, a simple diet, "travel to foreign countries," possible palliatives like opium, ^{N22} and, of course, the domestic ideal. ^{N23}

Frankenstein ostensibly presents the tale of a young man, Victor Frankenstein, whose scientific practice takes an unethical turn—he secretly stitches together corpses in human form, vivifies his creation through electricity, and then abandons it. This creation or monster supposedly murders its creator's younger brother out of revenge for said abandonment. Then, when Frankenstein refuses to comply with the nameless monster's wish for a mate, it first kills Frankenstein's best friend and traveling companion, and then his bride on their wedding night. Interspersed within the text, one can also detect a curious crossover with the abovementioned symptoms of hysteria and birth-related mania. Even in the opening pages of the novel—when the reader first encounters Frankenstein through the frame narrator, Robert Walton, during his Arctic expedition—Frankenstein suffers from fainting spells, an inability to articulate himself, "gnash[ing of the] teeth," trembling, "parox-

^{N21} Appignanesi, *Mad, Bad and Sad*, 89.

^{N22} Veith cites Robert Whytt's 1764 treatise *Nervous, Hypochondriac, or Hysterical Disorders*, which justifies the regular use of opium "to palliate symptoms" through "its tranquillizing effect on the emotional state rather than for its direct pain-relieving action—because such drugs 'weaken, during the time of their operation, the sentient power of the nerves.'" *Hysteria*, 165.

^{N23} *Ibid.*, 144, 151.

ysms," extreme agitation, and violent fits of rage followed by profound dejection. ^{N24}

The tale unfolds chronologically, beginning with Frankenstein's childhood. Even here, one can see anomalies usually associated with hysteria, from the contrast of childhood happiness to the eventual "birth of that passion," which has its roots in the pubescent misery triggered by the death of his mother:

I feel pleasure in dwelling on the recollections of childhood, before misfortune had tainted my mind, and changed its bright visions of extensive usefulness into gloomy and narrow reflections upon self. But, in drawing the picture of my early days, I must not omit to record those events which led, by insensible steps to my after tale of misery: for when I would account to myself for the birth of that passion, which afterwards ruled by destiny, I find it arise, like a mountain river, from ignoble and almost forgotten sources. ^{N25}

Frankenstein's "passion" reappears twice, both in relation to his impulse to create the creature or its mate. He retrospectively looks back upon the night of his vivification of the monster as an "[attack] by the fatal passion." ^{N26} And then again, during his work in "creating another" for the creature, "trembling with passion, [he tears] to pieces the thing on which [he] was engaged." ^{N27}

The link between Frankenstein's description of his passion and "the Passions commonly called Hysterical or Fits of the Mother" ^{N28} become more intriguing during the creation process of the mon-

^{N24} Mary Shelley, *Frankenstein*, ed. Hunter, 14–16.

^{N25} *Ibid.*, 21.

^{N26} *Ibid.*, 39.

^{N27} *Ibid.*, 119.

^{N28} Willis, in Spillane, *Doctrine*, 72.

ster and its birth.^{N29} Over the course of nine months—carefully documented by Shelley in her description of the passing seasons—Frankenstein pieces together his monster, all the while exhibiting a full spectrum of hysterical symptoms, from “a resistless, and almost frantic impulse” to “a passing trance,” acute “anxiety,” fever, and agitation.^{N30} For him, these last two are particularly lamentable because they represent a nervous degeneration that, like the monomania associated with pregnancy, is “quite unlinked to [his] ‘normal’ state,”^{N31} as highlighted in his self-diagnosis: “Every night I was oppressed by a slow fever, and I became nervous to a most painful degree; a disease that I regretted the more because I had hitherto enjoyed most excellent health, and had always boasted of the firmness of my nerves.”^{N32} During the eventual delivery of his creature, his narrative is further interspersed with terms normally associated with the birthing process: the “most gratifying consummation of [his] toils,” the “painful labour;” “incredible labour;” and his use of the nineteenth-century term for accouchement (“confinement”) during the final stages of the monster’s vivification.^{N33} He also twice demonstrates wonderment at finding himself “capable of bestowing animation upon lifeless matter,”^{N34} giving himself the mantle of mother and father as he looks upon his “child”: “A new species would bless me as its creator and source; many happy and excellent natures would owe their being to me. No father could claim the gratitude of his child so completely as I should deserve theirs.”^{N35}

N29 The significance of hysteria in *Frankenstein* has been explored by critics such as Bette London in “Mary Shelley, *Frankenstein*, and the Spectacle of Masculinity,” *PMLA* 108, no. 2 (March 1993): 253–67; and Colleen Hobbs in “Reading the Symptoms: An Exploration of Repression and Hysteria in Mary Shelley’s *Frankenstein*,” *Studies in the Novel* 25, no. 2 (Summer 1993): 152–69. The former explores the relationships between the male characters and the significance of the male gaze, applying a late nineteenth-century understanding of male hysteria; the latter examines the role of mourning and the feminine language of Frankenstein’s body, problematizing the cultural codification of the male and female body.

N30 Shelley, *Frankenstein*, ed. Hunter, 33–5.

N31 Appignanesi, *Mad, Bad and Sad*, 89.

N32 Shelley, *Frankenstein*, ed. Hunter, 35.

N33 *Ibid.*, 32–3. Debra E. Best also addresses this double entendre between science and sex/birth in “The Monster in the Family: A Reconsideration of Frankenstein’s Domestic Relationships,” *Women’s Writing* 6, no. 3 (1999): 373.

N34 Shelley, *Frankenstein*, ed. Hunter, 32, 33.

N35 *Ibid.*, 33.

It is during this birthing process, when he is confronted by the reality of the fruit of his labors, that Frankenstein experiences his first moment of puerperal monomania:

For this, I had deprived myself of rest and health. I had desired it with ardour that far exceeded moderation; but now that I had finished, the beauty of the dream vanished, and breathless horror and disgust filled my heart. Unable to endure the aspect of the being I had created, I rushed out of the room.^{N36}

The extremity of his “ardour” is matched only by his revulsion upon being confronted by the physical presence of his monstrous creation—which resembles that of a newborn child, with its “inarticulate sounds,” the “grin [that] wrinkled his cheeks,” and the “hand stretched out.” Immediately thereafter this presence is likened to a “demoniacal corpse to which [he] had so miserably given life.”^{N37} The biographical link to Mary Shelley’s life is worth mentioning at this point, as only a year prior to her conception of the ghost story that later became *Frankenstein*, after a difficult pregnancy, she had given birth to a premature daughter, who died shortly thereafter.^{N38}

Upon rejecting the creature, what follows is an almost textbook case of hysteria and puerperal madness: disturbed sleep, chattering teeth, convulsing limbs, and a “pulse [that] beat so quickly and hardly that [he] felt the palpitation of every artery” coupled with “languor and extreme weakness.”^{N39} His behavior is completely manic, with wild eyes, “loud, unrestrained, heartless laughter,” hallucinations of being seized by the monster, and finally “lifelessness” as he falls senseless.^{N40} These fainting spells repeat themselves after every misfortune and relapse, as does his restlessness,

N36 *Ibid.*, 35–6.

N37 *Ibid.*, 36.

N38 Butler, “Introduction,” in *Frankenstein: 1818 Text*, xi.

N39 Shelley, *Frankenstein*, ed. Hunter, 36.

N40 *Ibid.*, 39.

nervousness, “strong convulsions [and] fever,”^{N41} “paroxysms of anguish and despair,”^{N42} “trembl[ing] with rage and horror,”^{N43} and finally the diagnosis that he was genuinely “mad”—to the point of being committed to a solitary cell.^{N44}

The treatment prescribed to Frankenstein at every step of his hysterical degeneration perfectly matches those previously described. Upon first noticing his “nervous symptoms,”^{N45} Frankenstein believes that “exercise and amusement would soon drive away such symptoms; and I promised myself both of these, when my creation should be complete.”^{N46} During his “nervous fever,”^{N47} he is nursed back to health with simple foods and constant care. When he is able to move about again, he engages on a “pedestrian tour in the environs of Ingolstadt.”^{N48} However, the death of his brother William causes a relapse.

Next, his family tries to give him a change of scenery by taking him on a trip to Mont Blanc and Chamonix, part of which takes place on horseback. “I often suffered my mule to lag behind, and indulged in the misery of reflection. At other times I spurred on the animal before my companions, that I might forget them, the world, and, more than all, myself.”^{N49} When he relapses again, his family decides they should return to his home in Geneva in order to soothe him with “the quiet and monotony of a domestic life.”^{N50} After his fourth relapse, following the death of his best friend Henry Clerval, he accustoms himself to “taking every night a small quantity of laudanum,” or opium, “for it was by means of this drug only that I was enabled to gain the rest necessary for the preserva-

N41 Ibid., 127.
N42 Ibid., 132.
N43 Ibid., 67, 137.
N44 Ibid., 137, 143.
N45 Ibid., 43.
N46 Ibid., 35.
N47 Ibid., 43.
N48 Ibid., 45.
N49 Ibid., 65.
N50 Ibid., 105.

tion of life.”^{N51} When exercise, diet, a change of scene, and palliatives all fail, he is finally prescribed the marriage cure:

My dear Victor, do not speak thus. Heavy misfortunes have befallen us; but let us only cling closer to what remains, and transfer our love for those whom we have lost to those who yet live. Our circle will be small, but bound close by the ties of affection and mutual misfortune. *And when time shall have softened your despair, new and dear objects of care will be born to replace those of whom we have been so cruelly deprived.*^{N52}

Unfortunately, with the death of his bride, this too goes awry. Upon recovering from his next relapse, prompted by Elizabeth’s death, Frankenstein repairs to a Genevan magistrate to seek justice against the monster. Given his recent illness, this is perceived as “madness” and “the effects of delirium.”^{N53} Pursuing the monster to the ends of the earth, Frankenstein’s hysteria does not disappear. In fact, towards the end of the narrative, as he tries to relate his story to Walton, the symptoms become ever more present, this time manifesting in bipolarity and suffocation:

Sometimes, seized with sudden agony, he could not continue his tale; at others, his voice broken, yet piercing, uttered with difficulty the words so replete with agony. His fine and lovely eyes were now lighted up with indignation, now subdued to downcast sorrow, and quenched in infinite wretchedness. Sometimes he commanded his countenance and tones, and related the most horrible incidents with a tranquil voice, suppressing every mark of agitation; then, like a volcano bursting forth, his face would suddenly change to an expression of the wildest rage, as he shrieked out imprecations on his persecutor.^{N54}

N51 Ibid., 132.
N52 Ibid., 137; emphasis added.
N53 Ibid., 144.
N54 Ibid., 151.

At the end of his life, “breath[ing] with difficulty and unable to speak,”^{N55} Frankenstein says his farewell and requests that Walton continue his work to destroy the creature. This request, however, is half-hearted, as Frankenstein recognizes that he is consumed by “passion” and therefore not reliable: “I dare not ask you to do what I think right, for I may still be misled by passion.”^{N56}

As such, returning to Percy Shelley’s preface, *Frankenstein* is certainly a tale of “human passions.”^{N57} In this case, however, a close reading of *Frankenstein* as a medical study of the historical understanding of hysteria—replete with its symptoms, diagnosis, and prognosis—allows for a rereading of “passion” (in connection with its appearance in *Frankenstein*) as a form of hysterical passion. Victor Frankenstein runs the full gambit of hysteria, from boyhood predisposition (even proclivity), through the monomania associated with pregnant women during his conception of the creature and the postpartum symptoms after its delivery, to the full hysterical madness and its attendant symptoms and prescriptions throughout the rest of the narrative. Furthermore, his frequent references to the agitation of his nerves and his susceptibility to “passions” demonstrate an erosion of his narrative’s reliability, of which he himself is aware, that is less a subtext in this gothic tale than an additional scientific dimension. Most discussions of *Frankenstein*’s scientific elements are limited to electricity and galvanism. However, the nuanced medical diagnoses offered through Mary Shelley’s narrative demonstrate that her scientific awareness goes beyond the “radical sciences.”^{N58} By delving into neurological disorders, she takes maladies traditionally associated with women and reframes them as part of a scientific range. Although hysteria as such is no longer considered to be a part of today’s medical vocabulary,^{N59}

N55 Ibid., 156.

N56 Ibid., 157.

N57 Percy Shelley, “Preface,” 5.

N58 Butler, “*Frankenstein* and Radical Science,” 405.

N59 Veith notes that although “much of what has been called hysteria at various periods would now no longer be so described, and much of what is now recognized as symptomatic of hysteria was earlier attributed to other diseases” (*Hysteria*, vii), “hysteria” was removed from the *Mental Disorders Diagnostic Manual* of the American Psychiatric Association in 1952 and replaced with “conversion symptom” (*Hysteria*, viii).

it was commonplace throughout the nineteenth century, and Mary Shelley would certainly have been aware of its ubiquity. Reading *Frankenstein* through this lens therefore provides additional biographical and theoretical insight into both the text and its reception as a “monstrous [conception],” and the product of the “wild and irregular theories of the age.”^{N60}

N60 Review of *Frankenstein*, *Edinburgh Magazine*.