Book Reviews Comptes rendus

F. David Hoeniger. *Medicine and Shakespeare in the English Renaissance*. London and Toronto: Associated University Presses, 1992. Pp. 404.

Medicine was a potent mystery long before craft and science made it the powerfully practical art it has become. Before the discovery of effective inoculation and antibiotics, it was a dark, mysterious practice, dominated by tradition and theory rather than by scientific study. Only lowly barber-surgeons cut open the flesh of patients and cadavers; true physicians were learned scholars who “objected to dirtying their hands or to touching human blood” (p. 22). The Galenists, relying upon the authority of classical texts and upon a tradition developed during a fourteenth-century ascendancy, often prescribed methodical bloodletting. A smaller number of radical Paracelsians sought cures through close observation and careful experimentation; they favoured a form of homeopathic therapy. In general, there was little tolerance for honest empiricals who, like Helena of *All’s Well That Ends Well*, worked outside the established institutions, developing their own therapies.

David Hoeniger tackles a substantial number of early texts in order to illuminate this often shadowy world of Shakespearean pathology, in which learned physicians and cunning apothecaries practised in the great streets of the great cities, while midwives, astrologers, charlatans, and honest empirics worked the meaner lanes and the country parishes, drawing on “a mixture of traditional lore, inherited remedies . . . and proven experience” (p. 29). Hoeniger’s range is broad — he cites about 180 texts published before 1700, and a slightly larger number of more modern works — but he handles the material gracefully. His purpose is to provide the reader with a Shakespearean ear for references to disease and physiological processes, and he achieves this in four sections of some 60 pages each. In a fifth section he provides an exemplary analysis of special problems in three texts: *Macbeth*, *All’s Well That Ends Well*, and *King Lear*. The text is supported by copious notes, an appendix on Joannitius, and an index to Shakespearean play references as well as a general index. The organization may seem old at first glance: Hoeniger begins with a discussion of “Medicine and Medical Practitioners in the Age of Shakespeare” and postpones comment on the two

major schools of the day, Galenic and Paracelsian, until Part II. In practice the arrangement has the virtue of staying the drift from Shakespeare into the general lore of the subject; it ensures relevance, in short, and indeed, relevance is one of Hoeniger's special concerns.

The combination of literary criticism and medical history makes great demands on any scholar, and there are signs of rivalry between medical and literary commentators. Despite Hoeniger's considerable and frequently acknowledged debt to such medical writers as R. R. Simpson and Charles Bucknill, he occasionally questions the relevance of their analyses, warning that "some of their conclusions need to be treated with care" (p. 12). (Given such cautions, it is not clear whether or not he is correcting Simpson when he says he identifies "440 'major medical references'" on page 11; the figure recorded on page 2 of *Shakespeare and Medicine* is 455.) In tracing their more intricate glosses, he remarks upon the danger of "reading Shakespearean lines too literally and physically" (p. 259), and ponders, after reproducing a portion of R. R. Simpson's dogged pursuit of the poison that killed Hamlet's father, "whether either Shakespeare or his audience would have wished to be so exact" (p. 255). Simpson fell into the trap of providing a detailed, authoritative argument where none was really required. Alert to this danger, Hoeniger takes care not to lose sight of his goal as he follows the fistula of the King of France through various arcane passageways (anal fistulae were among the most common). Indeed, he reveals a series of gross ironies which, though obscure to a modern reader, Shakespeare may well have expected his audiences to understand. In urging the consistent realism of Thaisa's coma in *Pericles*, however, Hoeniger seems to follow in Simpson's footsteps. He cites Ambroise Paré's account of Vesalius' encounter with a living but unconscious autopsy subject; this proves that Thaisa's condition paralleled events which "occurred often enough in practice to be familiar to Shakespeare and his audience" (p. 271). This conclusion is neither surprising nor especially important to the interpretation of a romance, whose action is not bound by the demands of realism; Thaisa's swoon is meant, after all, to be an unusual if possible accident.

Many of Hoeniger's observations simply expand on comments familiar from textual notes and from some of the more common sources, although there are particular gems of fresh information as well: the detailed study of the fistula in *All's Well That Ends Well* is particularly fine. Most of his discussions do not so much provide original notes as effect of synthesis of the ideas behind familiar glosses; this Hoeniger does remarkably well. His comments on those puzzling lines of Lady Macbeth,

That memory, the warder of the brain,
Shall be a-fume, and the receipt of reason
A limbeck only (1.7.64-67)

take the reader far beyond Kenneth Muir's terse Arden note and into the spirit and technical paraphernalia of alchemy.

Because the ventricle of the memory is located at the back as well as low in the skull,

these fumes affect it first . . . A *limbeck* is an alembic, a still or distilling apparatus, “esp. for making spiritous liquors, consisting essentially of a boiler & a condensing chamber, the vapour from the former passing into a spiral tube or worm surrounded by cold water . . . that fills the latter & issuing in drops as it condenses.” The “receipt of reason” is reason’s receptacle — in other words, the ventricle in which reason is housed. Thus the last words of the passage mean that after the fumes have also invaded the compartment of the reason it operates merely like an alcoholic still (p. 161).

Hoeniger’s comments are familiar but full and specific — without being obscure or overly weighty. The omissions in his text are those one might expect in a work which grapples with such a broad subject. A few minor figures such as Christine de Pisan, a possible model for Helena, are absent, and in a detailed discussion in Part V, various complications have been passed over. One such omission is perhaps deliberate: Hoeniger overlooks Gideon Harvey’s explanation of the practice — of which Helena and her father are evidently guilty — of concealing important medical procedures and successful pharmaceuticals. In his *The Family Physician and the House Apothecary* (1676; quoted in Bucknill’s *Medical Knowledge of Shakespeare*), Harvey warns that the “great medicines”

have not yet arrived to the knowledge of the little apothecaries, or the prescribing surgeons, who . . . for want of capacity in the applications, would certainly at most times do great mischiefs with them; and, therefore, every physician ought to reserve them secret . . . (Bucknill, p. 24).

Presumably Hoeniger finds the other explanations of secrecy — for “reputation or financial gain,” or out of a humble recognition that a prescription is only effective because “fortified by divine grace” (p. 299) — more plausible.

In all, this book is a model of useful scholarship; a whole area of specialist learning has been mined to enlighten informed readers about the original import of an important register of Shakespearean reference. Hoeniger never loses sight of his purpose, however tempting the by-ways of Renaissance medical theories may be, and his book seems destined to become the standard scholarly treatment of its subject: it is relevant, organized, and absorbing.

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