Finally, but perhaps serving as a fitting conclusion, Amy R. Williamsen’s essay, “Sexual Inversion: Carnival and ‘La mujer varonil’ in La fénix de Salamanca and La tercera de sí misma,” finds the source for the “mujer varonil” character type in society itself as she explores the link between the carnivalesque in society and on the stage. This final essay seems to give weight to Michael McGaha’s words: “... scholars are only now beginning to recognize that the ‘comedia’ accurately reflects the teeming diversity, intellectual ferment, and social tensions of the milieu that gave it birth.” (p. 167)

Each essay in this collection is worthy of attention and discussion. For this reason, the book is recommended to all who are interested in following the ongoing polemic about the perception of the female role in the comedias of Spain’s Golden Age.

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Shakespeare’s admirers have included many doctors who are fascinated by the extent of his knowledge of and unusual insights in medical matters. This has naturally been particularly true of psychiatrists, some of whose writings on such subjects as the development of Lear’s madness and Othello’s and Leontes’ jealousy have also impressed literary scholars. (The books on Shakespeare by J. Charles Bucknill of over a century ago are still worthy of attention.) Besides numerous articles in medical journals, physicians have also written several broader books on the range of Shakespeare’s knowledge of medicine, which specify Shakespeare’s familiarity with many drugs and other therapeutical methods and means, his knowledge of the symptoms of various diseases, of physiological processes (in the way they were understood in his time), and, as in the book by R. R. Simpson (1959), the remarkable quality and detail of several of his clinical descriptions. The book by Audrey Kail, a medical practitioner in Australia, is the latest addition to this literature.

We have good reasons for thinking that Shakespeare’s knowledge of medical and related subjects was fairly extensive, perhaps as large as that of law, for many hundreds of allusions are found in his plays and poems, and medical subject matter looms large in several longer episodes. Shakespeare’s son-in-law, John Hall, practised medicine in Stratford. And like many Elizabethan gentlemen and women, Shakespeare may well have owned a few medical books as tools for self-help. Many books offering basic medical guidance, some of them by learned men like Thomas
Elyot, were available in English, as were translations of treatises by Galen and others.

While good studies by literary historians of Elizabethan physiology and psychology exist, there has so far been no comprehensive scholarly work on Shakespeare's knowledge of medicine and how it is reflected in his plays, so that students of the period who desire guidance turn hopefully to such books as Kail's. Medical eyes may well draw their attention to passages and issues that literary scholars, untrained in such matters, have missed. But needless to say, such books by physicians will be rewarding only if they provide a sensitive and informed reading of Shakespeare, show some understanding of the nature and conventions of drama, are informed of the medical theories and practices of Shakespeare's time, and also of sufficient other literature of the period to enable one to judge which medical references and details in Shakespeare are commonplace and which are truly remarkable. Some doctors have made the mistake of discussing Shakespearean characters as if they were medical case histories from life, and some have in their enthusiasm interpreted passages in Shakespeare on the ebb and flow of the blood as if Shakespeare anticipated Harvey's discovery of the circulation. Historians and literary scholars naturally approach such books hopefully but warily.

Kail's book helps us only in a few chapters and passages. In fairness, one must recognize that it is not intended for scholars but for medical colleagues who share Kail's love of Shakespeare and for other "devotees of the bard". The book includes a chapter on sex in Shakespeare that has little to do with medicine, offers nothing novel to those who have read the plays, but appeals to an interest of our time. Its final chapter, devoted to Shakespeare's family history, is adorned with colour pictures, including Anne Hathaway's Cottage and the Elizabeth Knott Garden, that may lure further tourists to Stratford. More instructive are chapters 8 (on drugs, herbs and poisons), and 16 (on various diseases), and several pictorial reproductions from medieval manuscripts, early books, and paintings or engravings illustrating medical subjects. Another commendable feature is the chapter by chapter glossary of terms and phrases in the passages cited from Shakespeare.

Many of the comments on Shakespeare, however, are alarmingly wrongheaded and naive. Kail frequently misses the irony of a character's statement, as when he tells us that Falstaff repents and is concerned about his obesity (p. 255). The nurse in Romeo and Juliet "took all her lady's sorrows to heart" -- that is why she calls for aqua vitae (p. 249)! One sometimes wonders whether by the time Kail fitted Shakespearean quotations into his text, he had totally forgotten their context, as when he refers to the "aging King Henry V" (p. 185). In his list of mentally "affected" characters, he includes, besides others, Caliban, Bottom, Touchstone, and Sir Andrew Aguecheek (p. 56). The observation that "Lear's deterioration is a case history of senile dementia, of mental and physical decay" (p. 61), makes one ask why Shakespeare wrote a play on such an unpromising subject. One should be
concerned by how little the publisher’s editor did to improve the book, on which he or she evidently was not advised by a scholarly reader who might have saved the author from a host of blunders: for instance, when Kail informs us that leprosy was common in England “in the Middle Ages” and adds the parenthetical specification: “(sixth to seventh centuries)” (p. 228). When from Macbeth’s line, “Then comes my fit again” (III, iv, 20), it is deduced that he has several epileptic fits, I give up.

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Les actes contenus dans ces deux volumes réunissent des communications par un grand nombre de savants provenant de pays divers, qui embrassent un large éventail d’approches critiques; disons dès l’abord que, quelles que soient les réserves qu’on pourrait avoir à propos de tel ou tel article, l’ensemble constitue un instrument de travail absolument essentiel pour tout chercheur et pour toute bibliothèque d’érudition. Chaque volume est divisé en trois parties: le premier comprend “Ronsard et son oeuvre” et “Ronsard en son temps,” suivi d’un survol bibliographique (“Les études ronsardiennes aujourd’hui”). Le deuxième tome nous propose “Formes poétiques,” “L’écriture poétique” et un titre sans doute volontairement énigmatique: “Lassus et çà-bas”.

Commençons par Ronsard au présent. “Les études ronsardiennes aujourd’hui” nous offrent une série de communications qui ont été présentées au cours d’une table ronde à la-Sorbonne, chacune consacrée à une étude bibliographique des travaux sur Ronsard dans un pays différent. La première, par Claude Faisant, présente un compte rendu admirable par son étendue comme par son détail. Faisant constate à juste titre, que la majorité des travaux actuels faits en France sur Ronsard se préoccupent de “problèmes formels de poétique, de rhétorique, de langue et de versification” (I, p. 147). Pourtant quelques lecteurs trouveront peut-être un tantinet arrogante l’affirmation qu’il aurait fallu attendre la fin du XXe siècle pour comprendre la Renaissance: “C’est aujourd’hui, et aujourd’hui seulement que nous sommes à même de ressaisir la mentalité qui était celle de la Renaissance, mais que la Renaissance ne pouvait appréhender” (I, p. 164). Une autre contribution de grande valeur est celle de Jean Braybrook sur les études ronsardiennes en Grande-Bretagne depuis 1945, article admirable par sa concision, sa densité d’information et sa modestie. Dommage qu’on ne puisse guère en dire autant de l’étude de Nina