

## Book Reviews

conference held at Corpus Christi College, Cambridge, organized by the Wellcome Unit for the History of Medicine. It is the latest in the Wellcome Institute Series in the History of Medicine with all contributors being associated with the Wellcome Institute in some senior academic capacity, save for Professor Luis García-Ballester who is a member of the CSIC Unit of the History of Science in Barcelona. The work delves into the history of medical ethics starting with the Greek tradition and ending around the time of Thomas Percival's *Medical ethics* of 1803 (although some chapters raise issues which extend into the early twentieth century, such as Andreas-Holger Maehle's superb piece on the development of the ethics of animal experimentation).

Four themes could be said to link the chapters: the sources and influences which underly the declaration of medical ethical principles; the way in which ethical guidance given to doctors fluctuated over time; the relationship between the practice of medicine and the creation of ethical principles governing the conduct of practitioners; and the gradual increase in the extent and scope of ethical regulation in the profession. These themes are explored in a variety of contexts which describe how ethical principles evolved to meet a number of practical ethical dilemmas. For example, Johanna Geyer-Kordesch's discussion of infanticide in eighteenth-century Prussia, Michael J Clark's examination of the involuntary confinement of the mentally ill in Victorian Britain, Ole Peter Grell's analysis of the religious and ethical dilemma faced by physicians during the plague years of whether they should stay and treat the afflicted or flee in order to treat patients of the future, and Andreas-Holger Maehle's lengthy consideration of the ethics of vivisection already noted. As is usual in writings on medical history, a number of authors deal with these themes from the viewpoint of famous writers in the history of medical ethics (such as Gabriele de Zerbi, a teacher of philosophy and medicine at the University of Padua in the 1490s, Friedrich

Hoffmann, Professor of Medicine at the University of Halle in the 1690s, and Thomas Gisborne, an Anglican clergyman writing in the 1790s). It would, perhaps, have been preferable to have allocated more space to chapters which dealt with other crucial ethical dilemmas such as emotional and sexual relationships between doctors and patients, professional confidentiality (both mentioned briefly in passing by Roger French), and abortion. For the present reviewer, those chapters which examined specific ethical issues worked better than those which considered specific practitioners' writings on medical ethics, the latter of which tended to be largely illustrative accounts of the ethical tracts in question. None the less, each chapter provides new insights into the nature and antecedents of the ethical regulation of medicine from a wide variety of geographical and historical perspectives.

**Russell G Smith**, University of Melbourne

**John Wiltshire**, *Jane Austen and the body: 'the picture of health'*, Cambridge University Press, 1992, pp. xiii, 251, £30.00 (0-521-41476-8).

Medical historians consulting this book may wonder "why Jane Austen?" rather than Aphra Behn, Defoe, Richardson, Smollett, Sterne, Scott, Thackeray, George Eliot, Henry James, James Joyce, or any number of others who were interested in "the body?"

It is not a question John Wiltshire wants to hear, nor one he answers. He writes about the author from an already privileged position, as if his readers had agreed in advance that Austen should be the subject of an inquiry about matters bodily and medical, even when construed in the loosest sense. Readers with other perspectives may think this material could have been better cast as a substantial "essay" that was not enlarged into a book. Others will have preferred more self-reflection on the principles guiding the method used, i.e., why, for example, the interpretations eschew

psychoanalytic and psycho-historical approaches so assiduously. This is an author inherently offended by realms psychiatric.

Nevertheless, the book is useful, well written, always intelligent, and engages a number of areas, not least demonstrations of the developing discourse sometimes called “literature and medicine”. Wiltshire shows that all six major Austen novels concern themselves with the body in its normal and pathological states, and speculates about the conditions and circumstances under which this can occur for a novelist who never attended university, let alone was medically trained. He is thoroughly familiar with the novels and their interpretations, and writes lucidly and often persuasively about their characters and plots. If the reader happens *already* to be an aficionado of Austen’s fiction, this is *the* book to read about her treatment of illness and the body. I doubt its task will be repeated; if it is, it will have been because another approach was preferred: more theoretical, philosophical, and medically informed.

Medical historians who happen not to be interested in literary analysis may not be as persuaded as I have been, or as enthusiastic. They will be unable to deny Wiltshire’s command of his texts and facility with words but will wonder how he proceeds from symptom to organ to organic body to diagnosis and, finally, to the interpretation of complex characters and the conditions of their minds and bodies. For example, consider Marianne Dashwood’s “illness” in *Sense and sensibility*. She is clearly love-sick and many critics, long before Wiltshire, have noted her malaise; but it has been less than clear what specifically afflicts her, how the condition develops, and what Austen’s background (reading, knowledge, symptomatic analysis) was in relation to the condition described. Wiltshire makes some fine observations about the details of Marianne’s “illness”, but does not answer crucial questions about background with any degree of historical rigour. It is, perhaps again, a tendency not to want to address specific questions, as in the matter about the choice of author (Jane Austen).

Missing from this discussion is the precious author herself—even *her female* body—and a firm sense of her anatomical and medical mindset when pinpointed in a firmly medical-historical context. Wiltshire may respond that authors cannot be known: after all, “what *is* an author?” as Foucault asked. Besides, Austen’s life remains shrouded in uncertainty: all we can do is surmise that she *must* have known about this or that medical theory or diagnosis—the rest, especially Austen’s personal psychology, is prodigiously unclear. It is possible that Austen may have absorbed a great deal about these matters, but much more about the medical milieu of her day is known than Wiltshire expounds here, and if one proceeds on the premise that “we can assume Jane Austen knew everything”, then why not assume she was in touch with the *best* anatomical and medical ideas of the time? More medicine rather than less, I am suggesting, if one adopts this approach for a writer of the English Regency whose intellectual mindset and daily rituals are not recorded in the depth they are for other great novelists. Still, the book is excellent and forces readers to consider the possibility that the Austen we have known was too narrowly construed in our mindsets.

G S Rousseau, Aberdeen and Oxford

**Teresa Santander**, *El Hospital del Estudio (asistencia y hospitalidad de la Universidad de Salamanca), 1413–1810*, Salamanca, Centro de Estudios Salmantinos, 1993, pp. 280, illus., no price given (84–86820–16–2).

The city of Salamanca, located geographically and ideologically in the heartland of Old Castile, has an exceptionally rich history. An important part of this history is linked to its university. Founded in 1218 by Alfonso IX, it soon turned Salamanca into one of the medieval centres of learning. The long history of the university, in which names such as those of the theologian and poet Fray Luis