



Watercolour drawing of Jane Austen by her sister Cassandra,
dated 1804.

JANE AUSTEN IN CONTEXT

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Medicine, illness and disease

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Jane Austen does not give much attention to doctors. Doctoring is another matter, and plays a significant part in the novels. This entry begins by sketching the 'medical world' at the time Austen was writing, and then goes on to look at the various forms of amateur medical treatment which the novels record. The presentation of disease is uncommon in texts which are predominantly comic – though there are examples of serious fevers – but the everyday paraphernalia of illness experience – drops, powders, waters, tonics, rhubarb and court plaister – is the source of much insight and amusement. Austen is interested in illnesses' cultural aspects, in the patient's use of the body for social advantage and in the entertainment to be extracted from hypochondria in its various forms. At the same time, the novels also understand how social conditions register themselves in the body, especially in the bodies of women. Sexuality and illness being often intertwined, the entry ends with a brief look at sex and embodiment in these texts.

'The Practice of Medicine, in a comprehensive sense, is conducted in this country, by Physicians, Surgeons and Apothecaries: for, however one profession may be independent of another, the prevalence of custom has given them such a relation, as renders them constituent parts of the same structure.' This definition was given by John Coakley Lettsom, in the introduction to the second edition of William Falconer's *A Dissertation on the Influence of the Passions upon Disorders of the Body* (1791). Lettsom's inclusion of apothecaries was liberal and progressive: it was not until the Apothecary Act of 1815 that the role of these men, who did in fact provide medical care to most people, was recognised, and their profession regulated. His sketch is generous, if incomplete – midwives at least should be added – but this tripartite division was generally accepted.

Physicians were educated at Oxford and Cambridge, or, far more likely, had degrees from one of the Scottish medical faculties. They were scarce, expensive and practised largely in the metropolis as members of the London College of Physicians, though they might be consulted and give medical advice by post. Surgeons, whose status as gentlemen was compromised by their intimacy with the body, would serve an apprenticeship, as John Keats did with Thomas Hammond from 1810–1815, and perform operations, including dentistry. The Royal College of Surgeons of London was established in 1800. Apothecaries were theoretically forbidden to give advice as well as sell drugs, but often acted as doctors to the poor, and made their business out of compounding and supplying medicines. In practice, the division between surgeon and apothecary is hazy. A 'surgeon' would prescribe and an 'apothecary' would carry out surgery. A medical practitioner would set himself up in business in a town and, if successful, be known as the 'doctor' and honoured with the title 'Mr'.¹

'Mr' Perry, the only important medical practitioner in Austen, is always known by that title, just as the doctor who treated Frances Burney's husband Alexandre d'Arblay during his last illness in Bath in 1818–19 was 'Mr' Hay. Perry (introduced as 'the apothecary', *Emma*, 1:2) attends to Harriet's 'putrid sore throat' (*E*, 1:13), Mr Woodhouse's biliousness and also (the reader might assume) delivers Mrs Weston's baby. Men like these competed for business in an overcrowded profession. It is an 'advertising Surgeon' who could 'form a separate establishment' in his burgeoning resort that Mr Heywood is in search of when his carriage is overturned at the opening of *Sanditon*. Heywood would have seen the same sort of advertisement in *The Morning Post* as that scanned by Edmund Bertram in *Mansfield Park* (3:3): 'To Parents and Guardians – WANTED an APPRENTICE, by a Surgeon and Apothecary . . . in a principal Watering Place.' Surgeons and apothecaries were thus, for all practical purposes, the same outside London – general medical practitioners. As Leigh Hunt wrote in 1817, some apothecaries 'may take rank in our estimation as physicians, sometimes above them, if they are good surgeons also . . . in a village, for instance, where there is no physician, he may be undoubtedly one of the most valuable members of society.'²

The title of James Parkinson's frequently reprinted 1800 hand-book illuminates the medical man's role outside the big towns and cities: *The Villager's Friend and Physician, or a familiar address on the preservation of health . . . supposed to be delivered by a Village Apothecary, with cursory observations on the treatment of children, on sobriety, industry, etc., intended for the promotion of Domestic Happiness*. As this makes clear, the responsibilities of such a doctor in a smaller community extended into the ethical realm. He would be an elder to the village, dispensing helpful advice as well as drugs. Already the informal social ministry associated with the idea of the 'general practitioner' was in place, though the term itself, first used in its modern sense in 1809, took some decades to become accepted.³ This is plain in *Emma*, too, where Mr Perry's successful rise into gentlemanly status (signalled by the possibility of his setting up a carriage) is based on his role as 'friend' to many in the community, which involves forgiving fees to those unable to pay, and listening for hours to Mr Woodhouse's conversation. The only moment in the novel in which his speech is reported – when he sympathetically suggests that Jane Fairfax's 'nervous disorder' will have been made worse, rather than better, by 'her present home' (*E*, 3:9) – fills out Perry's role as a humane and kindly man, whose expertise is as much psychological as physical. Falconer's book is one of several which suggest how widely the relation between mental state, social conditions and the body's vulnerability was understood.

Other novelists of the period, though, offer much fuller representations of 'the doctor' as repository of social wisdom than Austen. Burney's *Cecilia* (1782), praised by Austen in *Northanger Abbey*, is a good example. Dr Lyster is a physician who borrows much of his advice from Samuel Johnson, suggesting, for example, to Cecilia, the much harassed heroine, that 'Thought, after all, has a cruel spite against happiness . . . Run about and divert yourself; 'tis all you have for it' (vol. 4, bk. 8, ch. 7). To Dr Lyster, 'that sagacious and friendly man', who 'found it impossible to study the human frame, without a little studying the human mind' is given the moral: 'The whole of this unfortunate business . . . has been the result of PRIDE and PREJUDICE' (vol. 5, bk. 10, ch. 10). In the same mould is Dr Norberry of Amelia Opie's *Adeline Mowbray* (1804). Scathing and impatient with Adeline's romantic ideals, he is the unpretentious idiomatic voice of common sense, a

'blunt but benevolent man' who cuts through much fashionable talk about nerves, and 'prescribes' for the family's psychological as well as physical health (ch. 14). In Mary Brunton's *Self-Control* (1810) the outwardly rough but actually kind Dr Flint says 'I should have told your father long ago that physic was useless to him, but whimsical people must have something to amuse them, and if he had not paid for my pills, he would for some other man's' (ch. 17). The doctor in her *Discipline* (1815) has the same non-nonsense but kindly manner: "By the time you are a little older, Miss Percy", said the doctor, "you . . . will not run the risk of being thought crazy, by showing more sensibility than other people" (ch. 24). Thus doctors were often presented by female novelists as the down-to-earth debunkers of fashionable complaints. 'The polite system of nerves' (ch. 6) is similarly treated with robust contempt by the hospital doctor Frumpton in Maria Edgeworth's *Patronage* (1814).

Supplementing local doctors was an enormous range of folk and informal medicine. Amateurs like clergymen and even farmers with an interest in medicine sometimes functioned as a community's effective physician. The last decade of the century saw the rise of the druggist, whose shops supplied medicines to patients at a fraction of the cost of an apothecary's attendance, and thus further facilitated medical self-help (Loudon, *Medical Care*, p. 133). Though even Catherine Morland realises that 'neither poison nor sleeping potions [were] to be procured, like rhubarb, from every druggist' (*NA*, 2:10), they did supply patent medicines, like James' Fever Powder, dismissed by his friend Johnson as quite useless, but still going strong well into the nineteenth century. Like many others, a mother in *Patronage* 'dosed her children with every specific that was publicly advertised, or privately recommended. No creatures of their age had taken such quantities of Ching's lozenges, Goldbold's elixir, or Dixon's antibilious pills' (ch. 20).

In Austen, the amateur lady doctor is presented most fully in Mrs Norris. Aunt Norris enjoys her time with the gardener at Sotherton, 'for she had set him right as to his grandson's illness, convinced him it was an ague, and promised him a charm for it' (*MP*, 1:10). She affects concern about the 'poor old coachman' who is hardly able to drive the carriage, she says, 'on account of the rheumatism which I had been doctoring him for, ever since Michaelmas' (2:2) and which she claims to have cured at last; scrounging soup from the big

house she hastens off to nurse a sick maid. Much medical attention is really at this folk level – the provision of lavender drops (*S&S*, 2:6) or arrowroot (*E*, 3:9) and assorted other specifics or remedies. But Austen draws her reader's attention mainly to the abuse of social power the assumption of the doctoring role allows Mrs Norris (and to a lesser extent Diana Parker in *Sanditon*). The cover of kindness allows Mrs Norris to interfere in the lives and bodies of her inferiors. One might say that in such figures the ideology of 'benevolence', so much the source of genteel self-satisfaction in this period, is scanned for its hidden virus.

Other informal medical practices in the background of the novels include the cult of cold water, and of sea-bathing, and the taking of the waters at Bath, Leamington and other spas. In 1789 George III put the royal stamp of approval on the idea of sea-bathing when he recuperated his health at Weymouth. From that time forth the resorts on the south coast of England so copiously mentioned in Austen's novels flourished. The cult was not a matter of pleasurable exercise: it involved being taken into the sea in a horse-drawn vehicle, and being 'dipped'. Johnson 'used to call Tattersall the old Dipper of Brighton, "Dr Naked"'.⁴ The practice was widely supposed to deliver a salutary bracing shock which would strengthen the 'fibres'; the sea at Sanditon, claims Mr Heywood, though, is both 'relaxing' and 'fortifying' (*S*, 2). Even Mary Musgrove bathes at Lyme in November (*P*, 2:2). The 'chilly and tender' Creole Miss Lambe in *Sanditon* has to be accompanied in the bathing machine by Miss Parker, so fearful is she of the cold water dip. And as *Sanditon* makes clear, one result of the birth of the consumer society was a greatly increased, even obsessive, attention to the body, its supposed illnesses and needs.

Then as now, there is no accounting for some informal medical practices. But they flourished because the number of effective drugs could be counted on one hand. Much progress was made in understanding the structure of the body in the later eighteenth century, largely through the work of John and William Hunter, but pharmaceutical progress was a different matter. One important new drug was discovered – digitalis or the foxglove, which regulated the heart when carefully prescribed – but for the most part all a doctor could offer was opium in various compounded forms. The differentiation of one disease from another remained primitive; in the

writings of eighteenth- and early nineteenth-century physicians, the conception of infectious fevers, their modes of transmission and the remedies proposed are 'still almost medieval'.⁵ Indeed, the eighteenth century is not usually considered as a time of great medical progress. The conception of the body current was generally the same at the end as at the beginning: a hydraulic model of pressures, inputs and outputs, fluids and obstructions, in which the body was considered less as a congeries of distinct but interacting organs than as a unified system – so that gout, 'repelled' from the feet, might manifest itself as the same condition in another part of the body. Yet a comparison of Bartholomew Parr's *London Medical Dictionary* of 1809 with Robert James's *Medicinal Dictionary* of 1743–5 is illuminating.⁶ James's is a ragbag of iatromechanical, iatrochymical, Boerhaavian and Galenic notions. Many entries in Parr's *Dictionary* offer a discriminating assessment of recent competing theories, are sceptical and rational in tone and make clear how much is not known.

Nevertheless, physiology in the eighteenth century did have a very significant influence on culture and the impress of this is present in Austen's novels. Experiments performed on animals to test their responsiveness to stimulation of various kinds were widely carried out, and were famously excoriated by Johnson in *Idler* 17 in 1758. But such experiments on 'sensibility' and 'irritability' seem to have coalesced with the notion of natural 'sensibility' as propagated in Shaftesbury's *Characteristics* of 1711 to initiate a new or more refined definition of the genteel. It is as if the medical understanding of sensibility offered a platform or substrate for the philosophical and cultural elevation which Shaftesbury had proposed. The discovery that sensibility, both a physiological capacity and a moral endowment, might vary among individuals allowed the quality to become a marker of superiority, and, more broadly of class difference. 'Nerves' were the lady's claim to superior social status, the mark, indeed, of her being a lady. At the same time, sensibility was not gender-specific. Thus 'sensibility' is laid claim to by Robert Ferrars as well as by Marianne Dashwood (that benevolence out of which both Mrs Elton and Mrs Norris make so much personal capital is closely allied). Sensibility is so interesting because it twists between the social and physiological realms: Marianne's natural sensitivity is heightened, and to her validated, by cultural fashion. It

has both a material aspect – as a reflection of real social conditions – and a cultural aspect – as a sign of delicacy and refinement. The contempt with which Austen treats most of her characters with ‘complaints’ of whatever kind does not obscure her recognition of this.

Though she is most perceptive about the social and cultural aspects of patienthood and symptomatology, there are certainly ‘real’ illnesses in Austen’s fictions. Fevers, ‘continued, intermittent, and eruptive’, or what we should call ‘acute infective disorders . . . dominated the practice of ordinary medical practitioners of the eighteenth and nineteenth centuries’ (Loudon, *Medical Care*, p. 62). This state of things is reflected in the novels: Harriet Smith’s ‘putrid sore throat’ signals not just the common cold, but an infection, which might at the worst be typhus or typhoid. Most fully presented is Marianne Dashwood’s fever, brought on by imprudence in sitting about in her wet shoes and stockings. Elinor at first acts as the home nurse, ‘forcing proper medicines on her’, but next day feels it necessary to call in ‘the Palmers’ apothecary’, Mr Harris, who, ‘allowing the word “infection” to pass his lips, gave instant alarm’ (*S&S*, 3:7). He prescribes what are described as ‘cordials’ and visits every day. The fever remits for a while, but on the third day – thus a ‘tertian fever’ – comes on more strongly, and the high temperature leads to delirium. Meeting Willoughby in the lobby of Drury Lane, Sir John tells him abruptly that Marianne is ‘dying of a putrid fever’ (*S&S*, 3:8). Elinor feels Marianne’s pulse (this had become common practice since the advocacy of Floyer in the early eighteenth century⁷) and is concerned enough to send for Mr Harris, who presumably has to ride across country at night, once more. Like most local surgeon-apothecaries, Mr Harris works hard: he attends this genteel patient at five in the morning, and again at eight and at four the same afternoon. Each time he instigates ‘a fresh mode of treatment’ (*S&S*, 3:7) Perhaps he tries quinine – one of the more effective medicines. Eventually Marianne passes through a crisis and recovers.

Tom Bertram’s illness is even more serious. His fever is brought on by ‘a neglected fall, and a good deal of drinking’ (*MP*, 3:13). After some time in bed he is brought back to Mansfield, where his fever increases at first and then remits. But ‘some strong hectic symptoms . . . seemed to seize the frame on the departure of the

fever’ (3:14). *The London Medical Dictionary* defines ‘hectic’ thus: ‘by this term is meant slow, but long continued, fevers, which induce consumption, and impair the strength . . . Intemperate drinkers, and those who indulge in excesses of any kind, are very subject to it’ (vol. 1, p. 734). Tom is attended by the higher-ranking ‘physician’, not your ordinary surgeon-apothecary, who warns Sir Thomas of the danger: ‘They were apprehensive for his lungs’ (*MP*, 3:14). The phrase ‘to seize the frame’ is perhaps a polite reference to vomiting or the spitting of blood. But since Tom does not in fact have consumption, Austen may be describing another disease. In bed, Tom has been attended only by servants, and the prolonged immobility might well be supposed to lead to pneumonia. Austen’s descriptions of illness avoid the technical – they would have seemed quaint and out of date if she had not – but in these two instances she charts the progress of the disease with some care.

Her interest is really, though, in the social and cultural aspects of illness behaviour. Throughout the novels she observes the way people use physical symptoms for the purposes of social advantage. She anticipates the thinking of medical sociologists in her detection of the ‘secondary gains’ of illness – the advantages of power and access to services that the ill, or the sickly, can extract from their identity as sick persons, or, in the neologism of the time, as ‘invalids’. Secondary gain enables Mrs Churchill, for instance, to call Frank to her side whenever she feels like it, and Mary Musgrove to exploit her sister as a nanny and servant. The comedy of hypochondria is most fully developed in the fragment of *Sanditon*, where Arthur Parker, lusty and lazy, excuses his indolence because he is ‘very subject to Perspiration, and there cannot be a surer sign of Nervousness’ (*S*, 10). By 1817 the invalid has become an important consumer identity: whole capitalist enterprises, like the resort of Sanditon, are generated to supply the needs and desires of people who occupy the ‘sick role’.

But there is another side to this: illness in Austen’s novels is not simply assumed or ‘put on’. The symptoms complained of by Mrs Bennet, Mr Woodhouse and Mary Musgrove – even of Marianne Dashwood – may be heterogeneous and vague, but they are not perceived to be without meaning, or merely, in the first three instances, as comic foibles, presented for the reader’s amusement. They signal, if not physiological or organic causation, certainly

causation of a sort. They register, in their different ways, social conditions, and in particular the malaises, the 'nervous diseases' of a leisured class that were identified and described early in the eighteenth century by George Cheyne as 'the English malady'.⁸ Mary Musgrove is a sketch of the lady with no intellectual interests and little to do, whose symptoms are a prefiguring of that recursion of vacuity and idleness into physical malaise found in many genteel figures of Victorian and Edwardian life, real as well as fictional. Mrs Bennet's 'nerves' and tremblings and faintings – through which she vainly lays claim to a fashionable heightened sensitivity – are witnessed by a daughter who must endure her mother's extravagant bodily performances, but the novelist allows the reader to deduce that they are not merely embarrassing and absurd. They signal, and are a conversion of, frustration, including sexual frustration, and the need to obtain control of some sort.

Mrs Bennet's pride in the provision of ample meals might be read as another symptom of her social and sexual quandary. In Austen medical matters are often, in fact, intertwined with the comedy of food. The bringing of nourishment or drink as comfort to the sick or bereaved must be universal, and is another source of amusement in these novels of everyday life. Mrs Jennings offers the Constantia wine that her husband found useful for the 'cholicky gout' as a cure for Marianne's broken heart (*S&S*, 2:8); the Bertrams produce gooseberry tart as a salve for the dreadfully homesick little Fanny Price (*MP*, 1:2). Mr Woodhouse's hypochondria permits him to impose his culinary tastes on his visitors, and the tussles over food between Emma and her father are a recurrent source of the novel's comedy. Arthur Parker entertains Charlotte Heywood by telling her that toast without butter 'hurts the Coats of the Stomach' (*S*, 10). On the other hand, a glass of wine (*S&S*, 2:8) is found useful on more than one occasion when a woman is suffering from headache or faintness.

Austen's interest in the body, then, extends well beyond the medical. Whilst the physiology of her characters is usually presented in generic terms, with heroes 'tall and handsome', or with 'air and countenance', sexuality is everywhere understood, understated and assumed. There are clear examples: Darcy's 'admiration' of Elizabeth Bennet when her face and eyes are 'brightened by the exercise' (*P&P*, 1:8) of running across fields and leaping over stiles. Less

overt is General Tilney's interest in Catherine Morland after she tears into Milsom-street to make her apologies to the Tilneys: 'the general attended her himself to the street-door, saying everything gallant as they went downstairs, admiring the elasticity of her walk' (*NA*, 1:13) or Edmund Bertram's fascination with Mary Crawford's tripping off to play the harp, an instrument whose role in courtship not only depended on sweet music, but also on the rare display of a lady's body as she plucked the strings. Telling, too, is the sentence in *Sense and Sensibility* when the ground for Elinor's knowledge of Brandon's interest in Marianne is explained: 'She watched his eyes, while Mrs Jennings thought only of his behaviour' (3:6), a Richardsonian moment, the converse of which is Henry Crawford's sardonic dismissal of Maria's love for her fiancé: 'I could see it in her eyes, when his name was mentioned' (*MP*, 1:5).

More broadly, the novels are often structured around a contrast between healthy and unhealthy bodies. Emma, declares Mrs Weston early in the novel, is 'the picture of grown-up health' (*E*, 1:5), whereas Jane Fairfax is thought vulnerable to the tuberculosis that runs in her family. 'Bless me! poor Jane is ill!' is Miss Bates's first exclamation when reading the letter that introduces her into the text (*E*, 2:1). Elizabeth Bennet's vivacity, signalled in her sparkling eyes – which so disturbingly reproduce her mother's – is contrasted with the other candidate for Darcy's hand, Lady Anne de Bourgh, much higher in social status, but repeatedly depicted as 'sickly and cross'. The novel might thus be said to argue that Elizabeth's elevation is not merely due to her personal charm and integrity but awarded also to her healthy and replenishing vitality. In *Mansfield Park*, the Bertram and Crawford set are sporty and active, whilst Fanny Price, ill nourished as a child (as the reader might assume) is not strong. But the novelist vigilantly wards off here any assumption that a vigorous and healthy body necessarily carries moral or ethical value by putting such an idea into the mouth of Maria (*MP*, 1:7) – a warning lost on many of the novel's critics.

Like many of her contemporaries, Jane Austen was sceptical about the fashionable cults of sensibility and 'nerves'. She treated many other illnesses just as sceptically. The Heywoods in *Sanditon*, she writes, could not afford to 'indulge in' 'Symptoms of the Gout and a Winter at Bath' (2). The crusty medical men in the novels of her contemporaries may be versions of 'Dr Johnson', but

Austen's incorporation of Johnson's intellectual disposition is far deeper, realised in her pervasive alertness to affectation, and that scorn and ridicule of medical narcissism which is powered by feeling for real distress. Many aspects of medicine and sickness behaviour in her time, though, make their way into Austen's novels. She is unique among her contemporaries in the vigilant attention she gives to illness complaints, and her last three works, in particular, focus on matters of health. Village life in *Emma* is structured around its invisible centre, Mr Perry, the doctor; *Persuasion* relates a succession of injuries, and meditates on healing and recuperation; *Sanditon* is a manic satire on medical consumerism. Jane Austen does not treat much of professional medicine, but sickness and sexuality are entertainingly entwined in all her major texts.

NOTES

1. R. W. Chapman wrote that 'a medical man is nowhere, I believe called a "doctor"', 'The Manners of the Age', Appendix to *Emma*, revised edition (Oxford: Oxford University Press, 1988) p. 515: his mistake is forgivable since the only use of the term in the finished novels is by the ignorant Mr Price in *MP*, who calls the ship's surgeon 'the doctor'. A 'surgeon' is called 'Dr Flint' in Mary Brunton's *Self-Control* (1810); usually, as in the case of 'the worthy doctor' Barlow in Hannah More's *Cælebs in Search of a Wife* (1809), the term is reserved for a cleric.
2. Leigh Hunt, *The Examiner*, 7 September 1813, cited in Andrew Motion, *John Keats* (New York: Farrar, Straus, Giroux, 1997), p. 48.
3. Irving Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford: Clarendon Press, 1986), p. 1, and throughout. Subsequent references are included in the text.
4. The Marquis of Lansdowne, *The Queeney Letters* (1934), p. 258.
5. Peter Mathias, *The Transformation of England* (London: Methuen, 1979), p. 271.
6. Bartholomew Parr, M. D. *The London Medical Dictionary, including under distinct heads every branch of medicine . . .*, 3 vols. (1809). Subsequent references are included in the text.
7. Sir John Floyer, *The Physician's Pulse Watch* (1707).
8. George Cheyne, *The English Malady, or a Treatise of Nervous Diseases of all kinds* (1733).