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his skills as an artist: Hunter had need of facile draughtsmen to produce representations of specimens in his collections. In return for Clift's services, Hunter was to bring the young man up as a surgeon. Although Clift lived in the extensive establishment in Leicester Square and regularly acted as Hunter's amanuensis, there is tantalizing little about his master in these letters. In a rare reference, Clift described Hunter as "a verry curious man, and plain as well for he has hair white as snow and has never got it dressed, I believe there is not a bit of Pride in him . . ." (p. 30).

There was no opportunity for Clift to deepen his acquaintance with Hunter, who died on 16 October 1793. Clift's true master in the ensuing years was the museum that Hunter had constructed at such pain and expense during his life. Clift did not tax his relations with details of the collection although they were aware of its importance in their brother's life. When in 1801 one sister finally laid eyes on the thing itself she was astonished to find "Thousands of Large Bottles with both Fleash fish and fowls perservd [*sic*] in spirits its sertonly verry Courious with a quantity of Scelletons great and small. . ." (pp. 196–7).

On the whole the letters are more diverting than revealing to those interested in John Hunter and his legacy. As in any extended correspondence of this period, references to illness and injury do, however, abound. The medical historian will find passing reference to trephines, bleeding, and electrification for gout. Perhaps most intriguing is the evidence contained in one letter of a keen interest among artisans of the period in the mysteries of human anatomy.

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F. DAVID HOENIGER, *Medicine and Shakespeare in the English Renaissance*, London and Toronto, Associated University Presses, 1992, pp. 404, £39.95 (0–87413–425–0).

Any book that reduces the gap between the "two cultures" is to be welcomed, and this one particularly. The subject has glamour on both sides; the author is well placed to do both of them justice, having edited Shakespeare and written on Renaissance biology; and the publishers have been generous, producing a well-bound volume with clear print, full notes, bibliography, general index, and a list of Shakespeare passages discussed, almost four hundred of them.

Nor do the contents disappoint. Hoeniger covers both medicine and the organization of the medical profession, Paracelsus as well as the Galenic tradition, illustrating them with copious references to Shakespeare and adding three essays on topics that should interest historians of medicine and students of literature in equal measure, Lear's madness, the "miraculous" cure in *All's Well*, and the allusions to scrofula or the King's Evil in *Macbeth*.

The book, though generally based on primary sources, is a work of exposition, not of problem solving. As such its main need is common sense, and Hoeniger supplies this unwaveringly. But he is liable to lapse into platitude. For example, "He humanises the two scenes and thereby contributes to the power of the play's tragedy" may be true but is undeniably flat as the climax of a study of Lady Macbeth's doctor. More seriously, when a book on Shakespeare's medicine quotes (*re* Falstaff's death) "his nose was as sharp as a pen and 'a babbled of green fields", it should at least mention that "'a babbled" is pure conjecture, and that the Folio's reading "a table" has been defended as giving a medically more apt sense (see Fogel *Shakespeare Quarterly* 1958, 9: 485–92). There is a similar failure with Menenius Agrippa's fable of the belly. Hoeniger prints a text of *Coriolanus* 1.1.134 that makes Shakespeare describe the heart as the seat of the brain, a thing that no Elizabethan writer could have done. Whatever the functions assigned to them, the organs were universally recognized as distinct. That Hoeniger of all people should gloss over the contradiction is disappointing. A scholar of his experience might have been expected to verify the text. Had he done so he would have seen that in the Folio the problem does not exist. It is entirely due to punctuation inserted by later editors.

Occasional mistakes in such matters as transcribing quotations suggest that Hoeniger has "small Latin and less Greek". If so, it makes his personal achievement in understanding ancient

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medicine more meritorious, but may account for some otherwise surprising lapses. For example he sees Erasistratos as a stepping stone in a harmonious tradition from Hippocrates to Galen, not as the founder of a theory that Galen constantly attacked. This is a view that could hardly be taken by anyone who had read much Galen for himself. Another stumbling point is the theory of vision. He has strange remarks on “eye-spirit” and he omits some of the more ingenious ancient arguments for sight being an active process. In fact the “old medicine” (as William Harvey called it) is often more plausible than the book makes out. Hoeniger describes what people used to think very well, but is less successful at explaining why they thought it and why they were content with their orthodoxies.

One final criticism. The modern authorities cited on ancient medicine are often out of date and many eminent living scholars are not referred to at all. Consequently some matters are dealt with inadequately. Furthermore the book’s value for reference purposes is reduced. This is a pity. Nevertheless, Hoeniger’s is the most comprehensive and generally useful book that exists on the subject, and for this he deserves congratulations, not complaints.

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ALBERT R. JONSEN, *The new medicine and the old ethics*, Cambridge, Mass., and London, Harvard University Press, 1990, pp. xv, 171, £15.25 (0-674-61725-8).

Jonsen’s title is inspired by Sir William Osler’s 1919 lecture to the British Classical Association, ‘The old humanities and the new science’. Osler championed the new medical sciences in a curriculum dominated by traditional humanities, Jonsen’s 1988 Harvard Medical School Gay lectures champion the humanities (history and philosophy of medicine, medical ethics) in a medical curriculum dominated by science. The title also encapsulates Jonsen’s central theme: that new medical technology exacerbates pre-existing tensions in five “old” medical ethics: a Hippocratic ethic of beneficence, a Samaritan ethic of charity, a Lockean ethic of property right, a Percivalean ethic of *noblesse oblige*, and a Cabotean ethic of competence.

Jonsen calls his approach to history *aggadah*: “a magical rabbinic mode of thought in which myth, theology, poetry, and superstition robustly mingle” (p. 4). A description with deeper historiographic roots would be “monumentalist”. The coinage is Nietzsche’s and characterizes historians, like Jonsen, who believe that “History . . . gives moral meaning to the past; [and] moral confidence in the future . . .” (p. 157). Some might blanche at finding meaning in history; not Nietzsche—who disdained “scientific” history as a degenerate form of “critical” history and extolled monumentalism. Jonsen’s lectures are a testament to the virtues of monumentalism; e.g., his use of Locke’s labour theory of property to analyse physicians’ proprietary claims on diseases—often asserted by those ignoring the persons whose bodies lodge the diseases (p. 93).

Nietzsche warned that “whenever the monumental vision of the past *rules* . . . the past itself suffers *damage*: . . . great . . . portions . . . are forgotten and despised . . . and only single embellished facts stand out as islands. . . .”<sup>1</sup> Consider Jonsen’s claim that bioethics arose in the 1960s as a consequence of the “Scribner Shunt” which, by making kidney dialysis practical, generated a demand for hemodialysis that swamped the supply of dialyzers. Unfortunately, “No . . . reflection on . . . Hippocratic, Samaritanian, and Cabotean ethics could [resolve the dilemma, forcing experiments like the] Seattle [Patient Selection] Committee. . . [which] did its best without formal principles” (p. 46). Physicians confronted with the bankruptcy of their old ethics turned to “philosophers, theologians and lawyers” in search of “better” solutions—and so bioethics was born.

This version of the past “forgets” and “embellish[es]” by taking the Seattle Committee as paradigmatic. Of the 120 U.S. dialysis centres operating in the mid-1960s, only 8 followed Seattle’s example and allowed lay persons to participate in patient selection. The other 192 committees were staffed by health care professionals and selected patients according to

<sup>1</sup>Friedrich Nietzsche, *On the advantage and disadvantage of history for life*, transl. Peter Preuss, Indianapolis, Hackett Publishing Co., 1980, p. 15.