

For emotion is a slippery concept. What do we mean when we say we “feel” something deeply? Where and how do we feel it? How might we sift “authentic” from “inauthentic” feeling? In what way are the triggers giving rise to an “emotional response” learned? Above all, how do we describe (let alone attempt to measure) something as nebulous as a feeling? To feel emotion at the loss of a loved one is, of course, only “natural”. But who is to say that the emotional response to a poem, a narrative, or a film is not equally valid? These questions are prompted by the essays gathered in this volume, which probe the paradoxical nature of emotion as it has been understood at various points in history. For emotion is paradoxical, as the editor explains in her helpful introduction: “emotions are physical and lived experiences, giving rise to increased heartbeat, sweat, and goose bumps. Yet they are also learned and behavioural systems, revealed through gestures, postures, and a series of display codes” (p. xvii).

Eight essays, all the work of historians of medicine, make up the substance of the volume that perhaps promises to range over a rather broader chronological period than is actually realized. For most of these essays concentrate on nineteenth-century attempts to chart the landscape of emotion. The range of subjects that are covered, however, reflects something of the complexity of writing about the idea of “emotion”: from the languages of emotion after 1789, via the “landscapes” of emotion discovered in Victorian ideas about “puerperal insanity”; humanitarian narratives of empathy, pity, and compassion; the attempt at “measuring” emotion, utilizing devices such as the “sphygmograph” of the French physician Étienne Jules Marey in 1860; the control and manipulation of emotion in the laboratory; the production of emotion in the physician–patient relationship; the role of emotion as a diagnostic tool in psychiatric medicine. Perhaps this emphasis on the nineteenth century, however, should be no surprise given that it was in this period that two of the most important texts for the study of emotion were published: Charles Darwin’s *Expression of the emotions in man and in*

animals (1872) and William James’s 1884 article for *Mind*: ‘What is an emotion?’

Each of these essays has something valuable to offer. Thomas Dixon’s ‘Patients and passions: languages of medicine and emotion, 1789–1850’ is, perhaps, the most stimulating in its attempts to marry politics and pathology. If, however, there is a criticism of the collection as a whole, then it lies not so much in the cultural assumptions which underpin all of the essays (these are essentially *European* emotional states which are under scrutiny) as the relative neglect of other possibilities of inter-disciplinary enquiry. Poetry and imaginative literature more generally has a great deal to say about the representation of emotion: Wordsworth’s famous dictum that poetry is the recapitulation of an emotional state: “the spontaneous overflow of powerful feeling . . . from emotion recollected in tranquillity” (Preface to the *Lyrical Ballads*, 1798) is still influential. Equally, some of the best writing on emotion as a historical subject has emerged from what used to be termed “literary criticism”: Christopher Ricks’s *Keats and embarrassment* (1974) or Mary Ann O’Farrell’s *Telling complexions: the nineteenth-century novel and the blush* (1997) might suggest alternative routes into this subject, whilst the creation of the “man of feeling” is, arguably, one of the most enduring legacies of the Enlightenment. That said, the editor should be complimented for bringing together a series of fascinating enquiries into these most vexing of human states.

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Stephanie Moss and Kaara L Peterson
(eds), *Disease, diagnosis, and cure on the early modern stage*, Literary and Scientific Cultures of Early Modernity Series, Aldershot, Ashgate, 2004, pp. xvii, 218, £45.00 (hardback 0-7546-3791-3).

When Shakespeare began crafting his plays in the closing years of the sixteenth century,

the London College of Physicians was still a relatively young affair. Created in 1518 to represent university trained physicians practising in the ancient humoral tradition, it rapidly began flexing its muscles in the battle against the large number of alleged “impostors”—wise women, quacksalvers and emerging “chymical” practitioners—who were daring to compete with its members in the medical marketplace. The trouble was, of course, that the expensive and often unpleasant “cures” of this elite coterie of Galenists, involving painful and invasive bloodletting and purging treatments, were frequently perceived as more dangerous and less effective than, for example, the wise women’s comparatively innocuous herbal remedies. But, as the essays in this volume serve to remind us, the harnessing of medical authority in the early modern period had far less to do with statistical success rates than with prognostication and—crucially—with playing a part convincingly.

Medicine and theatre were in this sense intimately related: both required skilful performances and in the late sixteenth century both depended on elaborate sartorial codes. Thus in 1597, as Barbara Howard Traister observes in ‘Doctors and healers in the drama of Shakespeare’, the College created for itself distinctive dress codes involving a great deal of scarlet, purple and silk that served to lend power and authority to the new brand of establishment physician in a far more effective way than the old iconographic tradition of brandishing the urine flask. On stage, clothes made the character, but they could also function to demystify and hold the role up for sceptical interrogation, exposing hypocrisy. Doctors and quacks were notoriously the butt of renaissance satire but Shakespearean drama may have been making a rather more serious point: Traister foregrounds how the few notable medical cures that occur on the Shakespearean stage are the work of empirics (one of them a woman)—types who would definitely have been excluded from the College of Physicians circa 1600. Kaara Peterson’s, ‘Performing arts: hysterical disease, exorcism, and Shakespeare’s

theatre’, furthers this book’s premise that early modern medicine and theatre were mutually constitutive. While the early modern stage scrutinized medical performance, members of the London College were called upon to interpret patients’ performances, reading bodily signs in order to arbitrate in disputed cases of hysteria, possession and witchcraft. Such performances of authority inevitably veered in the penal direction, bringing to the fore the complexity of medical role-playing: indeed, the essays in this volume are careful to acknowledge what the editors term the “messy heteroglossia” that constituted medical discourse and practice in this period.

It is difficult to write something new about disease, diagnosis, and cure in Shakespearean drama: it is a field that has received extensive and thorough critical attention in recent years. Yet most of the essays in this volume focus on Shakespeare; this is inevitably why some of their arguments appear laboured and remarkably familiar. There are some fine exceptions though. Imtiaz Habib’s theorized focus on the politics of Elizabethan mental health in relation to race and discourses of nationhood yields some fascinating observations about “racial psychoanalysis” (begging the question is Shakespeare Freudian or is Freud Shakespearean?). Louise Noble’s exploration of “mummy” and the therapeutic value of Desdemona’s corpse produces some remarkable insights, while Lynette Hunter’s knowledgeable study of figural/literal “cankers” in *Romeo and Juliet* is equally innovative and thought-provoking.

With the one caveat that it would be refreshing to see more studies of Shakespeare’s contemporaries alongside those of the bard himself, Ashgate’s bold foray into the widely uncharted territory of the ‘Literary and Scientific Cultures of Early Modernity’ is to be commended—I, for one, eagerly await more titles in this series.

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