

## “Sam is only a Surgeon, you know.”

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Jane Austen’s involvement with the medical profession, was much more limited than with other professions, in both her life and her novels. In both, parsons abound, not a few solicitors are present, and officers of the armed forces—especially naval officers—are much in evidence. But though her paternal great grandfather, Sir George Hampson, and her paternal grandfather, William Austen, were both physicians of some distinction, and she was socially acquainted with a few notable medical practitioners, there are, in her novels, surprisingly few references to doctors, illness or patients. The references are confined to the last three novels: *Emma*, *Persuasion*, and the fragments *Sanditon* and *The Watsons*, from the last of which the title for this paper is taken.

Miss Austen’s treatment of doctors in her novels is governed by three factors: the social and institutional gradations of the medical profession; the limitations on the capacity of the medical profession in the early nineteenth century to treat patients successfully; and her own determination to disregard illness and the prospect of death, both in her own life and in her novels.

Her concern with the social gradations of medical practitioners was of a piece with her view of life in general. Thus the apothecary—a tiresomely upwardly-mobile medical artisan in the process of becoming a general practitioner—is the object of mild irony. In *Emma*, Mr. Perry is damned by the description: “an intelligent, gentlemanlike man,” though in the argument over the competing claims of Mr. Perry and Mr. Wingfield much of the humour is at the expense of their gentry supporters rather than the practitioners themselves. The bedside manner is mocked socially as well as professionally in two interludes in *Persuasion*. In Chapter 7 the Musgrove boy breaks a collar bone; the family calls for Mr. Robinson, the apothecary, who

“felt and felt, and rubbed and looked grave, and spoke low words to the father and aunt; they still were all to hope for the best.”

In Chapter 12 Louisa falls on the Cobb at Lyme and the surgeon who is called assures the family that

“the situation was not hopeless. The head had received a severe contusion, but he had seen greater injuries recovered from; he was by no means hopeless; he spoke cheerfully”

—but, of course, uninformatively.

Both apothecaries and surgeons, by the early nineteenth century, were rising in the world but were still suffering socially from their occupational and educational handicaps. The apothecary was now more than a pill dispenser: he provided simple medical and surgical procedures including

massage, reduction of dislocations, and the setting of bones. He was still trained largely through apprenticeship to a practitioner, but as both the pharmacopoeia and the morbid anatomy on which his activities were increasingly based grew more sophisticated, it became necessary for him to study in order to qualify as a Member, and later as a Licentiate or Fellow, of the Society of Apothecaries. Apothecaries were already the local GPs. Jane Austen herself, insofar as she received treatment in her last illness, had it at the hands of William Curtis, apothecary of Alton. Nonetheless most apothecaries still had little formal, and commensurately little social, education and were of a lower social status than the village curate or schoolmaster.

The surgeon unquestionably ranked a good deal higher in society. Sam Watson was "only a surgeon"—in fact an assistant to Mr. Curtis in Guildford. His subordinate social status may be gathered from Mr. Edwards' comment: "Mr. Sam Watson is a very good sort of young man, and I dare say a very clever surgeon, . . ." But at least his appearance at the ball would not have been looked at askance.

Surgeons were fewer in numbers and of a much higher social and professional status than apothecaries, especially since they had broken away from the Company of Barbers in 1745 and established their own Company,—to be elevated to the dignity of a royal college in 1814. In the eighteenth and early nineteenth centuries they did much of the real doctoring, not only in England but throughout western Europe. There were some very distinguished surgeons in the period including William and John Hunter, Sir Astley Cooper and Sir Robert Liston. Recently the distinction and incomes of some of them had been enhanced by their emergence as fashionable obstetricians ("man-midwives"). Besides practicing surgery and obstetrics, surgeons treated skin diseases (including venereal diseases), manipulated misplaced organs and provided the knowledge of pathology which the internist physicians lacked. But they were above all workers with their hands, a distinction which for centuries had rendered them less socially acceptable than the supposedly cerebral physicians. They too served an apprenticeship, but in most cases, by 1800, they were securing a real formal education. Some were also qualified in medicine either as Members of the Royal College of Physicians or as university-trained MD's—as, for example, Charles Haden, a friend of the Austens. As a ladder of success, the practice of surgery was at least as remunerative as being a naval captain, a fact reflected in increasing social acceptance.

Internist physicians—university-trained MDs—were socially the highest in rank, though not necessarily the most capable, of the medical practitioners. They constituted a small, privileged and wealthy group. In *The Watsons*, Jane Austen makes only one reference to a physician: Penelope Watson had set her cap at old Dr. Harding of Chichester, obviously out of mercenary considerations. By that time physicians were rapidly losing much of their professional prestige as it was coming to be realized, not only that they could not successfully treat the patient, but that most of the useful medical work was being done by apothecaries and surgeons.

Physicians in particular, but also the medical profession as a whole, lacked what we would now regard as essential pieces of knowledge, notable a scientific understanding of the origins and location of disease. Hence treatment was necessarily by trial and error and of doubtful efficacy. Pathology by 1800 was a strange mixture of the old Hippocratic beliefs in environmental influences, unscientific medieval notions of contagion, and early modern ideas of predisposition. Part of the limitation on pathology was that the doctor could not see inside the living patient, though the technique of comparing the clinical history of the patient during the course of the disease and the findings of the morbid anatomists after death was even then beginning a revolution in pathology. This was to result at least in the identification and localization of disease, even if its origin and effective treatment still remained mysteries. But overall there was a persistent acceptance of the ancient idea of the imbalance of the humours. To correct this imbalance, treatment consisted of frequent bleeding and heroic dosage with a variety of medicines, many of them—such as calomel, arsenic and laudanum—poisonous in various degrees. Such treatment became increasingly unpopular with patients; it didn't work and it was accompanied by elaborate rationalizations which obviously didn't make sense. Hence the mockery of doctors which was a major branch of satire in Jane Austen's day.

In Miss Austen's novels patients are invariably a subject of mockery:—valetudinarians wasting away from mysterious and probably imaginary illnesses, health fadists preoccupied with quack cures, spas, etc. Mr. Woodhouse, in *Emma* is a hypochondriac; so too, is his eldest daughter, Isabella. Mr. Woodhouse's alarm at the probably effects of wedding cake on the health of the village is one of the delights of the second chapter. In *Persuasion*, Mrs. Musgrove is an expert on quack cures and self treatment. But it is in the last fragment, the promising *Sanditon*, that Jane Austen lets herself go in satirizing hypochondria. The novel revolves around the creation by Thomas Parker of a seaside resort for hypochondriacs, on the contemporary models of Sidmouth, Lyme Regis and Brighton, made fashionable by the patronage of George III and George IV respectively. Parker's valetudinarian siblings, Diana, Susan and Arthur are accomplished caricatures of the breed—Diana, the domineering organizer and principal fadist of the three; the twenty-year-old Arthur, the perfection of the self-regarding professional invalid. His discussions of the use of wine for the nerves and butter for the stomach are modelled on well-established fetishes of the day. So too, his comment on the deleterious effects of green tea:

“What! Do you venture upon two dishes of strong green tea in one evening? What nerves you must have! How I envy you. Now if I were to swallow only one such dish—what do you think its effect would be upon me?”

“Keep you awake perhaps all night!” replied Charolotte, meaning to overthrow his attempts at surprise, by the grandeur of her own conceptions.

“Oh! if that were all! No—it acts on me like a poison and would entirely take away the use of my right side, before I had swallowed it five minutes.”

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The sharpness and robustness of the satire here has two explanations. First, and unquestionably, Jane was wearied by the ludicrous malinger-ing of her mother, more especially in the context in which she was writing *Sanditon*, between January 27 and March 18, 1817 when her own mortal illness was already far advanced. She was mocking, not only the painful pretensions of her mother and other hypochondriacs as juxtaposed to the reactions of real patients to real illness, but she was also mocking illness and death itself.

Finally, we must consider the novelist's technique, or rather a limitation on it, in Jane Austen's fictional management of illness and death. Illness in her novels was almost always mysterious, and death safely in the remote past or in the vague future,—not, as is often supposed, because illness and death are far too improper subjects for a well-bred novelist to discuss, but because the novels are about life, and its end or antithesis could have no coherent place in them. Indeed, several of the novels, had to be altered or, as in the case of *The Watsons*, came to an untimely end because the author could not find a way around an illness or an oncoming death. We know, too, that Jane Austen herself was especially sensitive to the illness and death of others in her circle and that these onsets in the early years of her career influenced her writing. It was as though the last important test of adulthood—experiencing through the death of a parent the end of childhood—was avoided as much as possible. In the light of these considerations, it is especially remarkable that Jane Austen so effectively and courageously defied her own approaching death and, in *Sanditon*, produced what promised to be one of the most light-hearted and yet most effectively satirical of all her works.