

# Medicine and Illness in *Sense and Sensibility*

## I. Sense and Sensibility as Physiological Ideas

By the time Austen was writing *Sense and Sensibility* (1811) there had long been a preoccupation in Britain with the ideas of sense, sensitivity, and human perception—giving rise to what we now call the culture of sensibility and intensive scientific and philosophical inquiry into the nature of human perception and pain.

The word “sense” connoted the five senses, through which one could have a rational engagement with the world; the term “sense” also connoted what we would now call “common sense.”

Sensibility, however, meant something more refined. To possess sensibility meant that one’s nervous system was more finely attuned to the outside world, but, by the same token, more susceptible to agitation and infirmity. This mode of being was one available primarily to upper-class women—but sometimes also their male counterparts—who had enough disposable wealth and leisure time to manage their bodily interactions with the world.

**Takeaway:** Elinor’s “sense” and Marianne’s “sensibility” are qualities of mind and body that affect these characters’ perception and speech.

Further Reading: *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* by J. G. Barker-Benfield

## II. Sensibility and Indoor Comfort

Managing one’s sensitivity to the outside world evolved considerably during the eighteenth-century with the invention of indoor comfort. New gadgets such as umbrellas and bathing machines—and improvements on older technologies like windows, doors, and roofs—made warmth, dryness, and comfort increasing available to those who could afford it. This is why Marianne Dashwood’s interest in cultivating her sensibility is coupled to her aspirations of upward social mobility.

**Takeaway:** The advances in indoor climate control revolutionized British society, whose normal community rhythms had, until this time, been dictated almost absolutely by the seasons and the weather.

Further Reading: *British Weather and the Climate of Enlightenment* by Jan Golinski

## III. Physiology in the Novel of Sensibility

A critical element of this culture of refinement was the novel of sensibility, which offered its readers—usually women of some affluence—a morally acceptable and physically safe way to engage the perils of the world beyond indoor comfort. One of the most famous of these was Samuel Richardson’s *Clarissa* (1748)—which Austen of course knew—in which Richardson’s heroine, Clarissa Harlowe, is kidnapped by Robert Lovelace, imprisoned in a brothel, drugged, and raped; she becomes ill and ultimately dies.

**Takeaway:** The novel of sensibility had important physiological dimensions in addition to moral and aesthetic ones.

Further Reading: *Jane Austen and the Body* by John Wiltshire

#### IV. Heroines of Sensibility: Crazy Kate, Crazy Jane, and Ophelia

In British folk traditions and the visual arts, this trope—of a moral woman’s physiological decline—was represented in the figures of Crazy Jane and Crazy Kate—beautiful young women who are disappointed in love, abandoned by would-be husbands (usually a rogue named Henry), and, often pregnant outside of wedlock, forced out onto the moors, where they are exposed to the weather as well as sexual or physical violence. Austen uses this trope of exposure to structure *Sense and Sensibility*.



*Crazy Kate*, Henry Fuseli  
1806-07



*Crazy Kate*, George Shephard  
1815



*Crazy Kate*, William James Bishop  
1837

These figures—Clarissa Harlowe, Crazy Jane, Crazy Kate, and to a much lesser degree, Marianne Dashwood—all were based on Shakespeare’s Ophelia, who suffers debilitating grief and mental instability following Hamlet’s abandonment. We can see in many portrayals of Ophelia in visual art the trope of her exposure to the outside world, which becomes absolute when she drowns herself.

Further Reading: *The Female Malady* by Elaine Showalter

#### V. Exposure

In an era before germ theory, all of these stories provided a powerful cultural narrative of female illness: without proper male or family protection, a woman could be dangerously **exposed** to the outside world—either to bad weather or to the sexual advances of men. This kind of exposure compromised women’s social position and physical health in a variety of ways.

Exposure to the weather was believed to cause common illnesses—like colds; we still have a version of this thinking today in our grandmother’s warnings that we’ll become sick if we get cold or wet. In an age before antibiotics or basic analgesics, however, minor illnesses could become serious medical problems, such as the fever that nearly kills Marianne. A severe illness in youth was believed in many cases permanently to damage a woman’s health. And—with a body compromised for the office of childbearing, such a woman might not be able to marry well—or at all.

Even more serious was sexual exposure: in an age before reliable birth control, unsanctioned sex could mean pregnancy outside of wedlock, which was socially unacceptable because it could produce illegal heirs to a family’s estate and medically dangerous because of the enormous problems of nineteenth-century obstetrics, most infamously childbed fever, which was probably caused in most cases by physicians and midwives who, without washing their hands, delivered women of their babies and introduced the fatal infection.

Women, however, were not the only people to suffer from exposure. Those who traveled to subtropical climates in the British imperial project often became invalidated by diseases endemic to those regions, reinforcing the idea that exposure to harsh outside conditions caused people to become ill. (Think of Colonel Brandon’s rheumatism, which is linked to his time in India.) This part of the world was known

as the torrid zone, signaling both the extreme heat of the climate and sexual impropriety, as in a “torrid” love affair. Of course, we know today the reality that British service members were coming into contact with pathogens to which they had no immunity, just as they were introducing abroad new diseases to which native peoples likewise had no immunity.

**Takeaway:** “Exposure”—to bad weather, bad men, and bad climates—was thought to be the cause of illness.

Further Reading: *Romanticism and Colonial Disease* by Alan Bewell; *In Sickness and In Health* by Roy and Dorothy Porter

## VI. Medical Men

When illness befell these Britons—as so often it did—they did have the option of turning to medicine—but their medicine was nothing like the medicine we think of today, with its standards, its regulations, and its scientific approach. British medicine was not broadly standardized until 1815, four years after *Sense and Sensibility*, when Parliament passed a law called The Apothecaries Act in an attempt to define different areas of medicine and establish standards for medical education and practice.

Physicians were the most respected category of medical practitioner. After the Apothecaries Act of 1815, physicians had to obtain a university certification (requiring medical rounds at a hospital)—but before this a physician might inherit his practice from a relative or even purchase his medical degree.

Apothecaries—the second category—represented the largest group of medical practitioners, who were responsible for advising on medical questions and dispensing herbal and chemical treatments. Before the Apothecaries Act of 1815, apothecaries ranged from well-trusted community medical men to quack doctors posing as well-educated physicians—a problem that the new law was meant to correct. Recall that Marianne Dashwood is in the care of an apothecary, Mr. Harris—certainly a respectable caretaker for someone of Marianne’s station—but a man whose middling social position nevertheless indicates that Marianne’s aspirations of social ascendancy may be limited: she is not, after all, seen by a physician.

Surgeons were the third and, socially, the lowest category of medical practitioner, winning much less prestige than surgeons of today—namely because surgery was rudimentary at best and usually only successful when the complaint was minor. Surgeons therefore attended small afflictions such as boils, blisters, and badly ingrown hairs—a vestige of their medieval and early modern associations with barbers.

**Takeaway:** In Austen’s novels medical men—and who can or cannot hire them—are a much clearer indicator of social class than they are of facility in medical practice.

Further Reading: *Medical Care and the General Practitioner: 1750-1850* by Irvine Loudon; *Blood and Guts: A Short History of Medicine* by Roy Porter