Conspectus Borealis

Volume 1 | Issue 1 Article 7

2016

"Do No Harm": An Exploration of Medicine in William Shakespeare's Writings and Modern Filmic Adaptations

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The field of medicine is both dynamic and constantly evolving, and has intrigued scholars for centuries. Medicine's archaic roots can be traced as far back as humanity's earliest civilizations. However, it was not until the ancient Greek era that medicine as it is known today began to take shape. Hippocrates, a philosopher credited as the "father of medicine", once remarked, "healing is a matter of time, but it is sometimes also a matter of opportunity" (Yapijakis). Many ancient healers could not treat their patients as effectively because the therapeutic remedies of their era were lacking. Over time, however, the amount of medical knowledge has increased exponentially. It is only within the past two hundred years that people identified and treated many of the medical mysteries that plagued humanity for centuries. The earliest roots of medicine as an observable science began during the Italian Renaissance, when great thinkers such as Leonardo Da Vinci examined the anatomy of cadavers in an attempt to create more realistic artwork. Throughout this time period, many people made notable advances, primarily in the arts and humanities. Yet, a few of these discoveries indirectly led to influential innovations in the sciences. Although the Renaissance period contributed several notable developments to the field of medicine, the understanding of the human body and its functions was still very different from what it is today.

At the time of William Shakespeare's birth in 1564, nearly two hundred years after the beginning of the Italian Renaissance, Hippocratic humoral teachings formed the basis of medical knowledge. In fact, it was not until 1665 that Robert Hooke first described the smallest living organisms which he dubbed 'cells.' These tiny structures would become the foundation for all future medical and biological studies. Prior to Hooke's discovery, however, two of Shakespeare's contemporaries published noteworthy contributions that greatly influenced medicine. Robert Burton first distributed *The Anatomy of Melancholy* in 1621. This volume was

one of the first to offer an explanation for chronic depression and mental illness. Burton believed that an accumulation of substances known as humors were responsible for various maladies. Seven years later, in 1628, William Harvey published his book *On the Motion of the Heart and Blood in Animals*. Harvey's work was the first to describe how the circulatory system worked, dispelling misconceptions that the heart was the seat of consciousness. Needless to say, Shakespeare's knowledge of medicine was extremely different than the modern scientific understanding.

Throughout Shakespeare's numerous works, there are many instances in which the medical knowledge of the time period has a direct correlation to the actions and mannerisms of various characters throughout the plays. As previously mentioned, the current comprehension of medicine and disease is dramatically different from that of the late sixteenth to early seventeenth centuries. Many diseases, especially numerous mental disorders which are commonplace and known today, were unknown. This essay examines how Shakespeare's portrayal of characters directly reflected the commonly held medical beliefs of the time period. Additionally, this essay explores the connection between this knowledge (or lack thereof) and the diagnosis and treatment of maladies within several of Shakespeare's productions.

During the medieval time period, a great deal of knowledge about treating disease was archaic. As it was rare for commoners to be educated enough to read, many monasteries across Europe housed these teachings. An article published in the *South African Medical Journal* entitled "Herbs and Drugs in Monastic Gardens" states:

> The Benedictine monasteries… became the repository of important traditions in medicine and surgery, and their scriptorium or writing rooms preserved many of the old Greek medical writings from perishing from the face of the earth in the

> midst of contemporary neglect of the intellectual life during the invasion of the barbarians in the early Middle Ages. (69)

It should be no surprise that monks were some of the most qualified professionals to treat disease during the middle ages. According to the same article, "[k]nowledge of herbs and drugs became soon an important part of Monastic Medicine" (69). Some of these monks took their knowledge of traditional medical teachings and combined it with their familiarity with gardening. Doing so allowed them to cultivate and study the curative properties of various herbal remedies and better treat their patients.

In William Shakespeare's famous play *Romeo and Juliet*, Shakespeare introduces the audience to Friar Lawrence, a monk at the local monastery. Prior to young Romeo Montague and the Friar's first meeting, the audience comes upon Lawrence tending to his garden in the monastery. It is evident that the Friar understands the power of his various herbs and their role as medicine. As he tends to his crops, Friar Lawrence states:

> Within the infant rind of this weak flower
> Poison hath residence, and medicine power,
> For this, being smelt, with that part cheers each part;
> Being tasted, slays all senses with the heart. (2.2.23-26)

The Friar's comprehension of the innate duality of the properties of this particular flower showcases the breadth of his knowledge of herbs. The fragile line between the medicinal and poisonous characteristics of this flower demonstrates the delicate nature of medicine. It is apparent that the Friar has been studying the various properties of herbs for a long while. Baz Luhrmann accentuates this fact in his adaptation *Romeo + Juliet*. Pete Postlethwaite, who portrays Friar Lawrence, drinks a remedy which he distilled from this specific flower.

Luhrmann's decision to stage the scene in this manner emphasizes the depth of the Friar's medicinal knowledge and status as a healer.

Over the course of the play *Romeo and Juliet*, Shakespeare's depiction of Friar Lawrence blends his understanding of history with the medicinal practices of the time period. Although many of the monasteries in England were shut down by the time of his birth, Shakespeare draws upon a copious amount of historical accounts to accentuate the personality and characterization of Friar Lawrence. As previously established, society renowned monks for their curative abilities throughout the middle ages. In this play, Shakespeare depicts Friar Lawrence as a caring and nurturing mentor for both Romeo Montague and Juliet Capulet. When Romeo visits the monastery, the Friar provides him with the counsel that he desperately seeks. Although the Friar's nurturing nature could be attributed to his occupation as a clergyman, it is evident throughout the numerous adaptations that it also stems from his status as a healer. Throughout their interactions, the audience can detect the underlying religious motives of the Friar as he speaks with young Montague. Yet, the Friar also exudes wisdom throughout his interactions with the play's various characters. For instance, upon his first visit to the monastery, the Friar accurately deduces Romeo's state of mind. As young Romeo greets him, the Friar speculates, "…thy earliness doth me assure/ Thou art uproused by some distemperature" (2.2.39-40). In this brief exchange, Shakespeare highlights the Friar's compassion by showcasing how deeply he cares for Romeo. It is evident that the foundation of their relationship is something greater than their commitment to God. The Friar's status as a healer and nurturer adds an additional dimension to his relationship with Romeo as he attempts to keep young Montague's best interest at heart.

Almost fifteen years after Shakespeare wrote *Romeo and Juliet*, there were still many antiquated ideas that continued to be believed as medical facts. One prevailing misconception was that females were biologically inferior to males. Up until the mid-1500s, this predominant theory about female biology dated back to the second century A.D. Galen, a Greek philosopher, wrote a discourse entitled *On the Usefulness of the Parts of the Body*. In this work, Galen states, "The female is less perfect than the male for one, principal reason because she is colder, for if among animals the warm one is the more active, a colder animal would be less perfect than a warmer" (Galen). Galen applied the ancient Greek belief that heat was the most influential factor in development. He that proposed a lack of heat was the reason why the female form was both biologically and developmentally inferior to that of the male. Up until the mid-sixteenth century, this was the pervading theory throughout the medical community.

It was not until the mid-1500s that someone first challenged this antiquated notion. As Marcel Florkin, M.D. contributes in an article in the *Encyclopedia Britannica*, Andreas Vesalius, a Belgian physician, revolutionized the field of human anatomy when he published the first series of modern anatomy books in 1543. These works, known collectively as *Fabrica*, defied many long-held beliefs about the human form, including the ancient traditions about female development. He proved that both males and females have the same number of ribs, contrary to Catholic teachings.

Additionally, Vesalius was one of the first to contest the claim that females were inverted males. In the second century, Galen had proposed that the human reproductive organs were identical, but that males exhibit external genitals due to their excess of heat. Conversely, the female's lack of heat is the reason is why her genitals are internal. Vesalius disputed this notion in *Fabrica,* by asserting that males and females have different structures entirely. Vesalius'~~s~~

work essentially disproved the long-held beliefs about feminine development and biology. Yet, many of these misconceptions propagated by Galen led to strong misogynistic overtones that would continue to influence society for years to come.

Throughout Shakespeare's exhaustive literary portfolio, there are many female characters that rebel against the minimized role that society (and medicine) had ascribed to them. The prevailing theory that the act of being feminine and weakness are synonymous emerged out of the writings of Galen and percolated into Elizabethan ideology. Naturally, Shakespeare drew upon these ideas and incorporated them into his works. Regardless of how "strong" and independent the portrayal of these female characters is, they still face a domineering male hierarchy throughout their respective plays. Characters such as Juliet Capulet in *Romeo and Juliet* and Catherine in *Henry V* find themselves as pawns in a homosocial game, traded away to further their father's respective political maneuverings. Although many of these Shakespearian women found themselves powerless to the compulsions of the males in their lives, several female characters succeed in breaking these homosocial bonds and distancing themselves from the prevailing perceptions of the feminine form.

Many of Shakespeare's comedies are lighthearted love stories that typically end in a heartwarming way. Yet, in the play *Much Ado about Nothing*, there are several instances that are more serious. Beatrice, the niece of a nobleman, must tangle with the oppressive stereotypes against women. During this time period, society dictated that females must be nurturing and maternal figures, and being anything else was unfeminine. After Hero and Claudio's marriage gets foiled and Hero is presumed to be dead, Beatrice is in an obvious state of grief. When Benedick arrives to console her, he asks if there is anything he might do to remedy the situation. In reference to what she wants done, Beatrice replies, "[i]t is a man's office…" (4.1.265). It is

later revealed that Beatrice wants Claudio killed for hurting her cousin. Beatrice believes that she could not commit such a brutal act because it is inherently unfeminine. It would be socially acceptable for a male to kill, but not an 'inferior' female. Later in the same exchange, Beatrice laments, "Oh God, that I were a man! I would eat his heart in the marketplace" (4.1.303-304). This further exemplifies the point that Beatrice would commit the task herself if it was not a 'task for a man.'

Over the course of Kenneth Branagh's film adaptation of *Much Ado about Nothing*, both Branagh, who plays Benedick, and Emma Thompson, who portrays Beatrice, accentuate these stereotypes about feminine inferiority. In the film, Beatrice and Benedick share a rather intimate moment together in a small, confined chapel. As the scene progresses however, Thompson's character becomes aggressive as she discusses what needs to be done about Claudio. The audience detects the palpable anger in Beatrice's hysteria. She wishes to avenge her cousin, yet she cannot because society perceives her as weak. In the film, Beatrice is obviously distraught by these oppressive stereotypes and desires to break free. Although Beatrice wishes for change, in neither the play nor the film does she take action and rebel against these oppressive bonds. In a different play, Shakespeare introduces the audience to another female character who takes matters into her own hands by actively distancing herself from the maternal stereotype becoming exceptionally brutal.

Throughout the play *Macbeth*, Shakespeare portrays the titular character's wife, Lady Macbeth, as a ruthless and power-hungry character who goads her husband into committing murder. Neither of these traits are stereotypically feminine, and it would be unusual for a character such as Lady Macbeth to be depicted in this manner. In his book, *Macbeth: Texts and Contexts*, William C. Carroll suggests, "[i]n *Macbeth*, the female body is represented in two

primary ways: as demonic, and as maternal; the distinction between the two collapses at key moments…" (345). One of these "key moments" occurs after Macbeth sends word of his success in battle. After Lady Macbeth reads the letter her husband sent, she proclaims:

> Come, you spirits
> That tend on mortal thoughts, unsex me here,
> And fill me from the crown to toe top-full
> of direst cruelty. (1.5.39-41)

In this soliloquy, Lady Macbeth asks that the spirits responsible for murderous thoughts to disregard her gender, and endow her with the strength to commit the treacherous acts that she and her husband proceed to perform later in the play. Lady Macbeth does not sit on her heels and simply accept these oppressive stereotypes. Rather, Lady Macbeth asks to become perhaps even more ruthless than her masculine counterparts. In the same soliloquy, she continues:

> Stop up th'access and passage to remorse,
> That no compunctions visitings of nature
> Shake my fell purpose, nor keep peace between
> Th'effect and it. (1.5.41-44)

In this particular passage, as Carroll suggests, "[b]locking the womb, for Lady Macbeth, would be blocking remorse" (348). By doing so, she further disassociates herself from the maternal stereotype. Physically averting her "visitings of nature" would prevent Lady Macbeth from being able to conceive a child, which would make her even weaker for at least nine months. Throughout the play, she continues to struggle with the feminine stereotypes that are so prevalent. Unlike Beatrice in *Much Ado about Nothing*, Lady Macbeth does not merely speak about defying these gender stereotypes, she actively rebels against them. Throughout the play,

Shakespeare's characterization of Lady Macbeth successfully dispels these labels, challenging the social and medical perceptions of gender.

In addition to the clear influence that medical knowledge had upon how Shakespeare chose to portray many of his characters, there is also a definite link to how this information (or rather, lack of) influenced the diagnosis and treatment of various disorders throughout his works. As discussed previously, many of the mental disorders known about today had yet to even be identified in seventeenth century Elizabethan England. This should come as no surprise, as the prevailing idea of the time period regarding cognitive psychology stated that the heart was the seat of consciousness. In the sixteenth and seventeenth centuries, many physicians still ascribed to the theory that an accumulation of substances known as humors were the primary cause of disease. Accompanying these antiquated notions about the causes of various illnesses were outdated views about how to cure patients of their ailments. One example of such archaic treatments was the act of bloodletting, which supposedly returned the body's humoral balance to normal. This belief persisted for another several hundred years before empirical scientific evidence made these more traditional beliefs obsolete.

Additionally, many of the tactics physicians used to treat their patients during Shakespeare's time period were not nearly as 'real-world' as one might expect. As evidenced throughout several of Shakespeare's works, the art of healing and belief in the divine overlapped to a great extent. It seems that at the time the role of physician and priest went almost hand in hand. In the play *Macbeth*, the intertwining of the physical and the divine is, in regards to the treatment of patients, fully illustrated. Near the end of the play, after the Macbeths have committed their heinous acts, Lady Macbeth seems to suffer a snap in cognitive functioning. She enters a state of severe psychosis and begins to roam the corridors of Inverness. Lady Macbeth's

affliction deeply puzzles her doctor, who states, "[t]his disease is beyond my practice" (5.1.49). After observing the Lady's actions a little while longer, the doctor continues, "[m]ore needs she the divine than the physician./God, God forgive us all!" (5.1.64-65). Not even the doctor knows what to make of Lady Macbeth's case. Instead, he looks to the heavens in order try and help the queen of Scotland. This exchange also demonstrates how the lack of medical understanding during Shakespeare's time period influenced the therapies used to treat patients. In the case of Lady Macbeth, it is unfortunate that this lack of understanding of mental illness meant there was very little for the doctors to do but pray.

Throughout the many filmic adaptations of Macbeth, the link between the physician and the priest has been greatly emphasized. In the film *"Great Performances" Macbeth*, director Rupert Goold pays particularly close attention to the aforementioned scene. Goold punctuates his overall gritty film via an exchange between Kate Fleetwood, who plays Lady Macbeth, and Paul Shelley, who portrays the doctor. As Fleetwood's Lady Macbeth hauntingly descends deeper into her psychosis, Shelley's doctor can only watch. This becomes particularly evident when Fleetwood picks up a bottle of what appears to be corrosive acid and pours it on her hands. The horror on the doctor's and gentlewoman's face is quite evident. Yet, they know nothing they could do that would help the queen, besides pray.

This concept was even evident in a non-English adaptation of Shakespeare, known in English as *Throne of Blood*. In this film, director Akira Kurosawa's Noh-Japanese version of Lady Macbeth, named Lady Asaji, descends into a mysterious psychosis similar to her Scottish counterpart. While there are major distinctions between *Throne of Blood* and more traditional interpretations of *Macbeth*, Lady Asaji's mental break is relatively similar. In Kurowsawa depicts Lady Asaji's caretakers as confused as to how to help the queen, just as Lady Macbeth's

doctor and gentlewoman are, respectively. Eventually, they too decide that the best way to aid Lady Asaji is to do nothing. The similarities between the traditional portrayal of Shakespeare and Kurosawa's Noh-Japanese style demonstrate how extremely powerful medical influence is. Shakespeare ingrains these period-specific ideologies in his works to the point where they are not lost even when interpreted by an entirely different culture. Yet, it also illustrates the impact Shakespeare's interpretation of medical knowledge had upon his writings and how it influenced the diagnosis and treatment of illnesses throughout his plays.

Over the course of Shakespeare's extensive playwriting career, his time period's unique interpretation of medicine had a distinct effect on the content of his productions. Not only did Shakespeare utilize his understanding of medicine to better portray the characters in his plays, but he also created conflict, drove the stories, and created vivid and dynamic relationships between the characters. What seem like antiquated notions about science and medicine today, were cutting-edge and ground-breaking ideas in science at the time. Even in his earliest works, developments in anatomy, physiology, and the pathology of disease influenced what Shakespeare wrote in his plays. These themes carry through from the beginning of his career until his final opus.

It is rare to find a book, television show, or film today that does not contain at least one reference to another popular work or event. As society continues to progress, so will our literary and artistic heritage. Artists and writers will soon begin to blend these works into their own projects. This concept of incorporating new and innovative ideas is not a new one. The manner in which Shakespeare portrays medical knowledge throughout his numerous plays is tremendously similar to the way pop culture influences modern media. In fact, people made newer scientific discoveries, they seem to have had a direct influence on Shakespeare's writings. What is

intriguing about dissecting the effect medicine had upon Shakespeare's literary works is that one can compare the evolution of medicine over his lifetime and see the changes-reflected in his writings. When Shakespeare began his work, ancient theory, rather than actual observations, provided medicine with its basis. Scientific inquiry did not have the formalization of today. Near the end of Shakespeare's career, however, the field of science and medicine began to concentrate less on tradition and more on empirical data. Granted, these changes were relatively minute in such a limited time period. Nevertheless, Shakespeare's characters and plots reflected these changes over the course of his career.

While William Shakespeare passed away in 1616, the evolution of medicine and scientific discovery can be observed throughout the centuries. From the ancient Greek philosophers to modern day writers and artists, discoveries in the sciences directly inspire advances in the humanities. As scientists and physicians continue to explore the macro- and microscopic anatomy and physiology of the human body, the dynamic fields of science and medicine will continue to change. With such rapid and constant evolution, the effects of these changes will surely be witnessed in literature and the arts, and be able to be analyzed for many years to come.

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