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The Dissolving Body:
Surgery, Disease, and Drama in the Early Modern Period

by

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Abstract

This dissertation examines the ways in which the living body dissolves or disintegrates in early modern literature. I juxtapose surgical narratives with dramatic and literary texts in order to better understand the cultural significance of living bodies suffering afflictions that cause them to fall apart. Recent scholarship has outlined the depth in which studies of anatomy in the early modern period have impacted understandings of the body. My research considers the implications of anatomical scenarios (decay, dismemberment, bodily instability) as they were inflicted upon bodies that still lived. The handbooks written by early modern surgeons provide an excellent context for analyzing the ways in which diseased and disintegrating bodies were viewed and interacted with. Surgeons worked on debilitating diseases such as anal fistula and syphilis, and they were pioneers in the treatment of gunshot wounds as the frequency of firearms as a practical weapon for soldiers rose to prominence in early modern warfare. They performed extreme operations such as amputation, and demonstrated innovation and pragmatism in the advancement of their methods – something uncommon in a field dominated by the authority of the ancients. What complicated surgical operations, however, was not so much the limited medical and scientific knowledge of the period, but rather the

pervasive emphasis on bodily wholeness that permeated nearly every aspect in early modern culture. Institutionally, both the church and the state were represented as bodies that depended on their "members" to perform as dutiful citizens or parishioners. The body of Jesus, considered to be the icon of corporeal perfection, was figured as maintaining bodily wholeness despite the severe circumstances of the Passion and crucifixion. My work details the ways in which surgeons negotiated this culture of wholeness as they wrote about treatments that left patients fragmented or incomplete.

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Contents

Introduction: Dissolving Bodies

> *Dissolve, v. To loosen or put asunder the parts of; to reduce to its formative elements; to destroy the physical integrity; to disintegrate, decompose*. (OED)

Surgery is clearly different now than in the early modern period. Technological and scientific advances have reshaped the way that we understand medicine. However, the reasons for surgery, indeed the purposes of surgery, have changed to a surprising extent since the early modern period. Today we perform surgery to obtain a biopsy, to remove diseased tissue or organs, to transplant whole organs, and even to "improve" our appearance. Surgery can involve anything from a lifesaving tumor removal, to a cosmetic procedure. Though contemporary surgery covers a variety of operations it is still a narrowly focused profession in the sense that most of its procedures are only enacted by a specialist after a diagnosis has been made by another party. Early modern surgeons had more range. They still treated diseases and conditions that required operations, but were also responsible for treating any illness that was visible on the skin. In many cases surgeons were the first medical professionals to consult with a patient even though sickness and internal pains were

considered to be the domain of physicians. Early modern surgery was about preserving or retaining the aesthetic unity of the body. Surgeons treated injuries and illnesses that threatened corporeal integrity. They stitched up wounds so that bodies would not leak blood, patched up ulcers that wept puss and infection, removed foreign objects that had infected the body' interior, and treated fistulas that would otherwise create porous layers in flesh where inner matter could escape. The purpose of the early modern surgeon, then, was to prevent the body from dissolving.

This study presents a nuanced cultural history of the early modern body by examining the fragility of corporeality through a mixture of surgical texts, literature, and religious writings. As literature and surgical manuals suggest, the early modern period was rife with threats that could cause a body to dissolve. There was always a risk of contracting certain diseases that afflicted the flesh. These diseases manifested themselves visually on the body in the form of large pustules, ulcers, and sometimes gangrene. The bubonic plague was still threatening the populace to the extent that major gathering centres, such as the theatre, would be shut down for quarantine. Physical wounds threatened the integrity of the body. Falling from a ladder or a horse could result in broken bones and infection that might eventually require amputation. The wounds of warfare included cuts,

burns, bludgeons, and piercings that left soldiers maimed and disfigured. Poor diet alone could cause deformity. Indeed, if surgical manuals are to be believed, the high number of disfiguring ailments and wounds suggests a cultural anxiety that existed between the importance of bodily wholeness and the threat of bodily dissolution.

In the chapters that follow, I trace the ways that surgeons looked at the body by analyzing the writing found in early modern surgical manuals alongside, primarily, literary texts. These surgeons approach the body not as learned authorities explaining its intricacies and inner workings, but as craftsmen attempting to repair and restore a broken or dissolving body back to an idealized form. My dissertation examines surgical manuals published in England between the middle of the sixteenth century until the middle of the seventeenth century. Though some of the surgery manuals are published in translation, they were all circulated among surgeons, generating a peer-review style conversation about their work. The surgery manuals' circulation is evident in the ways that surgical writings often refer back to other surgical writings, demonstrating the influence surgeons had on one another. The nature of surgical writing as conversational situates it as a more empirical form of writing and medicine than physic, which involved a more typically humanistic approach.

Surgeons today are among the most respected and highest paid medical professionals, but this was not the case in the early modern period. While in Italy and Spain surgery was taught in universities, there were no such sources of higher education learning for surgeons in England. The typical English surgeon working between the years of 1500 and 1700 was a meager craftsman. He would have been trained through apprenticeship and organized by local guilds. He would find employment with an army on campaign, on naval or merchant ships, or in towns, treating fractures from falls, burns, skin conditions, and a vast array of wounds. The income a surgeon received in his time was significantly less than that of a physician. Nor was a surgeon's work as respected or prestigious within the medical community. The few surgeons who wrote about their craft did so in the vernacular, not in Latin. As a result, physicians dominated the medical marketplace. Their cures were more in line with the revival of medicine from antiquity. They were university educated, literate, and well-versed in Latin. Physicians controlled major medical procedures in large city centres such as London, where they earned a fortune off the patients who could actually afford their services. Physic benefited from the Renaissance of Greek medicine that validated their craft.

There was no surgical Renaissance, as there was in physic and even medical botany, but this was not necessarily a bad thing. While

physic maintained itself within a framework provided by the humanist revival of ancient medicine, surgery pushed forward as more practical, more progressive form of medicine than perhaps any other branch in the period. Indeed, it was the surgeon's lack of Latin that helped vernacularize medical writing and teaching. In 1546, humanist physician John Caius began giving anatomy lectures in English to apprentices at the London Barber surgeons company (Conrad 296). As the century progressed, the trend of writing and teaching in the vernacular became commonplace amongst surgeons, leading to many volumes of surgery being published where surgeons would share their experiences instead of rehashing lectures by Galen or Hippocrates. Surgeons still followed some of the rules of Galenic medicine. Humoral theory dictated the terms of treatment post-operation. After undergoing a procedure patients would sometimes lodge with surgeons so that their diet and temperature could be monitored on a daily basis. But as the early modern period progressed the operations themselves became increasingly divorced from old styles of healing. Most surgical procedures were a first-response style of treatment. An incident would happen that would require attention, and the surgery was performed immediately. There was little time for surgeons to consider the state of the patient's body in the way that humoral remedies demanded. Surgery required a focused response that looked not at the patient as a

whole, but at the wound itself. Progress in surgery, then, came from shared experiences between surgeons to further the techniques of wound treatment.

While in retrospect we see early modern surgery as progressive because of its separation from Renaissance humanism, surgeons who published struggled to legitimate their craft publically without the backing of classical authority. The paratext of surgical manuals demonstrates an attempt by surgeons to relate to classical figures such as Galen, whose anatomical knowledge derived in part from performing military surgery, and Hippocrates. However, attempting to establish an ancient authority for their craft was difficult; not only were these figures already noted as physicians foremost and surgeons second, but also many of the wounds surgeons wrote about were unique to the early modern period. This was the case with wounds by gunshot, which was a popular topic in surgical manuals. As a result, surgeons emphasized the religious nature of their treatment more than physicians did. Surgeons blended religious piety and divine intervention with the surgical process. Though surgeons treated wounds, God ultimately cured them, and prayer was an integral part of severe procedures such as amputation.

Though early modern bodies and medicine have been academic topics for decades now, there has yet to be a study that provides a

nuanced, close-reading critique of surgical writing detailing the relationship between surgeons and the bodies on which they worked. Moreover, though literary critics have occasionally cited surgical manuals for context, there are no major works that compare literary texts to surgical texts in any great depth. Historians have detailed the history of surgery as a profession, outlining the nature of guilds, the role of the surgeon within the Renaissance medical marketplace, and the evolution of surgical technique. Nancy Siraisi has devoted an entire chapter of her *Medieval & Early Renaissance Medicine* to surgeons and surgery where she examines the intellectual and professional development of surgery. Siraisi argues that the surgeons' position as craftsmen meant that professional growth could only come "in the context of a successfully transmitted craft tradition of simple surgical techniques and of widespread demand for and appreciation of at least some forms of surgical intervention" (154). Siraisi differentiates surgeons from physicians through the contrast of practical surgery and "bookish" medicine. She concludes that "success in actually carrying out the surgical procedures depended chiefly on manual adeptness, good judgment, practice, and luck, none of which books could provide" (186). Lois N. Magner has written on the impact of surgical innovation in the Renaissance, specifically that of Ambroise Paré. She contrasts the ignorance of Physicians, whose reliance on older, outdated medical

theory caused them to "maintain the illusion of infallibility of the rules and principles of medicine, while blaming failures on errors made by patients and apothecaries" (213), with the innovation of Paré who learned by experience and experimentation on the battlefield.[1] Both Andrew Wear and Lucinda M. Beier have made note of the role of surgery at the local level. Though in major cities professional surgeons were abundant, the countryside population was sometimes left to fend for itself. Thus local women who applied herbal remedies in rural communities also doubled as bone-setters and learned how to provide sutures.

While early modern surgery has been referenced in literary studies, its presence is often secondary to a larger subject as opposed to being a central element of research. Patricia Cahill makes use of the wound-man image (which I discuss at length in my first chapter) to contextualize the lame protagonist of *A Larum for London.* Todd Pettigrew, in his book *Shakespeare and the Practice of Physic*, makes reference to surgeons in drama but as an aside to a larger conversation about physic. More recently Maik Goth has analyzed the presence of surgical terms in violent early modern drama in his article "'Killing, Hewing, Stabbing, Dagger-drawing, Fighting, Butchery': Skin Penetration in Renaissance Tragedy and Its Bearing on Dramatic

[1] Paré's battlefield adaptations are frequently reiterated in many larger encompassing medical history texts such as John Wright's *A History of War Surgery*.

Theory." Goth's work views medicine broadly, not merely focusing on surgery but also including tracts of physic as well in order to discuss skin penetration on the early modern stage. His reference to surgery, however, is more focused on the specific surgical tools and terminology than on the writing of any particular surgeon. Early modern medical fields such as physic,[2] anatomy,[3] and midwifery[4] have all been usefully and insightfully analyzed in relation to contemporary literary work; my hope here is to do much the same for surgery.

Early modern surgery is an important and ripe area of cultural study precisely because surgical interaction with the body was unique for the period. Surgery was a medical practice designed to cure afflictions through cutting up bodies. It combined the curative properties we would expect from a medical practice, with the type of corporeal inquiry normally reserved for anatomists. Many surgical operations would have been frantic and bloody. The bodies that they

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[2] See, for example, Moss, Stephanie, and Peterson, Kaara L. eds. *Disease, Diagnosis, and Cure on the Early Modern Stage*. Aldershot: Ashgate, 2004.; Noble, Louise. *Medicinal Cannibalism in Early Modern English Literature and Culture*. New York: Palgrave Macmillan, 2011.; Paster, Gail Kern. *Humoring the Body: Emotions and Shakespearean Stage*. Chicago: U of Chicago P, 2004.

[3] See, for example, Cregan, Kate Turnhout. *The Theatre of the Body: Staging Death and Embodying Life in Early-Modern London.* Belgium: Brespols, 2009.; Sawday, Jonathan. *The Early Modern Body Emblazoned: Dissection and the Human Body in Renaissance Culture.* London: Routledge,1995.; Sugg, Richard. *Murder After Death: Literature and Anatomy in Early Modern England*. Ithaca: Cornell University Press, 2007.

[4] Literary scholars have paid careful attention to the writing of Jane Sharp. See, for example, Bicks, Caroline. "Stones Like Women's Paps: Revising Gender in Jane Sharp's Midwives Book." *Journal for Early Modern Cultural Studies*. 7.2 (2007):1-27., and Elaine Hobby's critical edition of Jane Sharp's *The Midwives Book: Or the Whole Art of Midwifery Discovered.*

worked on would often have been teetering between life and death. Moreover, surgical writing revealed a dissonance between the imagined body that surgeons idealize through religious and devotional language, and the real, physical body of patients who actually went under the knife. The rhetoric of the body that surgeons embraced was at once both a necessary function of medical writing, but also a hindrance to descriptions of actual surgical procedures that required a direct and literal description of the body. As a result surgeons would have to cut through their own rhetoric in order to explain their operations.

Other medical professions wrote about their interactions with the body, but their experiences were different from surgeons in that they worked with a greater distance from their patients. Surgeons were known for working with their hands, physically touching their patients to make them well. Physicians operated at a distance. John Donne described his physician as an "observer." He concluded that the relationship between patient and doctor was one of mutual observation and analysis: "I observe the physician with the same diligence as he the disease; I see he fears, and I fear with him" (*Devotions* 35). Physicians would focus on the body as a whole in order to discover the reality of a disease or an affliction that has infected the patient. For those medical professions medical treatment was about discovery and

analysis. The bodies they worked on, as Donne put it, were "their map" (xxxiii). Surgery required less analysis or contemplation as the wound was apparent on the skin. The surgeon's interaction with the body, then, was based more on being able to treat something apparent than being able to uncover an otherwise mysterious ailment.

This dissertation traces the dissolving body as an obstacle for surgeons. Their task was not only to prevent bodies from falling apart, but to also uphold the socially reinforced myth of bodily stability and bodily wholeness that permeated religious, and political writing. Perhaps, in the heat of the moment on a battlefield somewhere, performing actual surgery could be done pragmatically and without a second thought about the state of the body. However, it was impossible to write just about cutting into the body. Surgeons had to write about restoring the body as well.

I use the phrase "dissolving bodies" to encapsulate the theme of this dissertation because the phrase reflects both a state of bodily disintegration that was frequently represented both physically and metaphorically in early modern literature and surgical writing, and also the struggle for bodily wholeness that surgeons sought to maintain. Indeed, surgeons described their work as a contest against corporeal dissolution towards the eventual reunion of the body. Seventeenth-century surgeon Charles Gabriel Le Clerc asserted that

surgical operations were primarily an act of "*Synthesis*, whereby the divided Parts are re-united" (v B2). While most bodies present themselves as complete and wholly formed, the duration of mortality is nevertheless a path towards the corporeal decomposition and final dissolution of death. However, as documented through the lists of diseases and injuries in surgical manuals, bodily dissolution could occur well before death.

The word dissolve is fitting because, as the OED definition at the beginning of this introduction suggests, it can refer to both decomposition and complete separation, terms that describe the afflictions treated through surgery. Indeed, the three chapters dedicated to surgical procedures (patching wounds, performing amputation, and curing anal fistula) are all indicative of corporeal dissolution. Wounds, the most common subject of surgical operation, represented a breach in bodily union. Wounds not only represent dissolution of the body's external form, but also leak blood. Some more serious wounds or afflictions called for amputation, an operation that prevented decomposition and death through the dissolution of the body and the afflicted part. By willingly dismembering the body, even to preserve life, surgeons frustrated their own goal of maintaining bodily wholeness. The dreaded anal fistula frustrated a sense of wholeness by promoting dissolution from the inside out. Its symptoms included large

holes forming in the buttocks that would continually leak fluid that, left untreated, could result in the patient's death. The phrase "dissolving bodies" not only reflects the literal state of the body under surgical conditions, but also, as the dissertation argues, reflects the literary and metaphorical constructions of the body found in the plays and poetry of the period as well as in the texts of surgical writing. Wounds become mouths that speak; dismembered bodies become the fragmented figures of Jesus; surgical treatment for anal fistula becomes a metaphorical treatment for an entire kingdom.

My methodology, then, involves placing surgical texts in conversation with literary texts, specifically drama. This conversation is plausible and productive because, I argue, both surgical texts and literary texts suggest anxieties concerning the relationship between bodily wholeness and bodily dissolution. I read surgery manuals both as primary documents that establish a historical context, and as literary texts that indirectly yield cultural meanings regarding the dissolution and resolution of bodies on which surgeons worked. The moments of friction that occur in surgical texts when didactic writing shifts to narrative form reveal surgeons' anxieties over bodily wholeness. In these moments of anxieties surgeons used the language of Christianity, indicating a doctrinal authority in relation to corporeality. Conversely, I read literary texts within a surgical context.

Much as I examine religious themes in surgical writing, I utilize late medieval drama and literature to establish a religious connection between the body of Jesus and the wounded bodies on stage. I also analyze the presence of specific wounds and ailments found in literature that would have been treated by surgery arguing that these literary surgical conditions participate in a discourse with surgical descriptions of the same afflictions. For example, in second chapter I align the "wounds that speak" in early modern drama with the unnaturalness of a wounded body as described by surgeons. Both literary and surgical descriptions of bodily dissolution combine to generate culturally informed meanings that relate the reality of the dissolving body in opposition to the religiously informed surgical ideal of resolving bodies back to godly wholeness.

Though I comment on a variety of literary forms, my dissertation focuses heavily on drama because of the visual dimensions and corporeal properties of theatre. The audience's visual relationship to the visceral properties of wounded, disfigured, and dismembered bodies on stage closely relates with the bodies that surgeons worked on and described in their manuals in that the bodies in both instances are both literal and representative. Unlike poetry or prose, drama provides literal bodies with which to represent fictional wounds. Surgery, too, takes on the properties of theatre. Surgery is a performance, complete

with specific and defined roles (both surgeon and patient), an expected script, and intense drama, sometimes played out before an audience, on battlefields as well as in homes. Indeed, spectators observing surgery, like audiences watching a play, take on a voyeuristic role in relation to the intense and private interaction between a surgeon and a patient. Furthermore, surgery, as indicated by the language and rhetoric deployed in surgical manuals, is also a spectacle where wounded bodies take on cultural meanings beyond their literal representation. Thus, as I demonstrate in my fourth chapter, we can read a play such as *All's Well that Ends Well* within a specifically surgical context.

In literature bodily dissolution was represented both in a literal sense such as in dismemberment on stage or in descriptions of disease in poetry or prose, and also in a metaphorical, sometimes meditative, sense that often related to doctrinal ideas concerning corporeal integrity. Frequently, however, dissolution in literature reflected back on the same themes that surgeons discussed, regardless of the literary representation: a fear of the process of bodily dissolution, and a longing for bodily resolution. For example, a paradoxical fantasy of corporeal dissolution in order to achieve a resolution was apparent in early modern drama. Corporeal dissolution was invoked both literally, depicting actual decaying and dismembered bodies, and also

figuratively, describing metaphorical dissolution where one might escape the torments of the flesh. Hamlet, for example, wanted to dissolve. In the opening lines of his first monologue, he laments, "O, that this too, too sullied flesh would melt, / Thaw, and resolve itself into a dew" (1.2.133-34).[5] The monologue demonstrates Hamlet's first thoughts of suicide, as well as the reminder that God has forbidden "self-slaughter" (1.1.135). For Hamlet, a dissolving body would provide the means to elude the realities of living with his father's death as well as his uncle's marriage to his mother, while also avoiding damnation in the eyes of God. In Hamlet's imagination the process of dissolving would be a clean and easy escape. Shakespeare's inspiration for Hamlet's fantasy of dissolution may have come from Marlowe's Faustus who also evoked the idea of evaporation. In Faustus' final moments he pleads to the heavens:

> You stars that reigned at my nativity,
> Whose influence hath allotted death and hell,
> Now draw up Faustus like a foggy mist
> Into the entrails of yon labouring cloud,
> That when you vomit forth into the air
> My limbs may issue from your smoky mouths,
> So that my soul may but ascend to heaven. (5.2.167-73)

[5] All Shakespeare quotations are taken from *The Norton Shakespeare*.

Faustus begs to dissolve into a mist so that he might escape his damned body and avoid the corporal punishments of hell. For him, as for Hamlet, a corporeal dissolution is the solution to an earthly dilemma. Of course, neither Hamlet nor Faustus gets his wish but instead experiences corporeal dissolution: Hamlet dies after his bodily continuity is breached and he is stabbed with a poisoned blade; Faustus is literally torn apart by devils.

John Donne was deeply concerned with bodily decay. Donne's poetry frequently repeats the theme of bodily decay after death as well as the hope for corporeal resolution after the resurrection of the dead. In both "The Funeral" and "The Relic" Donne uses a lock of his lover's hair as an assurance for the return of his physical body. In "The Funeral" the lock of hair acts as his body's protector, a "Viceroy" which will "keep these limbs, her provinces, from dissolution" (8). Though "The Funeral" begins with a seemingly sentimental gesture, it quickly turns into a bitter poem noting that the hair was given to him so that he might "know my pain, / As prisoners then are manacled, when they're condemn'd to die" (15-16), and he has it attached to his dead body as a form of repayment: "That since you would have none of me / I bury some of you" (24). Nevertheless, the poem reflects on Donne's desire to avoid bodily dissolution after death. Similarly, in "The Relic" Donne writes of "A bracelet of bright hair about the bone" (6) that

might bring two souls together on judgment day. Donne dreams of corporeal resolution on judgment day where his soul will return to his now resolved body. The hair that links him to his lover assures their meeting, even if it is only for "a little stay" (11). Donne's later reference in the poem to he and his lover becoming relics after being dug up in a different time relates to the Catholic belief of incorruptibility, a body that would never dissolve. The idea of dissolved and re-compacted bodies is also evident in Donne's poem "A Valediction of my Name, In the Window." Once again, Donne writes of leaving behind a relic of himself that might somehow bring about a future reunion, by carving his name onto his mistress's window. Through his mistress's meditation on his name Donne hopes his physical body will regain its form. In stanza four Donne writes of his "ragged bony name" as his "ruinous anatomy" (23-24) whose resolution occurs once "all my souls be / Emparadised in you" (25-26). Donne writes of his body as a house being reconstructed by his soul's union with his mistress: "The rafters of my body, bone / Being still with you, the muscle, sinew, and vein / Which tile this house, will come again" (28-30). In the sixth stanza he writes of "my return repair / And recompact my scatter'd body…" (31-32). Donne's fear is that the dissolution of the body equals the dissolution of love. It is not enough for his name scratched on the window to leave behind a mere memory of who he was; there must also

be a physical reconstruction. For Donne, then, identity depends upon a union of the soul and a composed body.

While Hamlet and Faustus fantasized of dissolution as an escape, and John Donne fretted over the resolution of his corrupted corpse, John Milton's *Paradise Lost* captured a more extreme example of what it meant for a body to dissolve before death. Adam's vision of those who suffer from "ungoverned appetite" shows

> Numbers of all diseased, all maladies
> Of ghastly spasm, or racking torture, qualms
> Of heart-sick agony, all feverous kinds,
> Convulsions, epilepsies, fierce catarrhs,
> Intestine stone and ulcer, colic pangs,
> Demoniac frenzy, moping melancholy
> And moon-struck madness, pining atrophy,
> Marasmus, and wide-wasting pestilence,
> Dropsies, and asthmas, and joint-racking rheums. (PL.XI.480-488)[6]

For many, as Milton describes it, the end of life is spent in a painful, dissolving body. Adam described the bodies as "deformed" images of God. Though Michael points out that they have not disfigured God's

[6] A similar moment of disease-listing occurs in Shakespeare's *Troilus and Cressida*: "Now the rotten disease of the south, guts-griping, ruptures, catarrhs, loads of gravel in the back, lethargies, cold palsies, raw eyes, dirt-ridden livers, wheezing lungs, bladder full of imposthume, sciaticas, lime-kilns in the palm, incurable bone ache...and take against such preposterous discoveries!" (5.1.17-21).

image, but their own (or else God's image through their own actions), and that all this can be avoided "if thou well observe / The rule of not too much" (PL.XI.530-531), many suffered from the diseases listed in Adam's description. Indeed, medical practitioners in the early modern period would have been very familiar with the effects of "Dropsies" (now referred to as Edema, but commonly referred to as Dropsy or Hydropsy in the early modern period) which causes areas beneath the skin to fill with fluid, or with intestine stones that needed to be cut out from the body, and ulcers that came in various forms throughout the period, all of which represented a gaping wound in a bodily membrane, whether internal or external. Adam witnessed people experiencing the pain of death (joints stiffening, skin breaching in ulcerous wounds like decomposition) while their bodies were still alive. Thus, as Adam could see, "And over them triumphant Death his dart / Shook, but delayed to strike, though oft invoked / With vows, as their chief good, and final hope" (PL.XI.491-493). Death's delayed strike promotes further suffering from those who are already praying for an end. For the sufferers in Milton, it is better to die than to dissolve.

These literary examples of bodily dissolution and resolution, examples that present bodies both metaphorically and literally, can be compared to narratives of disease treatment found in surgery. In the case of extreme illnesses that threatened bodily integrity, surgeons

frequently turned to narrative in order to resolve the threat of dissolution and promote wholeness both in terms of the patient's body and their day to day life following the procedure. For example, when surgeons wrote about treating syphilis they made a conscious effort to pardon the patient that they treated. Surgeons would often not only give didactic instructions for how to treat a disease like syphilis but instead devote most of their time and textual space to a moralizing narrative that described how the patient came to be infected, and what happened after they were cured. This is true in the case of a narrative written by Ambroise Paré, who gives little detail about the actual treatment of syphilis but instead moralizes the disease in a narrative about an infected family:

> A certain very good Citizen of this Citie of Paris granted to his wife being a very chaste woman, that conditionally shee should nurse her own child of which shee was lately delivered, shee should have a nurse in the house to ease her of some part of the labour: by ill hap, the nurse they tooke was troubled with this disease; wherefore shee presently infected the childe, the childe the mother, the mother her husband, and hee two of his children who frequently accompanied him at bed and board, being ignorant of that malignity wherewith hee was inwardly tainted. In the meane while the mother when shee observed that her

> nurse childe came not forward, but cryed almost perpetually, shee asked my counsell to tell her the cause of the disease; which was not hard to bee done, for the whole body thereof was replenished with venereall scabs and pustles, the hired nurses and the mothers nipples were eaten in with virulent ulcers; also the fathers, and the two other childrens bodies, whereof the one was three, the other four yeares old, were troubled with the like pustles and scabs. I told them that they had all the *Lues venerea*, which tooke its originall and first offspring by maligne contagion from the hired nurse. I had them in cure, and by Gods help healed them all, except the sucking child, which died in the cure. But the hired nurse was soundly lashed in the prison, and should have been whipped through all the streets of the Citie, but that the magistrate had a care to preserve the credite of the unfortunate family. (725)

It is notable that Paré spends little time actually outlining how he treated the illness. For Paré the details of the surgery itself are not important. Instead, Paré makes sure to first identify that the patients' bodies were in a state of dissolution. He does this by detailing the symptoms of the disease, namely that parts of the body were being overrun with pustules and scabs and "eaten in with virulent ulcers." He secondly emphasizes his medical knowledge of their condition, and

prompts how he (with "Gods help") was able to restore their bodies to wholeness, except for the child who did not survive.

The death of the child brings forth an important aspect of Paré's narrative. It does not just give details of bodily resolution based on the symptoms of the disease, but also promotes wholeness for the metaphorical body of the family. The child's death demands a resolution in the sense that someone must be found guilty for the loss of innocent life. In his narrative, Paré thrusts himself within a moral quandary. The family is afflicted by a socially stigmatizing illness, one that could undo the wife's reputation as a "very chaste woman", the cause of which is unknown. Paré's diagnosis of the afflicted bodies not only assesses the cause of the disease but also, and more importantly, its origin. The narrative of how a family could be condemned to such a dreadful disease is a familiar one: an outsider penetrates the familial home and spreads syphilis throughout the family. The narrative itself could be a metaphor for the spread of disease in general, where a pathogen infects a host body. Such metaphors were popular in early modern political discourse.[7] The only time Paré gets specific about the pustules and scabs on the afflicted bodies is when he refers to the "hired nurses and the mothers nipples" that were "eaten with virulent ulcers." Here the nipple becomes the vehicle for transmitting the

[7] See Harris, Jonathan Gil. *Sick Economies: Drama, Mercantilism, and Disease in Shakespeare's England,* pp. 1-10.

disease, the "impure touch or contagion." While before the mother's nipple provided nourishing and life-giving milk to the infant, the corrupted wet-nurse's nipple provided only sickness and eventually death. Paré uses this narrative to equate morality with bodily sickness and deformity. In this case surgery assists in retaining the good name of the household, preserving "the credit of the unfortunate family" as Paré says. Since diseases of the skin were often moralized socially, surgical treatment of these diseases had to participate within the context of that morality. Thus, treatment for syphilis could never be simply about the treatment itself, but instead must face the social stigmas associated with the disease. Just as corporeal bodies must remain intact for the surgery to be declared a success, metaphorical bodies such as a family must retain their wholeness, without discredit.

The chapters of this thesis represent the stages of bodily dissolution beginning with the cultural focus on bodily wholeness as an ideal form and concluding with the example of anal fistula as a particularly bothersome stage of a dissolving body. The first chapter identifies the cultural and religious significance of bodily wholeness. I focus on the idea of a "surgical body", one that is expressed in surgical manuals as not only fragile and damaged but also repairable and able to be restored, and how this particular brand of early modern corporeality struggled to co-exist with the standards of bodily

wholeness that permeated as the predominant ideal of corporeality in both Church and state. And while it was a reality that bodies were susceptible to division or dissolution from illness or wounds, there persisted a strong emphasis on bodily wholeness and stability as the idealized aesthetic. The body of Jesus was iconic for its ability to maintain wholeness despite the physical torture it endured; metaphorical bodies, particularly of institutions such as church (or *ecclesia*, the body of the church) or state, were also popular in the period. These organic metaphors were only strong if they maintained a unity and coherence from their "members" but at the same time could purge or amputate dissenters and, unlike real bodies, preserve their idealized structure. Maintaining an ideal aesthetic of bodily wholeness was never a given in the early modern period, and yet, this was the task of the surgeon.

The unique surgical perspective on the body can be characterized by the friction between bodies generated in political or cultural metaphor, and the bodies that are found in surgical manuals. The idealized cultural bodies emphasize corporeal wholeness and stability while the "surgical body" admits, but tries to conceal, bodily fragility. Surgeons operated on living flesh and blood, as opposed to the cold corpses that anatomists dissected. Living bodies made surgical procedures significant in the sense that the bodies that they cut into

were expected to walk away after the operation was completed. Where anatomists, the other medical professionals who worked closely with the body, could dispose of the corpses they dissected, surgeons worked on living patients that were forever marked with scars, disfigurement, or even dismemberment, as a result of surgery. Surgical writing always attempted to hide the fact that surgical practice left lasting results marked on the bodies of its patients. The wound-man image that I examine at length at the end of the first chapter is an example of a depiction of surgery in a religious light that hopes to dispel the notion of surgery as a procedure that frustrated the aesthetic of bodily congruity. But despite the rhetoric and imagery of surgical manuals, surgery always disrupted bodily wholeness.

While the first chapter establishes a theme of how surgeons came to face a culture of wholeness, the second chapter begins to look at how surgeons dealt with the dissolving body. Chapter two focuses on the common flesh wounds that surgeons would treat. Near the end of the first chapter I suggest that the wound-man figure blends religious ideals of bodily wholeness with surgical practice. In chapter two I examine wounded figures on stage and show how they too take on a Christian significance. Since many surgeons apprenticed their craft on military campaigns, there is a wide breadth of surgical writing devoted to the treatment of wounds. I contrast the ways in which wounds are

written about in surgical texts with the description of wounds in late medieval and early modern drama. In surgical texts the wounded body represents something threatening and unnatural. I establish a sense of what it was like for surgeons to treat the wounds of soldiers within early modern English culture by examining wounded soldiers in early modern drama. By contrasting wounded soldiers in early modern drama, and the wounded figure of Jesus in late medieval drama, I suggest that the representation of a positive wounded figure on the early modern stage is always one who allows their wounds to speak for them. That is to say, while the figure of Jesus as depicted in the medieval mystery plays is one who boasts about the wounds that he receives, the major wounded figures of the early modern stage, particularly in Shakespeare, allow their wounds to speak for them. Thus Caesar is represented as having wounds that are like mouths, the Captain in Macbeth has gashes that cry for help, and Coriolanus prefers to hide his wounds away. Perhaps surprisingly, early modern drama affirms the Christian religiosity of the wounded body by consistently emphasizing the significance of the wounds themselves. I conclude the second chapter with discussion of the mortal wound suffered by Sir Philip Sidney and suggest that – based on the description of the wound – it is possible that he underwent an amputation before he died. I argue that as a wounded figure Sidney

could be celebrated as an English courtier and war hero as was represented in his funeral procession, but the image of a limbless Sidney would pervert that memory. A missing limb represents an absence, a disruption of bodily wholeness, and a distortion of the image of God.

Picking up this theme, the third chapter focuses on missing limbs. For surgeons dismemberment was part of the job, but it was clearly not an aspect that they enjoyed. In this chapter I examine the ways that surgeons wrote about performing an amputation. While most surgical procedures are written about in a didactic form, accounts of amputation frequently branch off into narrative and personal anecdote. The reason for this, I suggest, relates not only to the severity of the operation and its threat to the patient's life, but also to the cultural importance of bodily wholeness. Indeed, some surgeons went as far as to point out how amputation dismembered the image of God. In almost all cases, prayers were a common prescription before the operation. Amputation frustrated the early modern ideal of bodily wholeness with such severity that surgeons who wrote about the operation sometimes included post-operation narratives to give readers an idea of the patient's everyday life after surgery. These narratives were rare in surgical texts, and almost exclusive to the discussion of amputation. The stories almost always displayed the patient resuming

a normal life, sometimes emphasizing that the missing limb was not noticeable, or that the prosthetics that they had been issued by the surgeon almost completely made up for the lost limb. These post-operation narratives demonstrate the degree of anxiety surgeons had about the effects of dismemberment, not only in the sense that they wanted to emphasize the patient's survival, but also their concern with demonstrating that despite having a limb amputated, the patient could still maintain wholeness, if only on surface inspection.

The third chapter also investigates what it meant to be involved in a community of surgeon writers. Unlike other medical fields that relied more heavily on ancient writers as their source for medical knowledge, surgery was a more pragmatic profession that valued experience foremost. Surgical writing demonstrates how surgeons read and responded to other surgical writers. This empirical method of establishing standard forms for treating diseases by testing the methods of other surgeons and then critiquing the results was particularly useful for treating the many unique injuries caused by the rise of gunpowder weapons in military environments.

The fourth and final chapter of the dissertation deals with anal fistula. While wounds and amputation showed how the body was vulnerable to dissolution from mostly exterior forces, anal fistula was an ailment that caused the body to dissolve from within. This chapter

traces the ways in which the fistula is described in surgical texts, dating back to medieval surgeon John of Arderne, and contrasts that knowledge with the way that Shakespeare utilizes anal fistula as the disease afflicting the King of France in *All's Well that Ends Well*. I argue that the heroine in the play, Helen, cures the King's body through surgical intervention, and not traditional medicine. Though other medical practitioners offered cures for anal fistula, documentation from the period and before seems to suggest that surgical treatment was the only assured way to be cured from this disease. There is no single line in the play that directly states that the King suffers from anal fistula, nor is it stated that Helen uses surgery to treat the wound. My reading of the text suggests, however, that the language and wordplay used by Shakespeare are consistent with anal fistula as a diagnosis. The significance of anal fistula as the King's ailment lay in the fact that Helen would have to penetrate the King's body in order to make him well again. In essence, as the organic metaphors of kingdom go, Helen is treating the kingdom itself, restoring health from within. I furthermore suggest that it is surgery that propels Helen into a marriage with Bertram as the bed-trick where Bertram, fooled into placing his ring (Latin *anus*) on Helen's finger, mimics the procedure for treating anal fistula. What Helen demonstrates is a rare form of "miracle cure" in surgery. While a

majority of the treatments offered by surgeons involved an obvious cure that could be seen directly by the patient, and that often remained evident to others, anal fistula was unique in that it was conducted partially within the body and was therefore hidden away from view. The miracle of curing anal fistula was that it prevented the body from dissolving without leaving behind any obvious scars or missing limbs.

The sum of these chapters is a unique perspective on bodily dissolution and resolution generated by placing surgical and literary texts within the same cultural contexts. The focus on bodily wholeness as the ideal form, typified by both doctrinal authorities that argued the body was the image of God, and by political rhetoric that compared the state to a body with obedient limbs, setup a frustrating opposition for surgeons. While rhetorical, metaphorical bodies of both Church and state could dissolve and resolve through the excommunication of "diseased members", the physical body in dissolution could never truly return to what it once was. Even bodies that survive the wounds, dismemberments, or fistulas that threaten, or even cause, dissolution, are always left with a scar, a missing limb, or a chronic pain that marks surgical intervention that saved their lives. Wholeness, for surgeons, is therefore a fantasy that is actualized only through the representation of bodies in surgical writing, but never in the actual act of surgery.

Chapter 1: The Surgical Body in a Culture of Wholeness

> *Nevertheless, our idea of the Renaissance is still (and for perfectly understandable reasons) informed by the great literary, scientific, artistic, and architectural achievements of that age. Those achievements seem to span the European continent, and the two hundred years of cultural history which is this book's subject. However, in this account, the 'monuments' of the European Renaissance – the works of Michelangelo, say, Leonardo da Vinci, or Shakespeare – where they are glimpsed, will appear in what may seem at first an unfamiliar light. For those great memorials to Renaissance thought and art are here viewed through the refracting prism of what, now, is termed 'science', in particular the science of human anatomy.*
>
> – Jonathan Sawday

This chapter deals with the importance of bodily wholeness as it pertained to the work of surgeons. Rather than extending the narrative of surgery to the greater world of early modern culture, this study will focus on how a culture of wholeness permeated throughout the late middle ages and into early modern culture, and how that thoroughgoing meaningfulness impacted the way surgeons viewed the

bodies they worked on. This chapter is not interested in bodily fragments *per se*, but rather the importance of bodily wholeness in regard to surgical success. A whole body, entire and complete without any missing parts, was a privileged form in the early modern period. It was reinforced by church and state, both of which were figured in organic metaphor to describe the stability of their institutions. Writing in surgery manuals suggests that as surgeons cut into bodies they were always consciously aware of the cultural, religious, and pragmatic ramifications involved with cutting up living bodies.

Fragmented bodies in the Renaissance have fascinated scholars. The body parts that "are scattered throughout the literary and cultural texts of sixteenth- and seventeenth-century Europe" (Hillman and Mazzio xi) have brought forth many essays and books dedicated to the subject of dismemberment whether it be in battle, as a form of punishment, or on stage. From Foucault's famous account of the violent torture and execution by dismemberment of Robert-François Damiens in *Discipline and Punish*, to essay collections dedicated to the significance and meaning of individual, fragmented parts of the body, such as Hillman and Mazzio's *The Body in Parts*, the history and

culture of corporeal fragmentation in the Renaissance has been, to use the phrasing of anatomy, thoroughly dissected.[8]

It is undeniable that *anatomy* became immensely popular in the early modern period. The word anatomy was used in the title of hundreds of works published in England during the sixteenth and seventeenth century. Literal anatomies – that is, a work dedicated to demonstrating the working parts of the body – were very popular, though they did not take in England until the end of the sixteenth century. Vesalius' *De Humani Corporis Fabrica* was published in 1543, complete with detailed woodcuts demonstrating the equally descriptive anatomy in the text. Pirated versions were printed in England as early as 1545 but as Richard Sugg notes, these early anatomy texts hardly "left any trace beyond the immediate circles of medicine" (2). Popular anatomy in English emerged later in the sixteenth century as a result of the work by hands-on surgeons. In 1577 an anatomy text entitled *The Englishemans treasure with the true anatomie of mans bodie* appeared, marking one of the first times an English-authored work on

[8] For further recent examples see, for instance, Botonaki, Effie. "Dissecting Bodies And Selves In The Early Modern Period." *The Flesh Made Text Made Flesh: Cultural and Theoretical Returns to the Body*. 75-85. New York, NY: Peter Lang, 2007; Nunn, Hillary M. *Staging Anatomies: Dissection And Spectacle In Early Stuart Tragedy*. Aldershot, England: Ashgate, 2005; Owens, Margaret E. *Stages of Dismemberment: The Fragmented Body in Late Medieval and Early Modern Drama*. Newark: U of Delaware P, 2005; Peterson, Janine Larmon. "'See What Is Beneath Your Clothes': The Spectacle Of Public Female Dissections In Early Modern Europe." *Gender Scripts in Medicine and Narrative*. 2-31. Newcastle upon Tyne, England: Cambridge Scholars, 2010. Rosner, Anna. "The Witch Who is Not One: The Fragmented Body in Early Modern Demonological Tracts." *Exemplaria*. 2009, Winter 21 (4): 363-379.

anatomy entered the public market. The work was supposedly authored by then deceased English surgeon Thomas Vicary. Though scholars have debated the authorship and origins of the text,[9] its publication by the surgeons at St. Bartholomew's Hospital suggests something of the public demand for anatomy texts at the time. The very next year John Banister published *The Historie of Man, Sucked from the Sappe of the most Approved Anathomistes*. A practicing surgeon and physician (but licensed as a physician only in 1593, six years before his death) Bannister borrowed heavily from other anatomists in writing what proved to be one of the first popular anatomy texts in England. Though anatomy texts would continue to proliferate throughout the late sixteenth and early seventeenth centuries, the premier publication in anatomy would not come until 1615 when Helkiah Crooke published *Microcosmographia*. Crooke's work was controversial. It was the first anatomy text to be published in English by a physician. Crooke's publication was popular amongst common readers but the College of Physicians was critical of his decision to publish. *The Oxford Dictionary of National Biography* reports that Crooke's text "outraged many of his colleagues at the College of Physicians."

[9] Duncan P. Thomas has argued persuasively that Vicary's anatomy text is taken from a fourteenth century treatise.

Outside of the medical world, writers used the term *anatomy* as a way of expressing an exact, descriptive knowledge of any particular subject. Robert Burton's proto-psychological text *The Anatomy of Melancholy*, published in 1621, represents the sort of a work that anatomizes a subject other than the body. Burton's examination on melancholy is divisionary, critically sectioning the work into parts of inquiry. Other anatomies attempted to shed light on fearful subjects (much as anatomy did for the mysterious inner-workings of the body) such as religious sects or schisms. Other far-reaching "anatomies" described the inner workings of Catholicism, Jacobitism, and Protestantism, as well as a multitudinous variety of sins. Anatomies were also demonstrative, with several works dedicated to the anatomy of writing, the anatomy of play, and a very popular "anatomy of legerdemain. Or, The art of juggling" of which there were several editions. Anatomy spoke to a hidden truth that had been uncovered and meticulously displayed for all to see. It suggested a secrecy that could be made known by dissection. More than just blood and bone, anatomy reflected truth in the manner of, as Hamlet put it, "a glass / Where you may see the inmost part of you" (3.4.19-20).

The reach of anatomy into early modern culture has resulted in a scholarly focus on the cultural impact of dissection. Most recently Richard Sugg has made assertions about the ways in which early

modern anatomy secularized the body. In his book, *Murder after Death*, Sugg describes how anatomical work founded a new scientific discourse that slowly eroded the religious rhetoric surrounding the body. Sugg's work owes a debt to Jonathan Sawday, whose investigation *The Body Emblazoned* effectively uncovered what he termed a "culture of dissection" (i). Sawday argues that what was believed to be fundamental in our understanding of the Renaissance, as he saw it, was shaped intrinsically by the advancement of anatomy and its increased popularity in the public sphere. Dissection represented intellectual enquiry, "an incisive recomposition of the human body, which entailed an equivalent refashioning of the means by which people made sense of the world around them in terms of their philosophy of understanding, their theology, their poetry, their plays, their rituals of justice, their art, and their buildings" (ix). Sawday took anatomists, their methods, and the bodies they worked on and teased out the discourse between anatomy and culture. My own work extends this examination of the culture of dissection and "the recomposition of the human body" to look at the cultural implications of the composition of the body as a single, whole, entity. A body part, or "member" as it would be more commonly termed in early modern writing, refers back to representation, within a whole entity or community. An anatomy,

while focusing on the individual pieces of dissection, is designed to provide a large view of something complete.

Unlike anatomists, surgeons were not usually performers within a public spectacle. Anatomists sometimes performed live anatomies in theatres both large and small, but this was the occasional work of specialists rather than the daily work of private surgeons. And yet, the sixteenth century saw a wealth of new and important publications in the field of anatomy across Europe. Vesalius and later anatomists began to note errors in Grecian anatomical treatises, especially in Galen, creating a revolution in the ways in which the body's interior was understood. In the sixteenth and seventeenth-centuries anatomists were giving public lectures on anatomy in newly constructed, purpose-built theatres.[10] Public dissections were, as Cynthia Klestinec describes, spectacular events that attempted to merge natural philosophy with anatomy: "The spectacular nature of these anatomies depended on the anatomist's ability to present anatomy as a natural philosophical endeavor, that is, to set the material aspects of the decaying corpse or animal within the natural and spiritual orders" (5). Actual surgery had no large, public audience, but surgical writing did. Surgical writers described the spectacular alteration of a body from a traumatized, dissolving, pre-operative form

[10] The first permanent anatomical theatre was built in Padua between 1583 and 1584. It was a small theatre that was "celebrated by medical students for its permanence" (Klestinec 57).

to a restored, post-operative wholeness. Wholeness, therefore, is the spectacle of surgery: the pre-surgical body demonstrates wounds that represent corporeal dissolution, while the post-surgical body represents a spectacular resolution to those wounds. The surgeon's unique critical perspective, as demonstrated in this chapter, effectively broadens – even as it informs – the ways in which we think of corporeality and everyday life in early modern England. Though scholars such as Sawday have identified the Renaissance as a culture of dissection, surgeons remind us that it was still very much a culture of wholeness.

A Culture of Wholeness

In his dedicatory epistle to King Henri III of France, surgeon Ambroise Paré makes an immediate connection between God, the body of man and the body politic. He writes:

> Even as (most Christian King) we see the members of mans body by a friendly consent are always busied, and stand ready to performe those functions for which they are appointed by nature, for the preservation of the whole, of which they are parts: so it is convenient that we, which are, as it were, Citizens of this earthly Common-weale should be diligent in the following to that calling which (by Gods appointment) we have once taken upon us: and content with our present estate, not carried away

> with rashness and envy, desire different and diverse things whereof we have no knowledge. He which doth otherwise, perverts and defiles with hated confusion the order and beauty, on which this Universe consists. Wherefore when I considered with my self, that I was a member of this great Mundane body, and that not altogether unprofitable, I endeavored earnestly, that all men should be acquainted with my duty, and that it might be known how much I could profit every man. (A1v)

Paré's response typifies how the surgical view of the literal body can oscillate with the cultural view of a metaphorical body. The health of the state, Paré explains, is analogous to the health of the body. Just as he would later detail how literal corruption from gangrene in a limb distorts and threatens the survival of the body, Paré states that citizens who work against the good of the nation "pervert and defile… the order and beauty" of the "Universe" as ordained by God. While nothing that Paré writes in this first portion of his epistle would have been surprising to the early modern reader, his concluding line marks an unusual and ambitious attempt to ally the literal profession of surgery with the potency of political organic metaphor. While Paré does not assert that surgery is essential to maintain the stability of the body-politic in the same way as he might assert surgery is essential to maintain the stability of an actual wounded body, he does suggest that

being a surgeon, because of its proximity to the literal body, gives greater knowledge of the body-politic's function. Thus, understanding surgery "could profit every man", meaning his writing is valuable to more than just apprenticing surgeons, and also, by extension, that surgeons make excellent and dutiful subjects due to their specific understanding of the importance of bodily congruity amongst its parts.

Paré's attempt to valorize surgery by merging surgical knowledge with organic metaphor raises an important point about how surgeons recognized both the function of the literal bodies they worked and the metaphorical bodies they discussed in their paratext. A mimetic relationship between the functioning of the corporeal body and the state was commonplace in early modern thinking. The bodies that surgeons worked on were never just bodies; they were exemplars: organic metaphors that would be deployed to describe the appropriate functioning of all social structures. Steeped in cultural meaning, the early modern body was, as Jonathan Gil Harris put it, "imbued with a cosmic significance, participating within a system of correspondences between the body of man, or microcosm, and the larger body of the universe, or macrocosm" (*Foreign Bodies* 2). This ancient Greek formulation of corporeality and "cosmic significance" distilled the body down to a seamless and harmonious blend of parts that united, under the authority of the head, to form a willing, working whole. Though the

parts of the body were configured as active and alive, they were not autonomous. St. Paul summed up the participation and obedience of body parts by linking the "members" of the church to the "members" of Jesus' body: "Now ye are the body of Christ, and members in particular. And God hath set some in the church, first apostles, secondarily prophets, thirdly teachers, after that miracles, then gifts of healings, helps, governments, diversities of tongues" (*King James Bible*, 1 Cor. 12.27-8).[11] Paul notes that despite differences in role or form, the various parts of the body are still "of the body" and therefore participate equally in the formation of a whole and harmonious body. Paul referred to these roles as "spiritual gifts" and reminded followers that though they have been blessed with different spiritual gifts "all these worketh that one and the same selfsame Spirit" (1 Cor.11). Any members that privilege their own spiritual gifts above those of others sacrifice the unity of the body.

Paul's reference to the church as "Body of Christ" was not unlike the body politic, which, as Marjorie Garber has suggested, "Became the model for coherence and rule; mimesis; imitation, resemblance, and metaphor gave order and suggested 'natural' hierarchies" (37). Amongst these larger organic metaphors, Paré merges the surgeon as a participant within the discourse of order and systemic soundnesss. But within the mixing of metaphors concerning the body, whether political

[11] All biblical quotations have been taken from the *King James Bible*.

or religious, resides a curious and difficult position for surgeons to maintain: the caretaker of a body that must remain complete, sound, free from exterior threats. The work of surgery involves cutting into and sometimes cutting up the body, making this profession seem at odds with the desire for bodily wholeness. Surgery, therefore, necessarily participates in a paradoxical practice of cutting up the body to make it whole: dissolution for resolution.

As a matter of theory and praxis, surgeons worked with both physical and metaphorical bodies. In the field, surgery would have been frantic and gory: literally visceral. Operations would have been conducted with such haste and urgency that it was unlikely a surgeon took the time to consider the bleeding patient's relation to the cosmos. In their writing, however, surgeons were keen to emulate humanist rhetoric and therefore often wrote on the subject of body as microcosm, or the idea of the state as a body. Surgeons mobilized rhetorical bodies in ways that authorized their work; they connected their surgery to both contemporary politics and to ancient wisdom, rendering surgery as a necessarily difficult task that worked on bodies of vast complexity and significance. The surgeon became a part of their rhetoric. By emulating the writing of physicians who presented their work as mystical and miraculous, surgeons engaged in a paradox that treated physical, fleshy surgery as a holistic, spiritual treatment. The textual

representation of surgery as a paradox – an action that reduces the body through cutting and slicing in order to make that same body whole again – worked to prove themselves and their work as an invaluable service in the medical marketplace.

While there is scholarship investigating the history of surgery, as well as scholarship investigating the cultural significance of the body in early modern culture, there is no scholarship making a distinct and significant connection between the two. Historians have traced the history of surgery, noting not only the "major" figures of surgery who altered the field by producing new methods and cures, but also by analyzing surgery within a social history of medicine that examines the placement of surgery in small communities.[12] The historical work focused on a social history of surgery that has diversified the way we think of surgery in the past by providing a wider view of both the surgical practitioner, which could vary depending on the location, and the surgical patient. Scholarly investigations looking into representation of the body in early modern medicine have focused on the popularity of anatomy in culture and in literature citing the ways in which the language of anatomy took on different meanings in a variety of social contexts. While anatomy remains an academic focus

[12] See, for example, Siraisi, Nancy G. *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice.* Chicago: The University of Chicago Press; 1990.

for considering the body as a cultural entity, surgery does not. It is a surprising omission considering the degree to which surgeons interacted with the body. Few operated with such close proximity, and fewer still witnessed the inner organs of a body while it was still alive. Complicating surgeons' unique engagement with the body was their marginalized social status. Surgeons were less prestigious medical practitioners. Few were able to write in Latin and therefore their publications were often ridiculed by more learned physicians. Their precarious social standing resulted in a reliance on rhetorical tropes designed to valorize surgery.

Almost all surgical manuals describe bodies in rhetorical ways as opposed to pure anatomical description. Descriptions of the body typically rest on classical or religious models, and surgeons are quick to differentiate writing among surgeon, physician, and empiric. In the preface to the very first surgical manual written in English, Thomas Gale deployed the classical Greek model of the body as microcosm. Praising the Greek thinkers he writes, "It was not without great skill and knowledge, that the wise and learned Grecias did cal man by the name of Microcosmos, which is to say with us, as the lesser worlde, for the greater worlde (in Greke, cosmos) doth consist of the heavenly, and elementary region" (A1v). For Gale, a staunch Galenist who ironically advised young surgeons to read the classics instead of contemporary

surgical writing, the microcosmical body offered a simple, binary understanding of the body provided by an authoritative source. Deploying this type of body to readers, Gale was able to associate surgical practice within an already established hierarchy of medical authority. Furthermore, he was able to make a firm connection between body and heavens – a connection that could later be extended to the surgeon who worked on bodies. In a passage that includes both deference to the authority of Physicians and the dismissal of empirical knowledge, Gale writes:

> … you may riply and duely consider what a noble and excellent substance man is of, who is the subject and matter one which the Physician and Chirurgian doe worke, but as touchynge the Physician I have nothynge to saye, and therefore of the Chirurgian I propose somewhat to better, both to warne this microcomos man, of those who under the name of Chirurgians be nothynge else but open murtherers, and also to deface these rude Emperikes, and to prick forward the right Chirurgian, and that you may the easier conceive that which I go abought, it behoveth you to know, that chirurgery is most harde and difficultye to attain unto, and is also a longe arte, and requireth long tyme in learnynge, and also exercisyng, as both the princes of Physicke Hippocrates and Galen do testifie. (A3r)

Here Gale typifies the types of anxieties that plagued surgeons who attempted to publish. He worries about comparisons to physicians, assures readers (using classical authority) that proper surgeons are well educated and that their practice is a difficult craft, and makes sure to denounce empirics, whom he decries as murderers. Gale's defense hinges on the importance of the body, and the authority of classical sources, both of which suggest a complex body and a skilled practitioner. Here Gale's words remind us of the ways that Paré also privileges the surgeon through the rhetoric of the body. Both surgeons grant the body its supreme and divine standing, as either the image of God or the cosmos, and in doing so pay respect to surgical skill required to interact with these bodies. This allowed surgeons like Gale and Paré to criticize unlicensed surgeons for attempting to work on divinely created bodies without any training.

Thomas Gale's prefatory rhetoric, as is often the case in early modern paratext, may not be telling us much about the bodies he actually worked on. The body as microcosm is an exemplar, one of the more common tropes of humanist rhetoric, designed to influence reader response. As Timothy Hampton has noted, "The exemplar can be seen as a kind of textual node or point of juncture, where a given author's interpretation of the past overlaps with the desire to form and fashion readers" (3). The microcosm exemplar is repeated by surgeons

throughout the early modern period as a tool that authorized contemporary surgical practice by aligning it with antiquity. It was not designed to represent the interaction they had with bodies, but rather to inform readers that their work was legitimate, and that they wielded an unassailably classical authority. Indeed, even later in the early modern period, as a reliance on Galenic medicine began to fade, surgeons such as John Woodall were still eager to tie themselves to antiquity through other suggestive means. In Woodall's case this meant wedging his portrait between Hippocrates and Galen on the frontispiece of his work (Fig. 1). Woodall makes a rhetorical example out of himself, literally putting himself into the picture of the history of medicine, and granting his work the authority of antiquity. His use of the rhetorical example is typical of the ways that surgical writing mimicked traditional humanist writing. The use of rhetorical example in humanist writing, Keith Dunn explains, served "as a ligament to tie the present to antiquity, to assure the humanist and his audience that a transhistorical set of values connects the modern world to the chosen ground of the humanist political and cultural project" (11). When surgeons talked about bodies in the paratext of their manuals, they were not referring to the physical bodies that they worked on but instead they were adhering to the rhetorical expectations of humanist writing that was common in other medical texts, specifically in writing

by physicians. But even though the paratextual body was generated for rhetorical effect, it still resonated in the ways that they would later approach the physical body when talking about surgical operations. Indeed, the paratextual body sets up the paradox of pragmatic surgery and a mystical body. The surgeon's drive for wholeness despite the realities of surgery as an operation that reduces or cuts up the body, is established in the rhetoric found at the beginnings of their texts.

Based on early modern literary works, it should be no surprise that the metaphorical bodies with which surgeons aligned themselves in their writing may not have had much of an impact on their practical surgery. The literature of the period asserted violent organic – even skeletal – metaphors in order to demonstrate disorder and chaos, as in Hamlet's response to the ghost's claim of regicide by comparing the state of Denmark to a dislocated body: "The time is out of joint; O cursed spite! / That ever I was born to set it right" (1.5.188). In the even more socially dislocated *Revenger's Tragedy*, the lustful bastard Spurio, after surprisingly encountering Lussurioso, proclaims "What news here? Is the day out a' th' socket / That it is noon at midnight? The court up? / How comes the guard so saucy with his elbows?" (2.3.42-45). The genre of revenge tragedy situates its characters in a world of instability and disorder. Hamlet and Spurio characterize social disorder by figuring the state as a body with dislocated limbs.

And indeed, anatomy too became a part of literary satire, frequently deployed to dissect societal problems. These "bodies" as deployed in literature, were understood as metaphorical, and therefore different, from the human body.

The rhetoric of the body found in surgical manuals may not point directly to how surgeons felt about the bodies that they worked on, but it does allude to other influential sources. The focus in early modern European surgical writing on wholeness, stability, and unity in the body, physical or more clearly metaphorical, bears a close resemblance to the ways in which the body of Jesus has been described in western Christian writing. Humanist rhetoric demanded classical references, and surgical writing typically complied by employing bodily tropes from antiquity. And while I have already discussed the subtle impact of the Paul's "Body of Christ," the body of Jesus, in so far as it resonates within surgical writing, remains untouched. And yet the corporeal body of Jesus, one that maintained wholeness despite the scourging of the passion and the pains of crucifixion, seems as though it would be an appropriate model for surgeons. Jesus is a figure of wounds, and a healer. However, the body of Jesus is rarely discussed directly in surgical manuals. Indeed, Jesus and God are often mentioned in reference to prayers or unexpected healing, but the influence of Jesus' body on surgical practice is never directly discussed.

The remainder of this chapter will focus on discovering the body of Jesus in surgery manuals, and in focusing on the ways in which Christian anxiety over the body intersected with surgical performance.

Christianity, Wholeness, and Community

Although sometimes referred to as the beginning of secular medicine, early modern surgery was one of the more religiously connected branches of healing in the period. Despite the rise of anatomy and its emphasis within an increasingly secular form of corporeal inquiry, the early modern body remained a religious object. After all, the figure of man was the image of God, a visual representation of God's handiwork. Metaphorically the body was the church. With the primary material of their craft possessing intense religious significance, surgeons wrote in their handbooks of the ways in which surgery was religiously significant. Their writings were layered with reference to scripture and biblical figures in order to solidify a sense of the surgeon's rightful status amongst medical professionals. Indeed they emphasized their descriptive and rhetorical interventions almost as though God-ordained.

Throughout early modern Europe, surgeons invoked the Bible, employed typology, and referenced classical figures in their prefaces to justify their claims as authoritative medical practitioners. For

surgeons, the Bible was – as it was for countless other marginalized figures –,"an armoury from which all parties selected weapons to meet their needs", an authoritative text that could "be quoted to make unorthodox or unpopular points" (Hill 6). English surgeon John Woodall argues that God had purposefully created herbs and plants with medicinal properties before he created man, thus leaving the discovery of medicine to man, even as its foundation resided forever with God. Woodall even utilizes typology as a historical basis. Tracing the history of surgery and medicine, Woodall concludes that "giving venerable and due respect unto all, I will crave leave for my self to think and believe that the originall foundation of Medicine proceeded from God alone" (A5v). He follows through his conclusions about God as the origin point of medicine by reconstructing other historical figures or civilizations within a Christian framework. These significant people or cultures become types of Christianity. Through such an argument Woodall effectively aligns the surgeon into a relation with God:

> The most writers affirm the *Grecians* were the first that tooke upon them to profese the art of Medicine, and they likewise utter speeches to the same effect, affirming *Apollo* to be the first Inventor of Medicine; and by Apollo, it is suggested, that they either understood the Sunne, which through the penetrating

> heat thereof, produceth, comforteth, tempereth and cherisheth all creatures as well animal, and vegetable, as mineral: Or they meant under the name of *Apollo*, some Noble man, who was instigated thereunto through an excellent and divine power (no doubt by Gods fore-knowledge) and also endued with learning and diligence in that noble art of medicine who performed some excellent cures. (A6r)

Here, typology allows Woodall to maintain the link between God and surgeon through antiquity even to the present. He allows the Greeks to participate in the divine, Christian history of medical progress by disarming Apollo of any divine status, reducing the Greek god of the sun to the status of a noble man who was inspired "by Gods fore-knowledge." Woodall's typological argument for Greek medicine as a progression of knowledge that originated in God links the two sources of privileged knowledge in Renaissance medicine, the ancients and the Bible, in the same continuum.

In the history of medicine surgery thus becomes entwined with both the ancient Greeks and with God as a participant in the divine process of medicine. Woodall explains that surgical skill is not something to be "ascribed to human ingenuite" but rather comes from God. Even further, those who practice the complicated interventions of surgery are "preordained and chosen unto the medicinall function"

(A5v). In a statement that both criticizes assertions that medicine originated with the Greeks and anticipates any counter arguments, Woodall explains: "Wherefore to attribute so great excellencies, so many wayes in use for the health and wel-being of mankind, to any other than to the divine bounty of God alone, would seem (in my apprehension) not much lesse than blasphemy" (A5v). By pointing out that the medicinal properties of plants are intentionally fashioned by God, Woodall constructs the physician and surgeon who use such plants as actively involved in divine providence. Physicians and surgeons are the discoverers of God's plan for healing the body. Surgeon Thomas Vicary goes even further by suggesting that physicians and surgeons too are part of godly providence: "Honour the pysician and the chirurgion for necessity, whom the almighty God hath created, because from the highest commeth medicine, and they shall receive gifts of the King" (*Englishemans* A3r).

In a competitive medical market place where a career in surgery was less lucrative than physic, surgeons who chose to publish, such as Woodall and Vicary, rhetorically situated themselves in a way that paid deference to the learned physicians who could critique them, even as they elevated their craft and established it as an important and necessary enterprise. It would be hard to imagine a more validating model for surgery than making it a part of God's divine plan. Hereby,

the language of Christianity would be seamlessly interwoven into writings about surgical practice. Indeed, master surgeons prescribed prayers before operations and concluded devotions after surgical success. Ambroise Paré, perhaps the most famous surgeon of the early modern period, typified the interconnectedness between surgeon and God with his common phrase: “Je le pansai, Dieu le guérit” ("I dressed him, and God healed him.").

While surgeons were using the language of Christianity to valorize and legitimize their craft, Christianity was using the language of surgery to explain schisms, sects, and reformation. In sixteenth-century France, with the reformation approaching, King Francis I used the language of amputation in a plea to get his followers to reveal secret protestants:

> I ask you to banish from your hearts and thought all those opinions that may seduce you and drive you mad; I pray you, be so good as to instruct your children, familiars, and servants in the obedient Christianity of the Catholic Faith, observing and keeping it so that if you know of any contagious and dangerous member of that perverse sect, you would reveal him, even if he be your parent brother, cousin, or relative: because in keeping silent about his evil you would make even more adherents to that infected faction. And as for me, your king, if I knew that one

> of my members was stained or infected with this detestable error, not only would I give it to you to cut off, but also if I perceived that any child of mine were touched by this spot, I would sacrifice him myself. (as qtd in Ultee 40)

To make his point, Francis I had six Lutherans "burned at the stake in public places along the king's route back to the louvre" (Ultee 41). Francis, however, was not alone in his mixture of excommunication and surgery. On the other side of the Reformation, Protestant clergyman John Knox gave instructions for ministers to use organic metaphor when delivering excommunication upon a member of the church. Knox instructed the minister to say: "it cannot but be dolorous to the bodie, that anie one member thereof shuld be cut off and perish; and yit it aucht to be more feirfull to the member then to the bodie, for the member cut off can do nothing but putrifie and perish, and yit the bodie may reteine lyfe and strenth" (67). Despite their doctrinal differences, Francis I and John Knox use the same extreme example of amputation as a way of illustrating the grave threat of religious schisms. The spread of gangrene throughout the "members" of the Church would have disastrous results unless it be removed. And though the process of removal inflicts pain on the part of the body, death will ultimately be avoided. In this metaphor, the excommunication of a friend or relative with opposing religious views

is a painful but necessary process. As Maarten Ultee has pointed out, reformation use of surgical language echoes lines from the Sermon on the Mount: "And if thy right hand offend thee, cut it off, and cast it from thee: for it is profitable for thee that only one of thy members should perish, and not that thy whole body should be cast into hell" (Matt. 5:30). This inherited rhetoric of the surgical removal of poisonous members of the nation was repeated by nearly all the major figures of the reformation. The crossover between reformation discourse that utilized surgical language, and surgical discourse that used religious discourse, once again focuses on the idea of paradox, with an emphasis on the meaning-rich paradoxical body of Jesus – a body that could be dismembered and disseminated and yet retain wholeness.

The body of Jesus was essential to Christian community formation in the late medieval period. As Ellen M. Ross puts it "In late medieval English Christianity, the figure of the suffering Jesus functioned to promote a conservative and ecclesiastically based social cohesion" (8). Indeed, the act of communion was literally an act that solidified a church community through the breaking up and distributing of the body of Jesus in the form of the Eucharist. Eamon Duffy described mass in late medieval period as "the act by which the world was renewed and the Church was constituted, the Body on the

corporas the emblem and the instrument of all truly human embodiment, whether it was understood as individual wholeness or as rightly ordered human community" (92). The act of communion – breaking up the body of Jesus and spreading it amongst members of the church – is, literally, using Jesus' body to form a collective. The dissemination of Jesus' body (figuratively, literally, or otherwise) would re-form to create a new body: the church or parish community. Despite the dissemination of his body, the Eucharist did not represent fragility, weakness, or disunity of Jesus' actual body. As Jonathan Sawday notes, "The 'sacrifice' of the mass was not the offering of a broken or incomplete body, but a perfect object of adoration voluntarily subjected to partition as a means of redemption. Christ's body, moreover, was the pattern of unity upon which rested the super-structure of the church – *Ecclesia*" (217). Indeed, the body of Jesus, self-divided and widely distributed as the Eucharist, exemplified the paradoxical act of surgery. Dividing Jesus' body was both dismemberment and unification.

How does the Eucharistic body of Jesus relate to his physical body? Or, how does either body relate to the bodies upon which surgeons performed operations? The next section of this chapter will explore the connectedness between the unity of the metaphorical body of Jesus and the unity of his physical body. A focus on wholeness and

the body of Jesus would transfer directly over to the way surgeons wrote about performing surgery.

The Body of Jesus

While the metaphorical body of Jesus represented stability and wholeness in the community, his physical body did the same in regards to the corporeal body. Despite the torments of crucifixion and the torture of the passion, Jesus' body maintained wholeness in the face of disintegration. Before the rise of Protestantism – the rise of Puritanism in particular – began to denounce iconography, the image of a suffering, bloodied, body of Jesus was wide spread in late medieval England. Graphic portrayals of the crucifixion and passion dominated artwork, churches, and sermons. As Ross has pointed out "The gaze of late medieval England was fixed on the broken body of a wounded and bloody Jesus surrounded by weeping bystanders" (3). And indeed, in writing and drama from the period both authors and actors beg readers and audience members to contemplate the broken body of Jesus. Early writing by authors such as Nicholas Love and Richard Rolle, as well as the mystery plays, which were performed in England well into the late sixteenth-century, all emphasized Jesus' bodily suffering. Early modern England inherited a medieval fixation on the broken body of Jesus. With this fixation came an increased recognition of his ability to maintain corporeal unity in spite of his grievous wounds. This section

of the chapter will examine some of the moments in medieval literature where the body of Jesus is displayed or meditated on and demonstrate how his physical body displays the type of unity and wholeness of the metaphorical, institutional bodies from the early modern period. The bodily wholeness that Jesus demonstrates had a significant impact on the ways in which surgeons understand and interact with the bodies that they work on.

The York Corpus Christi play not only describes the ways in which Jesus is brutalized as they place him on the cross, but also invites audience members to pay special attention to the body. In the Pinners' play, the soldiers crucifying Jesus explain aloud the ways in which they stretch his limbs to fit the appropriate spot. They furthermore describe in detail how to pound in the nails: "Thurgh bones and senous it schall be soght" (103). After the soldiers have raised Jesus up for the audience to see, he speaks to the crowd and asks them to look upon his wounds and forgive the men who have done this to him:

> Al men þat walkis by waye or street,
> Takes tente 3e schalle no trauayle tyne.
> Byholdes myn heede, myn handis, and my feete,
> And fully feele now, or 3e fine,
> Yf any mournyng may be meete,

Or myscheue mesureed unto myne.

My fadir, þat alle bales may bête,

Forgiffis þes men þat dois me pyne.

What þei wirke, wotte þai noght;

Therfore, my fadir, I craue,

Latte neuere þer synnes be sought,

But see þer saules to save. (253-264)

Though this scene demonstrates that Jesus' body has been wounded, it also shows how his body resists being torn apart. The soldiers who worked on Jesus go into detail about how they dislocate limbs and crack sinews in order to nail him into place. The "men þat walkis by waye or strete" are not just being asked to look at the suffering of Jesus, but also being reminded about the resilience of his body. In the following play (performed by the Butchers) Jesus is fully laid out on the cross in front of the audience, once more reminding all of the suffering he is enduring. He describes his body as "ragged and rent" comments that "My bake for to bende here I bide, / þis teene for thi trespase I take" (123-124) and that "þus for thy goode / I schedde my bloode" (128). As the mortification of Jesus approaches, his body appears to be breaking down. He is, by his own admission, bloody and ragged. For the audience, salvation is in the suffering. It is necessary to see Jesus in this state, but it is also necessary to ensure that his

body remains entire and complete. As Jesus says to Mary "For fadirs wille to be wirkyng, / For mankynde my body I bende" (146-47). Despite death and torture, Jesus' body will bend but not break.

The "bend but not break" status of Jesus' body was typical in medieval literature. Nicholas Love gives a similar description of Jesus' body being pushed to extremities in *The Mirror of the Blessed Life of Jesus Christ*. Before the Renaissance and its culture of dissection, Love wrote about Jesus in anatomical language. He divides the body of Jesus according to regions of pain as though conducting an anatomy of suffering. Love writes

> In the which falle as thou may understande, alle the senewes to breken, to his soueryne peyne. Bot whether so it be in one manner or in other soothe it is that oure lorde Jesus was nailede harde upon the crosse, hande and foote, and so streynede and drwen that as he himself seith by the prophete dauid, that thei mihten telle and noumbre alle hees bones" (177).

Here we see how Love's language is anatomical in its description. He dissects Jesus by dividing him into parts of the body that were afflicted. Love's language of dissection fits into Sawday's description of dissection as intellectual inquiry. The suffering of Jesus is manifested by a close examination of the parts of the body during crucifixion. Furthermore, full anatomical understanding of Jesus' suffering was

paramount to Christian concepts of sin and redemption. Unaware of their own significance, the Roman soldiers performed their own tortuous anatomy on Jesus, stretching out his body so that they might "noumbre alle hees bones." But even though the anatomizing of Jesus involved dissection and division, it nevertheless, like all anatomy, reflects back – even insists on – the importance of the whole body.

Meditations on the suffering of Jesus often took forms similar to anatomy. Richard Rolle, a fourteenth-century religious writer, wrote extensively about the torments Jesus suffered. Rolle's meditative prose focused on the wounds of Jesus, often transforming them metaphorically, demonstrating the degree to which Jesus' body was thought of as a suffering entity. His meditation on Jesus' body is written as a therapeutic process. In a lengthy passage Rolle imagines Jesus' wounded body as medicine for his sinful ways.

> Swet Ihesu, I yeld the graces and thankynge for al that sore and longe and egre payne that thou suffreddest for us, and for al that preciouse blode that thou bledde when though was naked, bound fast to a pillere and scourged ful sore, for that was a bittyr peyne. For the to scourgen weren [chosen men that weren] stronge and stalwarth and willy to slee the, and hit was longe or they was wery, and the scourges weren made ful stronge and smert, so that al thy blody was bot woundes, and many woundes

> in oon wou[n]de, for the knottes smitten oft in oon place, and at euch stroke smot hit the deppyr. And that was, swet Ihesu, a large yift and a plenteous she[w]yng of thy loue. than was thy body lyk to hevyn, for as hevyn is full of sterris, so was thy body ful of woundes. Bot, lord thy woundes bene ful of vertu day and nyght… Here, swete Ihesu, I besech the that these woundes be my meditacioun nyght and day, for in thy woundes is hool medicine for euche desaise of soule. (74)

An interesting juxtaposition emerges in Rolle's writing. At first he imagines the body of Jesus in a desperate state. The body is naked, fully exposed and defenseless, and then scourged repeatedly. Rolle goes into detail about the wounds forming upon wounds, emphasizing not only the pain that Jesus would have endured, but also the degree to which his body begins to break down, becomes "bot woundes." It is at this point that Rolle twists the imagery from a body that has been beaten into a bloody pulp into a body that looks like heaven.

By suffering on the cross, being patient, and demonstrating forgiveness, Jesus sets himself as an exemplar against sinful behaviour. Rolle writes:

> Swete Ihesu, I thank the for al the desaises that thou suffredest when thou was takyn of the Iewes, for some pulled [the], some shoven the, drowen the, despised the, scorned the, tugged the,

> and toren the. And, swet Ihesu, I thank the for al that meknes that thou sheweddeste ther when thou lete hem do as thay wold… Yit, swet Ihesu, in the is al souereyne medicine, and I, lord, am al sek in synnes. (71)

Rolle does not shy away from including graphic description in his account of Jesus' suffering. Indeed, the imagery of Jesus being scorned, tugged, and torn is crucial to understanding his sacrifice. Once more Rolle is reminded that Jesus does not merely maintain his composure under intense suffering, but he also maintains his corporeal unity – never allowing his body to disintegrate despite the intense strain that it exhibits. As in accounts by Rolle and Love, the graphic account of Jesus' body, scourged and assaulted with such violence, are juxtaposed with his calm and patient response. Later, with the resurrection of his body, he demonstrated an equal emphasis on both body and mind. Hence, Rolle is not merely setting up Jesus as the pattern for exemplary behaviour, but sees Jesus' body, one of wholeness, as the exemplary *body* as well.

Late medieval and early modern paintings depicting the crucifixion frequently emphasized Jesus' corporeal wholeness by juxtaposing His crucified body with the broken and shattered bodies of the two thieves. Wheel torture was not uncommon in the early modern period. As Mitchell B. Merback points out, "after hanging, breaking the

body with the wheel was the most common form of aggravated execution from the early Middle Ages to the beginning of the eighteenth century" (158). The process of wheel torture involved placing the condemned criminal on what was known as a "breaking wheel", a large wheel with radial spokes, and then twisting the wheel in such a way that their limbs would become mangled or shattered. Paintings that featured the thieves as victims of the wheel represent their bodies as being awkwardly wrapped around the cross or else fixed on a cross that has been modified to fit their twisted and distorted bodies. The body of Jesus, however, despite the cultural and meditative emphasis on his uniquely extreme suffering, is never depicted as having undergone torture from the wheel. Though crucified, Jesus' unbroken body emphasizes his corporeal wholeness in contrast to the thieves who have been thoroughly and even grotesquely broken.

Crucifixion paintings that omitted the presence of the two thieves still emphasized the corporeal resilience, and wholeness, of Jesus. Jesus' corporeal unity is masterfully demonstrated in the Isenheim altarpiece (fig 2), one of the most famous images of the crucifixion, and one with a close relation to surgery. Crafted by the German painter, Matthias Grünewald the Isenheim altarpiece consists of a series of paintings commissioned by the Antonite monastery of Isenheim in 1510. The monks at St. Anthony's Monastery mostly

treated patients suffering from ergotism, a long-term effect from ergot poisoning, which typically stemmed from a fungus that afflicted rye. Ergotism often led to gangrene in the limbs, which required amputation. The great pain and suffering endured by the patients have led critics to suggest that the altarpiece was designed to emphasize the suffering of Jesus on the cross in order that the patients might look upon him and take comfort in the fact that Christ had suffered more than they had, and therefore shared their pain. Art historian James Snyder described this encounter as "a direct confrontation with the broken body and lacerated flesh of the crucified Christ looming directly above him" (290). Gabriele Finaldi also pays close attention to the wounds of Christ, noting, "Christ's body is contorted with agony and completely disfigured by the wounds he bears" (Finaldi 106). And indeed, the focal point of Grünewald's painting is an emaciated Christ whose limbs appear elongated and taut to emphasize the extremity to which they have been pulled. The curling fingers and many wounds indicated the suffering Christ has endured, while his bowed head suggests that he is either dead or dying. The entire painting is focused towards demonstrating the suffering Christ endured by accentuating the possibility that Christ's body could forgo its continuity and completely disintegrate.

A unique feature of the Isenheim Altarpiece is the predella, which slides apart at Jesus' knees so that, as one art critic put it, "victims of amputation may have seen their own suffering reflected in this image" (Jansen 633). It is significant that those with amputated limbs required an unusually technical, even mechanical function, of the altar to view Jesus' dismembered body. The body of Jesus during and after crucifixion is significant for its ability to *resist* dismemberment. The mechanical dismemberment in the Isenheim Altarpiece may very well show Jesus being amputated like the patients suffering from ergotism, but it must also show him reforming, getting his legs back when the predella returns to its original position. Here then, we might return to the use of surgical language in reformation rhetoric and consider the ways in which amputation is deployed figuratively. Both in the instances of the Isenheim Altarpiece and reformation rhetoric, the body (whether it be body-politic or the body of Jesus) maintains its wholeness despite amputation.

If the re-unification of Jesus' body in the Isenheim Altarpiece was not enough to establish a sense of his corporeal resilience, the numerous pieta paintings and sculptures of the Renaissance provided a similar message. In contrast to the visible suffering and the threat of bodily dismemberment or disintegration in images of the crucifixion, the pieta was essential for demonstrating Jesus' power of bodily

preservation. In Michelangelo's famous sculpture, for example, the aesthetic unity of Jesus' body is laid out for the viewer to see (Fig. 3). Beyond the visible wounds left by the Roman spear in Jesus' side and the resultant holes from being nailed to the cross, the sculpture depicts a surprisingly clean and composed image of Christ. Michelangelo's *Pietà* intentionally posits "Christ as God in human form who sacrificed himself to redeem original sin – with the same serenity as Mary herself" (Janson 566). If the crucifixion tells of a body stretched to its limits, exposed, weak, as though it could at any moment, succumb and disintegrate on the cross, the pieta relieves this tension by revealing the body of Jesus to be fully intact, despite the pains of crucifixion, lying passively in the arms of Mary. The narrative of the crucifixion is one of preservation, as much as it is one of redemption. Not only does Jesus maintain his spiritual unity despite temptation, he also maintains his corporeal unity. Corporeal perfection, therefore, meant maintaining the image of God. It meant maintaining an image of containment, an image of unity that perseveres despite excruciating circumstances.

The Body of a Wounded Man

There are no depictions of Jesus within surgical handbooks, but the Wound-Man image that often serves as a frontispiece bears a

striking resemblance to the suffering of Jesus. The wound-man first appeared in German medical texts in the late medieval period but proliferated within French and English texts during the sixteenth- and seventeenth-century. Variants of the wound-man appear in translated texts by Hieronymus Brunschwig and Ambroise Paré, as well as in the first-ever surgical text written in English: Thomas Gale's *Certaine Workes of Chirurgerie* (Fig. 4). Published in 1563, *Certaine Workes of Chirurgerie* features the wound-man as the frontispiece as does an introductory page of the second section of the work dedicated to treating gunshot wounds. The image of the wound-man depicts a figure that demonstratively bears the wounds from military weapons that cut or stab, such as swords, spears, daggers, darts, and arrows, weapons that bludgeon, such as clubs, and hammers, as well as gunpowder-based weapons, such as bullets and even cannon balls.

Such images of weapons depicted within medical writing of the period also relate materially to the images of self-dissection in anatomy texts. A shared concern between anatomists and surgeons involved the relationship they had with bodies that were at once the material they worked on (for purposes of inquiry and health) and also entities invested with significant cultural and religious values. Anatomists often included detailed woodcut illustrations in their texts that featured seemingly alive figures, placed in rural settings, pulling apart

their skin to reveal the internal workings of their bodies. Like the wound-man image, these depictions of living anatomies demonstratively served both didactic and cultural purposes. Jonathan Sawday argues that these images assert "the 'naturalness' of dissection" in that they do not show a body being "forcibly wrenched from the world of the living" (114) but instead "the dissected corpses which signaled their own conscious awareness of themselves as inhabitants of the community of the dead, and who held themselves open to the viewer's gaze, were being allowed to speak directly to the viewer of their own (and hence the viewer's) mortality" (115). Such process, according to Sawday, allowed the anatomist to elude accusations that dissection disrupts the body. In these images of self-anatomization, the bodies are complete and whole, rather than examples of individual parts. The process of anatomization can therefore be aligned with the natural process of decay: "Anatomy (as it was represented pictorially) was not, therefore, artificial. It was simply a demonstration of the eventual shared fate of all bodies" (116). For Sawday, images of self-dissection might be, on the surface, demonstrative depictions of body parts and organs, but they are also, on a deeper level, a reaction to cultural anxiety about the reductive process of anatomy.

The wound-man also oscillates between demonstration and anxiety. Paradoxically, the figure features, even demonstrates, various wounds which a surgeon might treat, while also maintaining bodily wholeness. After all, despite the grievous injuries displayed, the integrity of the wound-man is never ruptured. Importantly, while the figures of self-anatomization exist somewhere between life and death (or perhaps somewhere after death), the wound-man is assumed to be alive, remarkably, despite enduring multiple wounds from a variety of weapons. It is the impossible/paradoxical *aliveness* of the wound-man that has brought about critical attention. Cynthia Marshall makes the wound-man analogous with Shakespeare's Coriolanus, suggesting that in both instances the figure's identity is reduced to his wounds. More recently Patricia A. Cahill has compared the wound man to the wounded soldier protagonist from *A Larum for London*. For Cahill, both the wound-man and the wounded soldier are uncanny figures, "At once a symptom of fears and an object of fear" (186), that "embodies a strange – and estranging – paradox: he is the common man who can endure what no man can" (189). These readings of the wound-man pull the image away from its context, not only within the genre of surgical and medical texts, but also from the taboos of the body which Sawday discusses in self-anatomy images, because they focus on the wound man as a character, an individual who is comparable to other

characters or one capable of instilling fear in those that view him. These are the contexts in which I will place the wound-man.

The most recent published exhibition on wound-man images is from 1976. It was put on by the United States Military Academy at West Point and was "intended to reveal something of the history of man's struggle against disease, injury and death as they affected the soldier, particularly in a time of war" (25). The exhibition focused on the changing weaponry featured in the wound-man image over the centuries, rather than on the surgical techniques used to treat the depicted wounds. Interestingly, the text begins with a nod to the religious origins of the wound-man but quickly moves on to the weaponry featured in the images:

> The "Wound Man" may be defined as a pictorial representation of the human body, showing the various ways by which it could be attacked, particularly by weapons of war. Such figures were popular in Western Europe during the late Middle Ages and the Renaissance. Their sudden appearance in the 14th Century coincided with a preoccupation with religious motifs, and this may have been an extension of the wounds suffered by Jesus, the Christ at His crucifixion. This was later exemplified by, for example, the arrow wounds suffered by St. Sebastian. (1)

For the archivists compiling wound-man images at West Point, the influence of religion is secondary to its value as a record of military weaponry. They believe, as other scholars have suggested, that the beginning of the fifteenth century was the start of the secularization of medicine and surgery. Patricia Cahill agrees, noting that the wound-man's paradoxical dissociation from all things spectacular and mystical made it a figure of the uncanny:

> In this case, one might say that the appearance of the uncanny figure of the wound-man in the very text that proffered "scientific" cures attests to the way that early modern discourses of rationality simultaneously produced discourses of the irrational. As early modern surgeon and scientists sought to dispel superstition and bring reason to bear on their explorations of human flesh, they generated unease as well as edification. Their wound-men in other words, turn what is well known into something menacing, evoking a realm like Freud's uncanny in which "something that we have hitherto regarded as imaginary appears before us in reality." Bringing together the familiar and the unfamiliar, the wound-man may disturb most because he embodies a strange – and estranging – paradox: he is the common man who can endure what no man can. (189)

Cahill's note on the paradox created when early modern discourses of rationality simultaneously produce discourses of the irrational, as well as the paradoxical nature of the wound-man itself as a body that "can endure what no man can", links directly to the figures of Jesus and St. Sebastian that were mentioned in the West Point exhibit as bodies that are paradoxically vulnerable and yet also invulnerable. The wound-man, as we shall see, embraces the religious paradox of the invulnerable / restorative bodies of Jesus and St. Sebastian and in doing so emblematizes the paradox of surgery that suggests that a body can be cut into in order to be made whole again.

Though the wound-man appears twice in Gale's work, Gale provides no commentary as to why he chose that image. But the wound-man's second appearance is immediately preceded by a poem written by surgeon John Field that provides a possible explanation. Field covers three points in his poem. He begins by talking about the makeup of the body, both as a microcosm and within a body-soul dichotomy. For Field, the body is a battlefield where sickness "and all her trayne / doth proclame warre, and death procure" (Aa2v). Thomas Gale is figured as the defender against sickness, his very name a medicine against disease:

> His name of right, Gale we maye call,
>
> for Gala, mylke doth signifie:

And as mylke noryshe above all,

so doth this Gale right perfectly. (Aa2v)

The final lines of the poem reference the "wounded man" even as it anticipates the criticism of Gale, an unlettered surgeon writing in English instead of Latin:

Now, what rewarde for him is dewe,

that for mans cause doth such thyngs showes

The wounded man shalbe judge trewe,

and learned heades which it doth knowe. (Aa2v)

Anxiety over the reception of his text can be found throughout Gale's *Certaine Workes of Chirurgerie*. The preface of his work includes a section written by physician William Cunningham, who suggests that, while Gale wrote his volumes long ago, he held back from publishing through "feare of Sycophants and detracting tongues" and "the mistrust of severe judgment at the learned" (A4v). In Field's poem the "learned heades" that Cunningham references are superseded by the judgment of the wounded man. The "wounded man" who judges true is likely a reference to Jesus, reminding surgeons that the quibbles of earthly things are irrelevant. But the reference can also refer to surgical patients themselves. The image of the wound-man therefore participates within medical discourse as a marker for surgical success that separates it from the work of physicians. The focus on direct

"wounds" instead of generalized sickness stresses the fact that surgeons treated mostly visible afflictions (skin conditions or wounds). Because surgery is a hands-on procedure, and because the results of surgery can be seen on the body, the surgeon's work can be judged by looking at the surface of the wound-man.

Problematically, though, positing the wound-man as a standard for surgical success means that, more than mere demonstration of surgery, the wound-man represents a promise from surgeon to patient that in spite of great injury the patient can survive, the body can be repaired, and, most importantly, will maintain wholeness. It is from this promise of wholeness that we can begin to see how the wound-man connects to religious images from the period.

As previously noted, Cynthia Marshall suggests that the wound-man resembles St. Sebastian, whose arrow-ridden body is depicted in several paintings, most famously by Andrea Mantegna. According to the story, after discovering that Sebastian was a Christian, actively converting others to Christianity, the Roman emperor Diocletian ordered him into a field to be shot full of arrows. Although this part of the story depicts St. Sebastian in his most popular image, his actual martyrdom was something else entirely. Sebastian survived the arrows through surgical intervention. St. Irene, who removed the arrows, nursed him back to health. St. Sebastian was killed only later, when he

once again encountered Diocletian and was promptly clubbed to death. Interestingly, the twice-martyred Sebastian expresses the reality of military surgery: some wounds are treatable and some wounds are fatal. At the same time, however, the narrative of St. Sebastian and St. Irene represents the rhetorical message that the wound-man hopes to project. Placing the pin-cushion image of St. Sebastian beside the image of St. Irene treating his injuries makes it appear as though even the most grievous wounds are treatable. The image of the wound-man, a figure with multiple wounds from multiple weapons, precedes the surgical writing that details how to treat those wounds. It is, in other words, like viewing St. Sebastian's arrow-filled body before viewing the painting of St. Irene treating his injuries. The details of St. Sebastian's body indicate that he is going to die. Not only do many wounds afflict his body, but also his posture, gazing upwards to heaven in the traditional pose of martyrdom, further suggests his imminent death. In this context, St. Irene's life-saving treatment is nothing short of miraculous – an unexpected occurrence that defies expectations. This concept of a "miracle" relates directly to the physical bodily effects that can be achieved by surgeons. Unlike physicians, who could manufacture a pill or behavioral regimen that might cure illness, surgical work was directly hands-on and visibly achieved. The narrative generated by the wound-man is one that obscures surgical

practice, even as it suggests that a dramatically wounded body will be healed without explaining technical specifics. Herein, surgery is not scientific or pragmatic; it is miraculous.

Performing Surgery

The wound-man demonstrates the crucial life-and-death expectations and desires that were at stake in surgical writing. What we see depicted in early modern surgical texts may not directly reflect actual surgery, but instead suggests the ways in which surgeons wish to be perceived. It also shows the ways that surgeons wished surgery itself to be perceived. The shaping of surgery, as also demonstrated by the wound-man, was also the result of Christian influence. The defined roles of the performance – surgeon, patient, assistant – came with expected behaviours that yielded to a Christian context expressing patience in the face of pain, humility in success, and a sense of order and purpose in otherwise chaotic scenes of dismemberment. Like any performance, the depiction of surgery is one that masks the truth of what happens in the operation. Herein, pain is absent, and the surgeon is never affected by the work he does. This section of my dissertation will uncover the performance of surgery and determine what it might have meant for surgeons to stare inside the living body.

At first glance, the surgical patient would appear to be the only Christ-like figure in a surgical narrative. As the term itself suggests, the patient must remain patient and endure surgical incisions until the procedure is complete. Thomas Vicary advised surgeons to make sure the patients they work for adhere to the principle of patients: "They shall not take into their cure any manner of person, except he will be obedient unto their precepts, for he can not be called a patient, unlesse he be a sufferer" (*Englishemans* 5). Vicary's definition fits with the OED, which defines the noun *patient* as "A sufferer, *esp.* one who endures suffering without complaint." The noun form stems from the Anglo-Norman and Middle French *pacient, patient*, and its etymon classical Latin *patient-*, *patiēns*, the present active participle of the verb *patior*, which means to suffer, experience, or wait. The "patient sufferer" extended itself to the practice of *ars moriendi* and was replicated in images of martyred saints where painful injuries are endured without emotional response. Being able to endure pain under torture was part of the process of becoming a saint. As Margaret E. Owens has noted about the staged reproduction of the torture of saints "It is a sign of the saint's faith that she can withstand, often without flinching or registering any sign of frailty, all manner of bodily assaults short of beheading" (28). Patients were expected to emulate these Christian figures of martyrdom.

Woodcuts in surgical manuals emphasized stoic, pain-free patients while simultaneously demonstrating calmness within the environment and within the surgeon as well. The multiple meanings of the word patient are effectively illustrated in a woodcut of a surgeon removing an arrow from a soldier (Fig. 5). The woodcut was first seen in the 1525 edition of Hieronymus Brunschwig's *Noble experyence of the vertuous handy warke of surgery* but reproduced in other surgical manuals later on. Though the patient is having an arrow removed from his chest, his demeanor is calm. His facial expression is bland, his arms resting casually by his side, while a man situated behind him appears to be giving comfort. Realistically, it was more likely that this figure was actively restraining the patient. Simultaneously, the surgeon is focused, and has already worked to remove several other arrows from the patient. In the background, a battle rages on, showing this foregrounded surgical practice to be the least chaotic element of the scene. This woodcut carries on the promise of the wound-man images, where a wounded figure finds himself cured by surgical practice as the instrument of war is removed from his body.[13]

Instructions on the behaviour of the surgeon included expected comments about steady hands and resolute demeanor, but they also discuss the surgical operations as a process of sacrifice, endurance, and

[13] A similar woodcut appears in Thomas Gale's *Certaine Workes of Chirurgerie*. Individual woodcuts were often reproduced in various surgical manuals.

above all commitment to God. Thomas Vicary's text describes the ideal surgeon as being "a good liver, and a keeper of the holye commandmentes of God, of whom commeth all cunning and grace" (*Englishemans* 3) and that they should be prepared to "be bold in those things whereof they be certaine and as dreadful in all perilles" (*Englishemans* 5). While the patient absorbs the brunt of the physical pain attached to surgery, Vicary recognized that the surgeon too would have to be prepared to suffer through difficult decisions and operations.

Probing the body-interior of a living patient would have been a trying experience for surgeons. Such intervention actively challenged traditional assumptions involving the body-interior as forbidden realm. To look upon it meant death. Indeed, surgeons worked hard at their craft to keep separate the body-interior from the outside world. But as literal explorers of bodily integrity, in so far as they were the only practitioners treating wounds that left the body-interior open and visible, surgeons isolated themselves as a new and problematic profession privy to the secrets beneath the skin. Staring inside the living body in early modern England suggested meanings very different from those of today. What surgeons saw when they looked inside the body was informed as much by culture as it was by medical training. Just as Lady Macbeth warned Macbeth that his face "is as a

book where men / May read strange matters" (1.5.61-62) the opened bodies in early modern anatomies were also being read by the anatomists who opened them up, yielding information about the deceased that had once been shielded by the body's exterior. Katherine Park has documented this phenomenon in the Italian Renaissance, unpacking the autopsy narrative of a sister in an Umbrian monastery in 1308 whose opened heart revealed literal pieces of the cross, as well as nails and other artifacts from the crucifixion (1-2). Although autopsies in early modern England were less fantastical, they nevertheless still reflected an aspect of the patient's former life. The autopsy of King James I, for example, revealed that his head "was very full of brains", a reflection of his wisdom and knowledge (Teems 252). The desire to discover a secret hidden within one's body is evident in *Hamlet*, a play particularly aware of deception and falsity, where Hamlet, ever eager to penetrate the innermost secrets of the bodies around him, says to Gertrude "You go not till I set you up a glass / Where you may see the inmost part of you" (3.4.21-22). Such a "glass" may indeed be a mirror but also a more focused resolution, actively grounded and re-grounded down to a finer and finer perspective. Likewise, earlier, while conjuring up his "mouse trap" plot to ensnare Claudius, Hamlet remarks "I'll observe his looks; / I'll tent him to the quick" (2.2.597-98). Here Hamlet uses the language of surgery wherein

a "tent" is a surgical tool used to probe and keep wounds open. The mousetrap is designed to open up Claudius' hidden insides, which Hamlet will probe for the truth behind his father's murder. Looking inside the living body meant as much as looking into a person's soul – something that could not be taken lightly.

The surgeon's task of seeing but not speaking of the body-interior was almost opposite to the role of the patient. Patients were expected to act as though there was nothing going on inside their bodies. As Jonathan Sawday explains, part of the role of the patient was to participate in concealment of interior trauma – to pretend as though the wounds that torment their insides do not exist. He writes that the patient

> is thus the individual who, though in pain, masks or conceals their interior discomfort, by allowing no visible sign of the interior disturbance to escape onto the exterior. To be a 'patient', then, is to hide a secret which is the awareness of the presence of the interior. No matter that we all 'possess' interiors, the stoic fortitude of the patient is an act of concealment. (12)

Sawday suggests that this secret is shared by the surgeon who "enjoys a rare cultural status as mediator between the exterior and the interior worlds" (12) but his evidence for this involves only modern surgeons. He notes that "modern surgeons or physicians are careful to shield,

wherever possible, any possible sight of our own interior when we become 'patients'" (12), cites Richard Selzer's *Confessions of a Knife*, and relates accounts of Robert Lawrence, a soldier famous for his massive head-wound, received during the British campaign in the Falkland Islands. For all the time Sawday spends considering the corporeal perspective of early modern anatomists, it is surprising that he favours contemporary surgeons. After all, early modern surgeons also hid their patients' view of wounds. John Woodall instructs young surgeons that, in cases where wounds expose a patient's inside, he should "conceale from the Patient the greate danger of the wound" (303). By encouraging young surgeons to hide wounds from patients, Woodall suggests that there is an ideal, expected, state of the body and that the surgeon must make sure the patient returns to that acceptable form. Moreover, Woodall wishes to assure the patient that their bodily integrity was never threatened. To hide the wound before it is even treated is to set up an expectation that the wound is invisible, that, aside from the pain the patient experienced, the wound never happened at all. Successful treatment of the patient fulfills the desire for bodily wholeness by reducing the wound to a scar, a mere memory of pain instead of a reminder of a moment where the unity of the body was threatened.

The act of surgery, for Woodall, is a process of bodily reunification, but it is also part of a process where only the surgeon understands the fragility of the body-exterior. As Sawday points out, unlike the body-interior, the body-exterior is something that has been socially created. Images such as the wound-man can attempt to preserve well-established notions of bodily wholeness, but gazing into the bodily-interior requires a recognition of how fragile bodies really are. The surgeon alone must bear the strain of staring inside the living body. The stress is not just from the life-or-death situation of the patient but stems also from trying to work within the confines of a culture of bodily wholeness. When Woodall talks about shielding the patient, he might as well be referring to all non-surgeons. The living interior – where organs pulsate and blood flows – is a forbidden place that is traversed, and guarded, exclusively by surgeons. The surgeon suffers staring into the realities of bodily fragility so that the patient will never know the tenuousness of their mortality.

Conclusion: Uniquely Surgical

Surgeons struggled within the medical marketplace. Though their treatments were necessary and their services in demand, they could never earn the respect or the profit that the more learned physicians accrued almost as a God-given right through education at

the universities. However the greatest struggle for surgeons in the early modern period must have involved the obsession with bodily wholeness. Surgery almost always disrupted bodily wholeness. The interventionist work of surgery probed areas of the body hitherto as secret as theology itself. Sometimes surgeons left scars on the limbs they worked on, or else they left no limb at all. No other profession in the early modern period hacked into bodies without any sort of malice. No other profession removed limbs in order to heal the body. How surgeons dealt with cutting up bodies in the face of a culture of wholeness will be the theme of the rest of the dissertation.

Chapter 2: '*My gashes cry for help*': Wounds that speak

The Warrior his deere skarres no more resounds,

But seemes to yeeld Christ hath the greater wounds,

Wounds willingly endur'd to worke his blisse,

Who by an Ambush lost his Paradise.

– *Herbert, The Church Militant*

In the previous chapter I suggested that the wound-man could be read as a specific form of narrative emphasizing a type of miraculous surgery that promised to restore broken bodies back to wholeness. This chapter will focus on the wounds themselves and what it meant for surgeons to confront a wounded body. At a more simplistic level, the wound-man still operated as an exemplar for surgical practice; the wound-man showed the types of wounds that surgeons would treat. And indeed, treating wounds to the body's exterior (cuts, stabs, infections, or burns) was the surgeon's right by law. The surgeon's livelihood depended upon his ability to patch up the damaged body exterior.

Surgeons still viewed wounds within the context of a struggle for wholeness. For surgeons, wounds were a representation of bodily "unnaturalness." Thomas Vicary, in *The Surgion's Directorie,* describes

a wound as a "separation and recent breach of unity, of that that before was a continuity without putrified matter…" (*Surgions* 121). John Woodall reaffirms this sentiment, stating that

> A Wound is… a division of that which was knit together, without a putrefacation; and is common as well to the soft and organick parts, as also to the harder: it may (though seldom it doth) arise from an internal cause, as the malice of bad humours; but more commonly it comes from an external cause, namely, by the violence of some instrument. (85)

Both repeat the language that wounds "breach" the "continuity" of the body and thereby threaten the unity of its parts. Vicary and Woodall cannot discuss damage done to specific parts of the body without repeating the language of wholeness and continuity.

Confronting a wounded figure, then, was a meaningful moment for surgeons. A wounded patient represented an "unnatural" body – a body divided and on the cusp of total separation. It is not surprising that surgeons paid careful attention both to make sure the wound healed properly and to avoid leaving behind a nasty scar when they treated wounded patients. They treated wounds, in most cases, by stitching up the wounded area and applying certain ointments (either before or after the stitching) or plasters. Surgeons often had special methods for stitching, or a secret recipe for ointment that would ease

the curing process and help avoid scars. Ambroise Paré states in lengthy detail that surgeons must pay careful attention to how they apply their suture, in terms of both the location of and the spaces between their stitches. Improper sutures, Paré explains, "causeth paine and inflammation. And besides leaves an ill favoured scarre" (327).Paré later admits that in deep wounds there is no hope of avoiding scars and therefore surgeons might as well apply their suture with as much force as necessary, but he is certainly careful to avoid scars in wounds where possible. Paré refers to scars left behind by improper stitching as "ill favoured" as though a surgeon treating a wound is also responsible for the scar.

Scars were particularly unwanted on the faces of women, as Paré makes clear. He suggests that surgeons working on the face or cheek of a fair woman should incorporate a dry suture so as to avoid scarification:

> Seeing a wound of the cheeke seemes to require a suture, it must have a dry suture (as they terme it) least that the scarre should become deformed. For that deformity is very greevous to many, as to women who are highly pleased with their beauties. Therefore you shall spread two peeces of new cloath of an indifferent finenesse, and proportionable bignesse with this ensuing medicine." (382)

Though Paré seems to think maintaining a fair face is a female prerogative, it was certainly a male desire as well. In Shakespeare's *Othello* the importance of an unscarred female face is made clear as Othello ponders an appropriate way to kill Desdemona. He decides to smother her so as to avoid ruining her beautiful features with wounds and scars:

> Yet I'll not shed her blood;
>
> Nor scar that whiter skin of hers than snow,
>
> And smooth as monumental alabaster.
>
> Yet she must die, else she'll betray more men. (Othello 5.2)

Though the duped Othello believes Desdemona must die for her transgressions against him, he recognizes that his love for her is tied directly to her beauty. While he does want to kill her, he also wants to retain his memory and love for her. Scarring her face would alter her identity for Othello. A smothered Desdemona can be remembered as Othello's beautiful wife, while still paying the price of death for her alleged infidelity. Cutting her face would alter that memory. Indeed, Othello's decision to smother and avoid scarring Desdemona's face suggests that he is also hoping to avoid leaving behind a memory of the violence he has committed. A wound or a scar leaves behind a visible trace of a traumatic act, while smothering leaves none. Smothering Desdemona not only provides the appropriate punishment, but also

hides the act of that punishment: Desdemona is dead, but Othello can still look at her body and not feel like the murderer. But to cut her face and leave a scar would mean that all those who look upon her body are quickly reminded of where the scar came from. The violence of the scar would hold power over the passivity of the dead body, trumping the memory of her life with the reminder of her death.

While Othello wanted to leave his wife's beauty intact, other men punished adultery by scarring them permanently and forcing them to live forever in shame. As Garthine Walker points out, "A slit nose – the 'whore's mark' – signified the polluted body and character of the whore or adulterer. The whore's nose represented both her own 'tail' and the penis of her male sexual partner(s)" (92). Ben Jonson mocks this practice in *Volpone*. The vile and jealous Corvino consistently threatens violence on his wife, Celia, even though she is faithful and that it is, ironically, Corvino himself who wants to prostitute her to Volpone in hopes of obtaining his fortune. At one point Corvino locks Celia in the house and warns her that if she dares even look out a window he "will make thee an anatomy, / Dissect thee mine own self, and read a lecture / Upon thee to the city, and in public" (2.6.70-73). Later on he makes explicit reference to the "whore's mark" threatening that he will "drag thee hence, home, by the hair; / Cry thee a strumpet through the streets; rip up / Thy mouth unto thine ears;

and slit thy nose, / Like a raw rotchet!" (3.7.96-99). Apart from rehearsing the threat of scarring a woman as a form of shaming her publicly for infidelity, Corvino also utilizes the language of medicine. He figuratively imagines himself making an anatomy of his wife to be displayed to the general public, and later notes that he will use corrosive medicine to burn letters of a crime into his wife's skin:

> I will buy some slave
> Whom I will kill, and bind thee to him, alive;
> And at my window hang you forth: devising
> Some monstrous crime, which I, in capital letters,
> Will eat into thy flesh with aquafortis,
> And burning corsives, on this stubborn breast.
> Now, by the blood thou hast incensed, I'll do it! (3.7.100-106)

Aquafortis was a common medicine used by physicians and surgeons. Surgeons used corrosives on infected wounds, often at times of amputation. Patients lamented the use of corrosives because of the pain that they caused and the scarring they left behind. As surgeons such as Paré came up with new ways of performing amputation, they argued against the use of corrosives.

Although surgeons wanted to hide any trace of a scar and thus stamp out the visual memory of a wound, they obviously needed wounds to work on. Woodall states that most wounds came from "the

violence of some instrument" which suggests that the soldier was a common patient. Woodall would have been very familiar with soldiers, having begun his surgical career following armies in the lowlands and Germany, as well as publishing his surgical texts for naval surgeons. Thomas Gale served as a surgeon under Henry VIII at the siege of Montreuil and later under Phillip II of Spain at the battle of St. Quentin. Both Woodall and Gale would serve prominent roles with the Barber Surgeons Guild in London, but they began their careers in the military. Surgeons from the continent such as Ambrose Paré, Felix Wurtz, and Leonardo Fioravanti also spent a good deal of time working in military campaigns.

With the proliferation of gunpowder in practical small arms, new wounds began to challenge military surgeons. The battlefield became a laboratory for surgeons, who were able to experiment with new treatments for complicated wounds. Indeed, working and writing about battlefield treatments enabled surgeons to progress from thinking that wounds from gunshot were poisonous and needed to be doused in boiling oil, to better understanding infection. But despite the evolution of treatments and overall advancement in the understanding of wounds, it is hard to imagine that wars, and the soldiers who fought them, could be completely reduced to a narrative of medical progress. The wounded soldiers that surgeons worked on were figures of honour

and bravery. Their wounds spoke, as we shall see, of the greatness of their character. Wounded figures would have been an abhorred site for surgeons; though their injuries meant employment, their wounds also emphasized bodily fragility, and the realities of warfare.

This chapter will discuss the sort of wounded soldiers that surgeons would have treated as they are represented in early modern and late medieval drama. Several scholars have already approached the issue. Nick de Somogyi argues that "Elizabethan dramatists erected about the damaged figure of the returning soldier an ideological scaffolding that enhanced both roles, and which sought comparison and contrast between war and revenge, valour and villainy, hero and braggart" (13). Somogyi was interested in how the "social context of war" (4) in Elizabethan England was apparent on stage. His mixture of early modern drama with the writing that dealt with war in various contexts is similar to my own approach of utilizing surgical texts as a specific context for reading bodies in drama. Patricia Cahill has argued in relation to the anonymous *A Larum for London* that soldiers with wounds represent uncanny, sinister figures who, though survivors, are constantly "all too close to death" (205). She attests that wounded figures on stage represent a doubling of something familiar but estranged, "the common man who can endure what no man can" (189). More recently, Dong-Ha Seo considered

wounded soldiers as existing on "the edge between military and civilian life" (193). Seo suggests that the "Elizabethan interpretations of wounded soldier-characters … not only show that their thoughts about or attitudes towards the wounded soldiers were the product of cultural construction, but also would help to familiarize them with the ineluctable reality of war" (207). He focuses on the early modern conceptions of deformity versus the treatment of wounded soldiers to synthesize a concept of how wounded soldiers were marginalized. These scholars have done a thorough job of considering the wounds of soldiers on stage in a particular socio-cultural context that demonstrates the marginalization of the soldier class. Even the dramatized soldiers who appear valorous, seeking revenge for past wrongs are viewed as envious as a result of their deformed bodies. My chapter will consider wounded soldiers on stage within a more religious tradition. That is, I will be looking at the ways in which the wounds of soldiers on stage reflect the wounds of Jesus. I contend that the wounded on stage may never boast of their wounds in the ways that Jesus does; they allow their wounds to speak for them.

Jesus Wounded On Stage

In the first chapter of this dissertation I wrote of the ways in which the body of Jesus in medieval drama represented a figure of

corporeal wholeness. In spite of threats of dismemberment from scourging and the crucifixion, Jesus retains his idealized body and reinforces the importance of wholeness. In this chapter I will once again look at Jesus in medieval drama, paying close attention to the ways in which he and others speak of his wounds. The pattern is similar in different plays: before the crucifixion Jesus stresses that he will be wounded, that he will bleed, and that he will suffer for the sins of men; during crucifixion Jesus' prophecy comes true, his wounds are made overt, and Jesus speaks directly to the audience about the extremity of his wounds, marking him as the iconic figure of suffering; after crucifixion Jesus remains wounded, with wounds still fresh and not scarred, while narratives such as the doubting of St. Thomas repeat the cycle of expecting and receiving the wounded Jesus.

The significance of Jesus' wounds in medieval drama can be understood by considering contemporary commentary on the plays and by looking at how much effort was put into the effects of blood and gore in medieval drama. Beyond descriptions from the texts, the degree to which violence was visually depicted on stage can be deduced through personal commentary such as Yorkshire clergyman John Shaw's famous account of an old man whose only knowledge of Jesus was from "once in a play at *Kendall*, called *Corpus-Christi play*, where there was a man on a tree, & blood ran downe" (George xliii). Records of stage

directions inform us that "the blood ran down" thanks to meticulous planning and use of props. For the flagellation, for example, actors might use "whips and rods dipped in red paint. When they strike Christ's body it becomes bloody", and blood was drawn from a crown of thorns, in at least one case, by having soldiers "press the crown onto his head together with a small sponge dipped in red paint, so that the blood runs down over his face" (Meredith and Tailby 109). The ingenuity of stagecraft designed to emulate suffering through visual representation of bleeding and bruising, combined with the audience testimony of its effectiveness is demonstrative of how important staged violence was to late medieval culture.

While there are many wounded figures on stage in both medieval and early modern drama, none described their wounds with as much detail as Jesus. Though Jesus' wounds are perhaps the ultimate form of wound-metaphor, iconic and symbolic in obvious and easily recognizable ways for medieval audiences, he still takes time to explain how the wounds were made and what they represent. In biblical drama Jesus repeatedly speaks of his wounds. Even before the crucifixion, Jesus tells the audience what they already know, and no doubt eagerly anticipate: that his body will soon be bloody. This is evident in the Chester Last Supper where Jesus connects the blood of his body in the form of wine to the upcoming crucifixion. He instructs

his disciples to take the chalice and drink for "that is my blood / that shall be shed on the tree" (101-102) echoing Luke 22:20: "Likewise also the cup after supper, saying, This cup is the new testament in my blood, which is shed for you" (Luke 22:22). The Chester play makes explicit reference to the crucifixion while the gospel text only foreshadows that bleeding will happen eventually. Either way, a bleeding Jesus is vital to the Christian narrative of redemption. It is not enough that Jesus dies for the sins of men; he must also emphasize suffering. The suffering of Jesus was enacted with great detail in biblical drama.

The biblical plays that dealt with crucifixion were the most descriptive in their representation of Jesus. Jesus' dialogue in these plays gives explicit details about the wounds he suffers from, and the pain that he has endured. In the Towneley crucifixion play Jesus expresses just how bloody his body has become while also emphasizing what his spectacularly bloodied body represents. Much as in the York crucifixion that I discussed in the first chapter, Jesus begins by speaking directly to the crowd of people watching the play:

> I pray you pepyll that passe me by,
> That lede youre lyfe so lykandly,
> Heyfe vp youre hartys on hight!
> Behold, if euer ye sagh body

Buffet & bett thus blody,

Or yit thus dulfully dight;

In warld was neuer no wight

That suffred half so sare.

My mayn, my mode, my myght,

Is noght bot sorow to sight,

And comforth none, bot care.

My folk, what haue I done to the

That thou all thus shall tormente me?

Thy syn by I full sore.

What haue I greuyd the answere me,

That thou thus nalys me to a tre,

And all for thyn erroure? (233-249)

Jesus speaks of his wounds as evidence of his suffering for the salvation of all. His dialogue to the crowds stresses the exemplary nature of his wounds, stressing that no other body has been so dutifully "buffet & bett thus blody." Those looking up at the wounded body of Jesus are expected to recognize, via the obvious and extravagant wounds, the sacrifices that Jesus made for sinners. Jesus not only shows these wounds, he boasts about them as well.

Unsurprisingly, no one else could suffer like Jesus, and no one else could bleed like Jesus. In the Towneley Resurrection play Jesus continues describing his wounds. The detail of his description is remarkable. Considering that the audience members can see him, Jesus' dialogue doubles as instruction for the players on how he should appear:

> My woundys ar weytt and all blody;
> The, synfull man, full dere boght I
> With tray and teyn;
> Thou fyle the noght eft forthy,
> Now art thou cleyn.
>
> Clene haue I mayde the, synfull man,
> With wo and wandreth I the wan;
> From harte and syde the blood out-ran,
> Sich was my pyne;
> Thou must me luf that thus gaf than
> My lyfe for thyne. (237-247)

The specific references to locations of the wounds, as well as the back and forth reference between Jesus' suffering and the audience made clean by his suffering, solidifies a definition of Jesus' wounds by clarifying the status of His wounds both physically and metaphorically.

By his wounds "weytt and all blody" Jesus is able to make the claim "Clene haue I mayde the, synfull man." The wounds represent a distinct distance between Jesus and the audience, not only as God and saviour, but also as a figure who has suffered and been wounded on a level above all others. His wet wounds baptize all those who watch until they are clean of sin.

The narrative process of Jesus' wounds is repeated in post-crucifixion plays, where the freshness of his wounds remains constant. Disciples do not believe in the resurrection until they view Jesus' wounds. His corporeal body returns in the resurrection, including as proof the wounds he incurred during crucifixion. In the York Scriveners play of the incredulity of Thomas the status of Jesus' body is dependent on a visible demonstration of Jesus' wounds. Thomas, as the biblical story goes, doubts the words of the disciples who claim that Jesus has risen. Before Thomas arrives in the York play, Jesus appears and speaks to the other disciples. His dialogue is similar to that in the crucifixion scene:

> Behalde and se myn handis and feete,
> And grathely gropes my woundes wete
> Al þat here is.
> Þus was I dight youre balis to beete,
> And bring to blis. (50-54)

Once again there is an emphasis on the perpetual nature of Jesus' wounds. Jesus does not have scars that show his wounds, in part because his wounds remain constant. These wounds act as proof for Jesus to demonstrate his divine status. Furthermore, Thomas sets up a situation similar to the post-crucifixion Jesus. Audience members have already seen the bleeding Jesus appear earlier in the scene, and they know that they will see the bleeding figure of Jesus once more. The bloody body of Jesus is crucial as a form of proof of his return. Thomas says to the disciples that he will not believe Jesus is risen until he has experienced the wounds for himself.

> Tille þat I see his body bare
> And sithen my fyngir putte in thare
> Within his hyde,
> And fele the wounde þe spere did schere
> Riȝt in his syde,
> Are schalle I trowe no tales betwene. (158-163)

For Thomas, it is not enough for the disciples to speak of Jesus' wounds. Despite Paul's claim that the disciples had seen Jesus return, and viewed his wounds, Thomas requires Jesus to appear before him so that he may experience the wounds first hand. Importantly, it is the wounds that matter to Thomas. Thomas speaks specifically of the location of the wounds, knowing what to expect. Thomas sees the

wounds as intrinsically tied to Jesus' identity. It is therefore not surprising that when Jesus appears before Thomas, he asks Thomas not only to look at, but also to physically touch his wounds:

> Beholde my woundis are bledand;
> Here in my side putte in þi hande,
> And fele my woundis and vndirstande
> Þat þis is I,
> And be no more mistrowand,
> But trowe trewly. (175-180)

Unlike the famous painting by Caravaggio that depicts a bloodless Jesus whose wounds appear to be a gap in his flesh, this staged version of Jesus is one that bleeds. It is not enough for Thomas to see that Jesus has been wounded – that he has a hole in his body – but blood must come forth from that wound. It is necessary for Thomas, and those watching the play, to be reminded of how greatly Jesus suffered.

The Towneley play enacts the doubting of Thomas in a way that mirrors the transition from the Last Supper, where Jesus explains that he will bleed, to crucifixion, where he does. In the play entitled "Thomas of India" Thomas appears as the disciples have been discussing Jesus' death and resurrection. Thomas laments Jesus' death, with careful attention to the bloody manner in which Jesus dies,

and later attacks the disciples' notion that Jesus has returned. In his description of Jesus' death, Thomas describes the five wounds of Jesus in gory detail:

> The Iues haue nalyd his cors on rood
> Nalyd with nales thre,
> And, with a spere thay spylt his blood
> Great sorow it was to se.
>
> To se the stremes of blood ryn,
> Well more then doyll it was,
> Sich great payn for mans syn,
> Sich doyllfull ded he has. (285-292)

Thomas' description of Jesus re-enacts both the earlier crucifixion scene and what the other disciples have just witnessed. As Paul tells Thomas, "For the thyrd day Iesus rase / Freshley fro ded to lyfe. / Till vs all he cam apase, / And shewyd his wounds fyfe" (314-317). When Jesus does return to face Thomas, the wounds are on full display. Thomas puts his hand into the wounds of Jesus and cries out "Mercy, Iesu, rew on me, / My hande is blody of thi blode!" (569-570). Again, it is only direct interaction with the blood of Jesus that proves his resurrection to Thomas. And though at the scene's end Jesus repeats the familiar dialogue "All that it trowes and not se, / And dos after my

lare, / Euer blessed mot thay be, / And heuen be theym yare" (645-649), the audience too is given a visual representation of bloody Jesus.

Though audiences watching these plays did not literally see Jesus' wounds, the visual representation of Jesus as a wounded figure set a certain standard for what it meant to be wounded on stage. Religious plays were extremely popular before they were banned from public performance in the late sixteenth century. Audiences would have become familiar with seeing Jesus speak about his wounds and their meaning. They would have grown accustomed to recognizing, not only from theatre but through sermons, that Jesus' wounds were the most significant, and that Jesus' suffering was the greatest suffering. These potent traditions did not simply die out with the emergence of early modern theatre, but rather persisted in subtle ways. In the next section I will discuss how the wounds of Jesus, or rather the ways in which the wounds of Jesus were perceived and produced on stage, are replicated, rehearsed, or adhered to, in early modern drama. I will argue that the wounds of Jesus always speak, and as a result, wounded figures on early modern stage must remain silent about their injuries.

Wounds on the Early Modern Stage

I began this chapter with a quotation from George Herbert's "The Church Militant" because it emphasizes a key difference between

the ways in which Jesus talked about and demonstrated his wounds, which I have dealt with in the previous section, and the ways that wounded soldiers must – in Herbert's words – "yeeld Christ hath the greater wounds." To narrow what would otherwise be an extremely large field, I will be looking mostly at soldiers in Shakespeare with a few examples from other major early modern playwrights. My goal in this section is to demonstrate how the ways that Jesus appeared wounded on stage in biblical drama resonate with the onstage appearance of wounded soldiers in early modern drama.

There was no shortage of wounded bodies on stage in early modern drama. Playgoers packed theatres to watch tragedies that were almost always bloody, revenge tragedies that were especially bloody, and history plays that featured battle scenes and wounded soldiers. The wounds on stage spoke like any other character. They had meaning, representation, and costume. Wounds spoke of a character's honour or justified their destruction. But unlike Jesus in medieval drama, who spoke openly and directly to the audience not only about how wounded he was but also about what exactly those wounds meant for him and the viewer, wounded figures on the early modern stage never boasted about their wounds. The wounded soldier could be praised by another as an honourable and good man, but the scarred soldier, returned to the front claiming his wounds were from the wars,

was viewed as suspect. This is especially true in Shakespeare's plays. As Lafeu makes clear in *All's Well that Ends Well*, a scar earned in battle is something that, once received, acts as a commendation demonstrating honour: "A scar nobly got, or a noble scar, is a good livery / of honour; so belike is that" (4.5.99-100). Lafeu's words resemble young Hal's in *Henry V* where he famously states that those who survive the battle of Agincourt will be able to show their scars on St. Crispian's day as evidence of their heroism, and to remember the brotherhood of soldiers in which they participated. But Hal's speech is proven to be more rhetorical than evident of the way citizens receive wounded soldiers when they come home. The good soldier appears wounded in battle but returns home fully intact and perfectly capable (such as Hal does). But bad soldiers attempt to feign the wounded-soldier appearance when they are back in England. The low-born character Pistol, after receiving cudgel wounds from Fluellen, remarks that when he returns to England he'll turn cutpurse and "patches will I get unto these cudgeled scars, / And swear I got them in the Gallia wars" (5.1.87-88). Disgraced by his wife's death in hospital from the venereal "French disease", and scarred not in heroic battle with the French but instead from an officer's club, Pistol must re-birth himself with a new identity. His false scars match his falsified lifestyle as a cutpurse. But regardless of his falsity, Pistol demonstrates that scars

held a currency in early modern England. Their symbolic honour and bravery is the perfect mask for his lack of both. At the same time, however, Pistol's role as a false beggar brings into question the difference between scars and wounds for the early modern soldier. To see a soldier wounded on the field is to see the visual proof of heroism and valor in service of the crown. To see a scarred soldier begging for money, it would seem, would arouse suspicion. Furthermore, while it is acceptable for a figure of nobility (such as Lafeu, a lord, and Henry the king) to praise the wounded soldier, scarred figures must never praise themselves.[14]

There were few surprises in late medieval and early modern drama. The dramatic conventions of the period gave audiences a familiarity with what would likely become of the characters on stage by the play's end. In biblical drama characters were forthright to the audience about their identity and their intentions, or else they behaved in such a way that would indicate their moral alignment. Early modern theatre audiences anticipated bloodshed during a history play or a tragedy. When Vindici, the appropriately named avenger character in *The Revenger's Tragedy* famously utters the line, "When the bad bleeds, then is the tragedy good" (3.5.199) he does so with an ironic

[14] In comedies the scars of soldiers are sometimes rendered as useless currency. In *Comedy of Errors* Antipholus of Epheseus, demanding justice from the duke against his wife, reminds the duke of his military service, asking for justice based on the "Deep scars [he received] to save thy life" (5.1.193).

tone. It is ironic in the sense that, as the audience would recognize, the popular genre of revenge tragedy seldom carried any "good" characters. While there are obviously "bad" characters the act of revenge skewed any sense of positive morality on the protagonist. In the end, avengers and their accomplices bleed as much as the so-called bad characters do. In these final scenes of blood-letting, most familiar in Shakespearean revenge tragedies such as *Titus Andronicus* or *Hamlet*, the good and bad are both left on stage as a heap of bodies while a character of rank delivers a final moralizing soliloquy. But for audience members watching the spectacle of blood and corpses, the wounds might also be speaking. The bloody bodies at the end of revenge tragedies reminded audiences that vigilante style revenge was morally wrong according to both church and state.

Audiences understood the character of bloody soldiers depicted in tragedies and history based upon the way they responded to being wounded, or the way their wounds were read/spoken of after they died. This also meant that the wounds of a murdered soldier could speak of the justice or immorality of their murder. This is true for many of Shakespeare's plays, but especially *Julius Caesar*. When Antony is finally left alone with the "bleeding piece of earth" that Caesar's body has become, he reads a prophecy of civil war from Caesar's many

wounds. For Antony, Caesar's wounds become mouths that speak of injustice and ill-omens:

> Woe to the hands that shed this costly blood!
> Over thy wounds now do I prophesy
> Which like dumb mouths do ope their ruby lips
> To beg the voice and utterance of my tongue
> A curse shall light upon the limbs of men;
> Domestic fury and fierce civil strife
> Shall cumber all the parts of Italy;
> Blood and destruction shall be so in use,
> And dreadful objects so familiar,
> That mothers shall but smile when they behold
> Their infants quartered with the hands of war… (3.1.261-271).[15]

Like Jesus, Caesar was betrayed, and murdered. Antony makes a "prophesy" over the wounds of Caesar that all will be affected. Indeed, Caesar's blood becomes akin to a holy relic for Antony. He tells the conspirators that if they should need to kill him they should do so with the swords that killed Caesar as "no instrument / Of half that worth as those your swords, made rich / With the most noble blood of all this

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[15] Antony's response to Caesar's death is similar to Anne's reaction to Henry VI's dead body in the presence of Richard in *Richard III*. When Richard enters in the presence of Henry's open coffin, Anne says :

> O gentlemen, see, see! Dead Henry's wounds
> Open their congealed mouths and bleed afresh.
> Blush, blush, thou lump of foul deformity,
> For 'tis thy presence that ex-hales this blood
> From cold and empty veins where no blood dwells. (1.2.55-59)

world" (3.1.155-157). Later he asks that each conspirator "render me his bloody hand", smearing his own hands with the blood of Caesar while naming off each conspirator in order. In some ways the scene reads like an inversion of the Last Supper: the literal blood of Caesar is made sacred and shared amongst a group of traitors and a single disciple, followed by a prophecy of what is to come. But the scene also takes place, historically speaking, before the actual birth of Christ, which suggests that its representation of a conspiratorial sacrament is more a parody of the Eucharist. After all, during the funeral speech Antony makes a martyr out of Caesar, proclaiming, "Here was a Caesar! When comes such another?" (3.3.253), and encouraging the plebeians to "burn his body in the holy place" (3.3.255). The Roman public, charged by Antony, comically worships Caesar as a Christ-like figure, seeking vengeance on Brutus, whom they had only moments ago praised as the new Caesar. The heart of the parody is Caesar's prophecy. Jesus tells his disciples of what is to come at the Last Supper, but Caesar is already dead in this joining of conspirators. Caesar's wounds do the prophesizing. The wounds had become "ruby lips" that spoke to Antony of the "Domestic fury and fierce civil strife" that would befall Rome. The connection of wounds that speak for both Caesar and Jesus mark a genuine connection between the two in a

scene that otherwise distorts the relationship between the rhetorically inflated deification of Caesar, and the authenticity of Jesus as messiah.

While it might be obvious that Caesar's wounds would speak of his greatness in Rome, as he was a famous general and a member of the nobility, even lesser soldiers could allow their wounds to speak of their character. A specific example of a wounded soldier allowing his wounds to speak of his honour occurs in *Macbeth.* In the second scene of *Macbeth* a bloodied and wounded captain provides the audience with its first description of the titular character. In this scene the wounds of the captain serve not only as proof that the soldier participated in a battle, but also as evidence of his personal valour and courage. On stage the captain would have been a visual spectacle. The stage direction describes King Duncan and his cohorts meeting a "bleeding captain" whose bloodiness is noted immediately: Duncan asks Malcolm, in the first line of the scene, "What bloody man is that?" (2.1.1). The double instruction for the captain to be bloody suggests that his wounds are a point of emphasis for Shakespeare. Duncan's lines after his description of the captain give meaning to the captain's wounds. The King suggests that, based on the captain's appearance "He can report, / As seemeth by his plight, of the revolt / The newest state" (2.1.1-3). For Duncan, the wounds of the captain are evidence of several things. First, the wounds demonstrate his participation in

battle. As Duncan suggests, the captain can report on the battle not because he is one of Duncan's soldiers or because he is a ranking officer, but "by his plight." Second, the wounds speak of the captain's dutifulness and bravery. Malcolm describes him as a "good and hardy soldier" and "brave friend" (1.2.5-6). A captain, as Paul Jorgensen points out, would have been recognized as one of the more trustworthy military figures. Unlike the lowest common soldiers who were often depicted as base and vulgar, captains were respected figures that were given the task of recruiting within their community due to their knowledge and status. Jorgensen notes that "Elizabethan captains were originally given the task of recruiting because they were supposed to have the most professional knowledge of men and because they could give expert advice on suitable weapons for each recruit;" captains "were leaders in their community, and their men were townspeople for whom they felt responsibility" (132). And though the mass recruitment phases of the late seventeenth century reduced the captain's relations with the townsfolk to a greater anonymity, their status and connection to townsfolk would still have resonated with playgoers. The captain's wounds suggest that he is loyal and will speak honestly of his account of the battle. Before we even hear the captain speak any dialogue we are given a description of his character based almost solely on his having wounds from war. His wounds speak for him.

When the captain finally does deliver dialogue he relates the success of Banquo and Macbeth in gory detail. The battle as described by the Captain shows Macbeth and Banquo inflicting deadly wounds, and being coated in gore from battle, but never receiving any wounds. He gives specific information about Macbeth's defeat of Macdonald, graphically describing how Macbeth "unseamed him from the nave to th' chops, / And fixed his head upon our battlements" (1.2.22-23). It is notable here that only the wounded captain is able to relate the experiences of the battle. Though wounded, the honour of the captain is reflected in his ability to survive his wounds, and maintain his corporeal unity. The inferior Macdonald could not survive his wounds but instead saw his body "unseamed" – a ghastly image that smacks of bodily disintegration where the fragile innards spill out – and was later decapitated. Macdonald's wounds speak of his villainy by stressing bodily instability. As a rebel Macdonald threatened the political body of Scotland. That his body is itself disintegrated and decapitated serves an appropriate metaphor for how the rebellion is squashed by Macbeth.

A connection with the wounds of Jesus is made clearer with the comparison of Macbeth and Banquo's bloody battle to the site of Jesus' crucifixion. The captain's report of Norway's counter-attack on

Macbeth and Banquo combines the violence of battle with the gore of crucifixion. He describes the scene as follows:

> If I say sooth, I must report they were
> As cannons overcharged with double cracks,
> So they doubly redoubled strokes upon the foe;
> Except they meant to bathe in reeking wounds,
> Or memorize another Golgotha,
> I cannot tell… (1.2.36-41)

The mention of Golgotha is an obvious enough reference, but the description of how Macbeth and Banquo "doubly redoubled strokes upon the foe" is familiar to anyone reading literature on the passion. The "doubly redoubled strokes" from Macbeth and Banquo is reminiscent of writing by Richard Rolle, where he imagines the wounds on Jesus' body acting like a net. Rolle meditates on how the repeated hits on Jesus' body during the scourging would overlap: "for the knottes smitten oft in oon place, and at euch stroke smot hit the deppyr." Of course, foreshadowing the events that are to unfold, the Captain's retelling of Golgotha posits Banquo and Macbeth as the ones issuing the strokes. The wounds Macbeth inflicts in this Christian allusion speak of the eventual downfall he will incur. Though Macbeth begins as a loyal follower of Duncan, demonstrating his dedication to the King by defeating the rebel Macdonald and then fighting off

Norway, he will continue to "bathe in reeking wounds" throughout the play. In many respects Macbeth's murder of Duncan parallels the narrative of Jesus' crucifixion. Macbeth is a once loyal follower who murders his ruler for profit, spurred on by "supernatural soliciting" (1.3.131); he refers to the wounds of Duncan as a "breach in nature", and Macduff describes the King's death as "Most sacrilegious murder" (2.3.68) that will later drive Macbeth mad with guilt. Duncan's death has an impact that resonates through the natural world resulting in strange occurrences such as horses eating one another and darkness when it should still be day. As the Old Man points out, the events following Duncan's murder are "unnatural, / Even like the deed that's done" (2.4.10-11). Though Macbeth does not exactly parallel Judas, the relationship between the aforementioned events surrounding Macbeth's murder of Duncan and the biblical narrative of Judas' betrayal of Jesus that included supernatural involvement (Luke 22:3), natural phenomenon that occurred during the crucifixion such as darkness during the daytime (Mark 15:33), and a direct relation between the act of betrayal and the death of the betrayer, demonstrate a significant comparison that suggests Macbeth might be read as a Judas figure.

At the end of the Captain's speech it is the wounds that get the last word. The captain stops speaking only because his "gashes cry for

help," causing Duncan to summon surgeons to treat his wounds. The captain's wounds speak of his bravery and heroism in ways that the captain is unable to repeat himself. Indeed, it is Duncan who praises the captain by articulating what the wounds are saying: "So well thy words become thee as thy wounds; / They smack of honour both" (1.2.43-44). Duncan speaks to what the audience would already have recognized about the captain from his wounds. His honour is evident not just in that he received wounds, but also in his appropriately letting his wounds speak about his honour.

Shakespeare's *Coriolanus* also features a soldier whose wounds speak to the courage and honour he has demonstrated. Unlike the Captain in *Macbeth*, however, Coriolanus is anxious about his own wounds and unwilling to show them off for public consumption. A play that is as much about political rhetoric and backstabbing as it is about soldiers and warfare, *Coriolanus* puts the body of the title character on display in order to obtain political power. Coriolanus begins the play as a general, but after returning from war against the Volscians he is urged by his mother to run for the position of Consul. While Coriolanus wins the support of the senate with little effort, the commoners demand that he show them his wounds before gaining their approval. Menenius and Volumnia both suggest that Coriolanus' wounds are an important marker of his soldierly efficiency. They suggest that he "was

wont to come home wounded" (2.1.106) and that the wounds that "become him" represent his victory over the Volscians (2.1.110). Here we see the ways in which Coriolanus becomes akin to the wound-man image – a figure reduced to the wounds of battle. But Coriolanus himself is modest about his wounds. Cominius urges Coriolanus to make his heroism known to the people of Rome by showing off his wounds and allowing them to speak of his bravery. He suggests that "'Twere a concealment / Worse than a theft, no less than a traducement, / To hide your doings…" (1.10.21-23). But Coriolanus would rather hide his wounds and forget where they came from. He remarks "I have some wounds upon me, and they smart / To hear themselves remembered" (1.10.28-29). Coriolanus' desire to have his wounds hidden is mentioned before others prompt him to use them as a means for obtaining the role of consul. Indeed, those who would have him show off his wounds are disconnected from the memory of how he received them. In the first scene of the second act Volumnia mentions letters sent to the senate from Coriolanus that speak of the wounds he received in battle. But for Menenius and Volumnia it is not enough for Coriolanus to have been wounded; their interest lies in where he was wounded, and how often. In a particularly grim scene the pair count off the number of wounds by listing the parts of Coriolanus' body that received them. At one point Menenius even miscounts, perhaps a sign

of his excitement over Coriolanus' wound-man like appearance: to Volumnia's mention of "seven hurts" he adds, "One i'th' neck and two i'th'thigh – there's nine that I know"(2.125.126). Ultimately Menenius concludes that Coriolanus' wounds speak to the defeat of Rome's enemies: "Now it's twenty-seven. Every gash was an enemy's grave" (2.1.132). Lost in how Menenius reads in the wounds is any sense of personal suffering endured by Coriolanus in the receiving of them.

Custom dictates that Coriolanus must show his wounds off to the citizens of Rome in order to gain their support for consul. Even though he despises the idea of "showing, as the manner is, his wounds / To th' people, beg their stinking breaths" (2.1.221-222), he eventually concedes that the only way to power is through obtaining the love of the plebs. Indeed, the word *breath* and the idea of mouths and speaking becomes an intricate part of the scene where Coriolanus confronts the masses, summing up his relationship with the plebs. Before Coriolanus enters the scene, citizens summarize, amongst themselves, what he must do to earn their favour. One suggests, fittingly, "For if he show us his / wounds and tell us his deeds, we are to put our tongues into / those wounds and speak for them" (2.3.5-7). Like Duncan recognizing the heroic traits of the wounded Captain, the citizens want to read Coriolanus' wounded body and speak for his wounds. By offering to "put [their] tongues into those wounds", the

citizens offer their voices. But the offering is conditional and reminiscent of the doubting Thomas narrative. It is not enough for the citizens to hear of Coriolanus' wounds; they must see the evidence for themselves. Once again, however, the scene reminiscent of biblical drama does not play out the way it might be anticipated. Coriolanus refuses to appease the mouths of the masses, disdainedly telling Menenius to "Bid them wash their faces / And keep their teeth clean" (2.3.56-57) and then only agreeing to show them his wounds in private. Refusing to show his wounds publicly allows Brutus and Sicinius, whom Coriolanus refers to as "The tongues o'th' common mouth", to sway the minds of the people into believing that Coriolanus despises the common citizen. Instead of allowing the citizens to speak for his wounds – letting his wounds speak – Coriolanus is banished by virtue of the fact that he hoped his words, and memories of his deeds, would be enough.

If the doubting Thomas narrative appears in *Coriolanus* in the sense that Coriolanus refuses to show his wounds, it also appears in *Macbeth* as wounds that speak a truth that Macbeth would rather not confront. At first, wounds speak positively for Macbeth. After murdering Duncan, Macbeth is able to leverage the wounds of Duncan to cover up the actual murder. He utilizes the appearance of Duncan's wounds, proclaiming "his gashed stabs looked like a breach in nature /

For ruin's wasteful entrance" (2.3.115-116), in order to justify the murder of Duncan's guards. Eventually, however, the voice of wounds catches up with Macbeth in the form of Banquo's ghost. When the ghost of Banquo returns Macbeth once again comments on his wounds. Unlike the ghost of Hamlet's father, who describes his method of death in length to Hamlet in order to prompt revenge, or Caesar, whose "monstrous apparition" turns Brutus' "blood cold and my hair to stare" (4.2.328-334), Banquo's ghost never speaks, but instead emphasizes his wounds. No other ghost in Shakespeare appears to have returned with his original wounds, but it is a priority for Banquo's ghost. Indeed, Macbeth's response to seeing Banquo's ghost seated at his chair references the ghost's wounds specifically: "Thou canst not say I did it – never shake / Thy gory locks at me" (3.4.50-51). The ghost's still fresh wounds mark a message that relates to the doubting of Thomas and Jesus' resurrection. Banquo's wounds remain constantly fresh, they are "gory" even as Macbeth looks upon them. Banquo's wounds, as a ghost, speak not merely to his life being over, but to the vile way that his life ended. While Coriolanus refuses to show his wounds to a public that would gladly speak for them, Macbeth is forced to confront wounds he would rather not see. Though Macbeth attempts to deny his role in murder, Banquo's wounds, like the wounds of Jesus after resurrection,

speak clearly of past murder and the consequences attached. The entrance of Banquo's ghost marks the beginning of Macbeth's downfall.

After the honorable Captain finishes speaking about Macbeth and Banquo, Duncan tells his attendants "Go get him surgeons" (1.3.44). Surgeons rarely have speaking parts in Shakespeare. Physicians appeared frequently in Shakespeare's plays though rarely in a flattering way. They were often on stage as a form of comic relief, and sometimes appearing as inept or unable to cure anything – the doctor in *Macbeth* could not treat Lady Macbeth – but surgeons were relegated to the silent background. In that background surgeons were responsible for treating the wounds that spoke so favourably about an individual's standing. Surgeons would save a life, but might leave the patient scarred, deformed, or perhaps dismembered. It is not surprising that surgeons worked hard to cover up the wounds they treated, promising to return their patients to the form they were before being wounded. Military figures could be viewed as heroic while they are wounded, or even if they had subtle scars that showed their heroism, but, as I will show in the conclusion, it was difficult to show a hero missing a limb.

Conclusion: Philip Sidney's Deadly Wound

On September 22nd 1584, a group of two hundred English horsemen were attacked by a Spanish convoy on its way to the town of Zutphen as part of a larger assault by the United Provinces of Netherlands. Among the group were several important English figures, including Robert Devereux, 2nd Earl of Essex, Robert Dudley, Earl of Leicester, Peregrine Bertie (who led the attack), George Whetson, Henry Unton, Robert Sidney, and his brother, Sir Philip Sidney. Though outnumbered at first, the convoy managed to reach the walls of Zutphen and put up a stiff resistance, pushing back and defeating the combined United Province and English attackers. According to legend, before the battle began, Philip Sidney donned his heavy armor. But as he was leaving he encountered the camp Marshall, Sir William Pelham, wearing only light armor, and decided that he too would go into battle with only light armor. Fulke Greville records the encounter as follows:

> but meeting the Marshall of the Camp lightly armed (whose honour in that art would not suffer this unenvious *Themistocles* to sleep) the unspotted emulation of his heart, to venture without any inequalitie, made him cast off his Cuisses; and so, by the secret influence of destinie, to disarm the part, where God (it seems) had resolved to strike him. (128)

Though Sidney displayed the type of nobility and heroism that would earn him the largest state funeral for non-royalty, it cost him his life. As Greville alludes, the lighter armor was no match for the musket ball that hit Sidney in the thigh. Twenty-six days later Philip Sidney would die, remembered as the epitome of an English courtier, and heroic soldier.

What were the circumstances of Sidney's death? What did he experience during those twenty-six days? Guessing at injuries and diseases in other periods is typically an exercise in futility. Symptoms are recorded differently as patients had different experiences with pain and sickness than we do now, and diseases themselves change over time. But it is worthwhile to consider what happened to Philip Sidney after he was shot. As Greville describes it a Spaniard in the trenches "brake the bone of Sir Philip's thigh with a Musket-shot" (129). The complex fractures that occurred as a result of gunshot represented a new and complex injury for surgeons in the early modern period. Even though surgeons were no doubt more experienced in treating gunshot wounds by the time Sidney was injured, treatments still varied from surgeon to surgeon, and cures that did not involve amputation were infrequent. Ambrose Paré wrote about a similar injury, a soldier who had been shot in the wrist. Paré described that patient's condition as follows:

> Whilest I was Chirurgion to the Marshall of *Montejan* at *Turin*, a certaine common souldier received a wound on his wrest with a musket bullet, by which the bones and tendons being much broken, and the nervous bodyes cruelly tore, there followed a Gangreen, & at length a mortification even to the Elbow; besides also an inflammation seazed upon the middle part of his Chest, and there was as it were a certain disposition to a gangrene, whereby it followed that he was painefully and dangerously troubled with belchings, hickettings, watchings, unquietnesse and frequent swoundings, which occasioned many Chirurgions to leave him as desperate. (463)

This is not to suggest that Sidney suffered the same way that this particular patient did, but rather to illustrate the medical consequences that victims of gunshot wounds faced. We know that Sidney lay wounded for a long time before he finally succumbed to his injuries. We know that Sidney was treated by "the principal Chirurgions of the Camp" and, as things got progressively worse, the personal surgeons of nobles in the camp. Greville notes that while some surgeons treated Sidney "mercinarily out of gain", most worked "with a true zeal (compounded of love and reverence) to doe him good" (130). Greville suggests that Sidney was on the verge of recovering. He writes

> With love and care well mixt, [the surgeons] began the cure, and continued it some sixteen dayes, not with hope, but rather such confidence of his recovery, as the joy of their hearts over-flowed their discretion, and made them spread the intelligence of it to the Queen, and all his noble friends here in England, where it was received, not as private, but publique good news. (131)

It is difficult to tell whether or not Greville writes for utmost accuracy, or whether he is fulfilling a narrative that most succinctly depicts the death of Sidney as part of a larger heroic narrative. Greville's writing stresses the public interest in Sidney's survival, an important step in Sidney's process towards becoming a national hero.

Sidney's recovery was short-lived, however, and it was not long until, as Greville records it, he began to display the symptoms typically associated with a patient suffering from a grievous wound, one that was likely gangrened. Curiously, in Greville's account, Sidney discovers and diagnoses the fatal aspect of his injury himself, despite the protesting of surgeons. Greville writes that

> after the sixteenth day was past, and the very shoulder-bones of this delicate Patient worn through his skin, with constant, and obedient posturing of his body to their Art; he judisciously observeing the pangs his wound stang him with by fits, together with many other symptoms of decay, few or none of recovery,

> began rather to submit his body to these Artists, than any farther to believe in them. During which suspense, he one morning lifting up the clothes for change & ease of his body, smelt some extraordinary noisome favor about him, differing from oyls and salvs, as he conceived; & either out of naturall delicacy, or at least care not to offend others, grew a little troubled with it; which they that fate by perceiving, befought him to let them know what suddain indisposition he felt? Sir Philip ingenuously told it, and desired them as ingenuously to confess, whether they felt any such noisome thing, or no? They all protested against it upon their credits. Whence Sir Philip presently gave this severe doom upon himself; that it was inward mortification, and a welcome messenger of death. (134)

Sidney's self-diagnosis of "inner mortification" fits the customary trope of blaming medical practitioners for a patient's death. Early modern drama, after all, frequently depicts bumbling physicians that are more deadly to patients than the diseases themselves. And while Sidney "continued to be a patient beyond exception" (135) his surgeons continued to work on him in futility. But the ways in which Sidney diagnosed his injury calls into question the likelihood that his surgeons would overlook such a prognosis. Greville notes that Sidney based his conclusion on the pains he experienced and the extraordinary smell of

the wound. Smell would have been an obvious sign for military surgeons who were used to treating gunshot wounds. Surgeons must have considered the seriousness of the wound and the ways in which they might treat it. Perhaps, however, Greville's account is accurate to an extent. Perhaps the surgeons recognized exactly how they must treat Sidney's injury, but wouldn't dare go forward with it.

Let us return to Paré's similar case of a soldier with a wound to the wrist. Paré's patient suffered tremendously but was ultimately healed. Here is how Paré went about treating the patient:

> Wherefore knowing the mortification by its signes, I cut off the arme by the elbow as speedily as I could, making first the ligature, where of I made mention; I say I tooke it off not with a saw, but onely with an incision knife, cutting in sunder the ligaments which held the bones together, because the sphacell was not passed the joynt of the Elbow. Neither ought this section to be; accounted strange; which is made in a joynt; for *Hippocrates* much commends it, and saith that it is easily healed, and that there is nothing to be feared therein besides swounding, by reason of the pain caused by cutting the common tendons and ligaments. (463)

The difference in treatment between Paré and the surgeons in Greville's story are vastly different, but not necessarily surprising.

Paré came upon a patient whom surgeons had left incurable, meaning some surgeons treated Paré's patient in a similar manner as Sidney. Furthermore, Paré's patient was injured in the wrist, not the thigh, increasing the chances of a successful amputation. But the most important factor in noting the difference between Paré's quick decision to amputate and Sidney's surgeons' reluctance to make a diagnosis towards amputation is that Paré was working on a "certain common soldier" and Sidney's surgeons were working on a famous member of the English court. Would they have been willing to chop off the leg of such a privileged person?

In life Sidney was already a celebrated figure, known for his bravery. In death, Sidney was immortalized as a war hero, a courtier, and a poet. Being wounded in war enabled Sidney to die a hero's death, achieving the heroic narrative of nationalism that we still embrace today: giving his life for crown and country. He could not have achieved his immortality had he not died from his wound. If he had survived, a likely legless Philip Sidney would have been deformed, disfigured, unable to ride a horse, or participate actively in court. He would no longer have a whole body.

At his funeral procession English citizens honoured the memory of Sidney and imagined a wounded warrior whose bravery and sacrifice unified the nation. The procession itself, as commemorated in the

series of engravings drawn by Thomas Lant and engraved by Theodoor De Brij entitled *Sequitur Celebritas et Pompa Funeris*, did not just include mourners; it incorporated the very life and spirit of Sidney.[16] Amongst the line of figures in the procession were "so many poore men as he was years oulde", his officers, servants, standard, steward of his house, kindred friends riding on horseback, nobility, and, in the middle of the procession, his physician and surgeon. The procession concluded with "Cyttizins of London practiced in Armes about 300" who, after the procession concluded, fired volleys in honour of the fallen hero. The spectacle of Sidney's funerary procession encapsulated his life in a way that his body no longer could. The images of Sidney were now remembered through his banners; his spirit and virtues were remembered by figures in the procession. His body was hidden and thus the wounded, likely amputated body of Sidney, from its hidden place within the closed casket, could never tarnish the nostalgic image of heroism promoted by the procession. An amputated limb would have been more than just a wound; it would have been an absence. As Othello wanted to avoid scarring Desdemona so as to preserve his memory of her beauty, the wounded body of Sidney would have perverted the public's memory of him. Instead of a funeral procession that emphasized unity within the very communal nature of the event,

[16] A scrolling view of the engravings can be found at *The Funerary Procession of Sir Philip Sidney: An Early Modern Multimedia Site and Pedagogical Venture.* http://wiki.umd.edu/psidney/index.php?title=Main_Page September 6, 2012.

the missing limb would have represented a lack of wholeness, and indeed, a distorted reflection of the image of God. The next chapter will look at the transition from wound to dismemberment by looking at the ways that amputation narratives in surgical manuals dealt with dismembering the image of God.

Chapter 3: Dismembered bodies: Narrating Amputation

> *When I had considered the violence of his pain, the tumour of the lower part of his Leg and Foot, his lost appetite, want of rest, and his being emaciated, I informed them that did believe, that his Cure was impossible, and that there was but one way to save his life, which was to take off his Leg without much further delay; for that it had been kept on too long already, which news was unwelcome to them… (Hugh Ryder, 1685)*

> *… whereupon by accident, about the year of 1617 having a fit Patient, which had a mortified leg, and was as feeble and weak, as possible a living creature might, be insomuch I was of opinion, upon the first view of him, that Natures third was at hand spun out in him, so that it was even sinne and pitty for me to hinder natures course, or to shorten her course, in hasting it with violent Art, and namely by dismembering him in the whole part, who had not blood and spirits in such a case, according to the word, to keep life and soul together, but by consequent, he must dye in the very act; and therefore I confess, I intended the Patient should dye by Nature, rather than to be killed by Art, ever esteeming it a great sin to take away a limb from any creature, but with some good hope thereby to preserve his life: But again considering Christian duty, and that I was tyed to do my best to preserve life, to the utmost in my power, I conceived there might be peradventure yet some small hope of life, if I could without pain to the weak Patient, or losse of blood, ridde away his rotten member… (John Woodall, 1639)*

I begin this chapter with two different quotations from two different surgeons writing in two different periods. Though their works were published a mere thirty years apart (Woodall's text was republished three different times, as late as 1655), there is a vast difference between the ways in which they approach the subject of amputation. Hugh Ryder was a surgeon with little historical weight. His sole publication, *New practical observations in surgery containing divers*

remarkable cases and cures, was a slim volume with paratext coming mostly from its publisher, James Partridge, stationer to Prince George of Denmark.[17] John Woodall was a more notable surgeon. He wrote multiple volumes on surgery, was the Surgeon General to the East India Company, and made a vast fortune through importing tobacco as well as by providing surgery chests to East India Company ships. His prefatory material included writings from fellow surgeons, physicians, and poets. And yet the tone which Ryder takes regarding amputation is more direct and authoritative than Woodall's. Ryder diagnoses the injury to his patient's leg and quickly asserts that it must come off "without much further delay." Woodall, on the other hand, contemplates in length issues of nature, man, and God. For Woodall there was something more to amputation than preventing the patient's death. Such religious concern for the patient seems to have disappeared by the time Ryder was writing, some thirty years later.

It is clear that Woodall existed in a different era of medicine than Ryder. For Woodall, professional medical practitioners were not always respected as authoritative by the patients who sought them out – a fact that was especially true for surgeons. He writes in a period before clinical medicine, as Foucault describes it, became about the

[17] Ryder's text was republished 1688. Little change was made to the original surgical instruction; however, several pages of paratext were added including writings from other surgeons and physicians. In 1693 an official second edition was published that included new treatments.

gaze of the medical professional separating the patient's body from the patient's identity, before the language of empiricism became a method for structuring scientific knowledge. The clinical surgeon or physician is self-assured and in control of their diagnosis, not fraught with social and religious anxieties. Unlike Ryder, Woodall writes out of what Christopher Hill referred to as "a biblical culture," one where the Bible acted as a foundation for expressing authority, morality, and social subordination from Tudor England well into the middle of the seventeenth century, only to decline sharply with the early onset of the Enlightenment (4). The way that Woodall understood the bodies he worked on and, more importantly, the ways in which he could write about amputation were structured according to a very different social set than Ryder's. While both Woodall and Ryder used narrative as a means of relating the seriousness of amputation, Ryder's narrative is more clinical: focusing on specific observations of the injury itself with no interest in religious propriety. Woodall's dedication to imbricating religious propriety with surgical narrative is revealing about how early modern surgeons viewed the body.

This chapter discusses the community of surgeons who published during the early modern period. Specifically, the chapter deals with the ways in which amputation was discussed in surgical texts. In the complicated Christian humanist social network of early

modern England, medical or scientific writing came with expectations that the author would use classical rhetoric and frequently yield to the authorities of antiquity to explain cures rather than rely on personal observation. The human body maintained itself as the image of God: whole, complete, and seamless. Yet the practice of amputation complicated the traditional views of the Church and humanism. Narrative and anecdotal writing were methods surgeons used in their manuals to address the religious, cultural, and traumatic issues associated with amputation. Amputation narratives, written nearly a century before empiricism would dominate as the governing structure for organizing scientific knowledge, not only demonstrate an early schism between the expected scientific discourse and the realities of surgical procedure, they also show the anxieties associated with carving up living bodies in a Christian culture.

A Community of Surgeon-Writers

Over the past twenty years the study of the history of medicine has gone through a revision. Previous histories sought to decipher a linear path that revealed the evolution of medicine from archaic past to sophisticated present. These histories reveled in the work of "famous" historical physicians, or medical innovators such as Andreas Vesalius or William Harvey, and created a sense of history as a parade of great

men. More recently historians have shifted their focus to the margins of what had been viewed as a professional, male dominated, field of medicine. Scholars began considering the economic and geographic factors that influenced patients' decisions about whom to receive treatment from; they began to focus on domestic medicine, women as healers, and regional medicine. The result is a more nuanced view of how medical community functioned at the local level – what Doreen Evenden Nagy observes as "a better informed, albeit somewhat altered perception of seventeenth-century English health care" (3).

Recently, this nuanced view of history has returned to professional medicine in the early modern period. Nancy Siraisi, for example, has published on the ways in which the training of early modern physicians intersected with the general humanist training in the period, and how that intersection affected the ways in which physicians wrote about medicine. The surgical community, however, has received little attention in recent scholarship. Marie-Christine Pouchelle has written an extensive revisionist history of medieval French surgeon Henri de Mondeville, but there is nothing so extensive written on surgeons in the early modern period. We frequently see surgeons deployed in scholarship as a homogenous group – a sort of "big picture" look at the ways in which surgeons operated – and often this perspective arrives from the point of view of domestic and popular

medicine, not from the surgical perspective itself. Sara Mendleson and Patricia Crawford, in *Women in Early Modern England,* have provided detailed insight on the few women who practiced professional surgery, whether as fully licensed surgeons, or as barber-surgeons, but their scope is limited to female practitioners. We know much about the history of the guildhall, about the laws that existed for licensing and practicing surgery; we know that surgeons could receive training through the guild or by apprenticing on military campaigns. But how did surgeons work together, how did they view their own work, and how did they deal with any anxieties they had about other medical professions? What does surgical writing tell us about the surgical community? Or, more importantly, what does surgical writing tell us about the relationship between the surgeon and the bodies they worked on?

As I have mentioned, surgery occupied a precarious space in early modern medicine. As a form of professional medicine it was buried beneath physic as the less authoritative, less learned, form of practice. It furthermore lacked the freedoms of domestic medicine in that, as a professional form of medicine that received money for treatment, laws restricted what surgeons could actually treat. Yet, some of the areas that surgeons seemed most anxious about actually gave them an advantage over other medical practitioners. English

surgeons wrote in English, which further distinguished them from the physicians who wrote in Latin. So long as they could read, surgeons were capable of forming a community of learning centred on texts they wrote themselves. Because most surgery required hands-on practice, surgical methods could not hide behind the secret-recipe style of writing of physicians, one that intentionally obscures curing methods for fear of having it stolen by other practitioners. Surgical techniques could be shared from text to text, reviewed and critiqued by other surgeons, and improved upon over time.

Who read surgical texts? Readership in early modern England is not always easy to discern. These surgical manuals were typically written for the "younger sort" or apprenticing surgeon. The texts were never meant to be a supplement for experience and practice, but were clearly designed to assist in the art of surgery. We cannot be certain how many apprentice surgeons read these texts as a form of education, but we do know that surgeons owned works by other surgeons. Death records of prominent surgeons often listed surgical texts written by other authors as items bequeathed to family members. Thomas Vicary, for example, left behind copies of books by Guy de Chualiac and Giovanni da Vigo (ODNB). Those who owned surgical texts sometimes left records of their readings behind in the form of marginalia. Marginalia in surgical texts supports the idea that surgeons shared

ideas for curing, and also suggests that at least some of those who read surgical texts also practiced surgery. In one copy of George Baker's 1586 edition of Vigo's surgery the readers who made marginal notes jotted down lessons from Aristotle about the body, historical information about Roman emperors during the time of Galen, as well as including their own curative recipes alongside the author's. One example has a reader leaving a note from himself to remind him of where he learned a specific cure. In other texts readers included notations, defining specific ingredients that had been written about, or included comments about further uses for other treatments. Heidi Brayman Hackel refers to this type of marginalia as "marks of active reading" that "suggest that the book is to be engaged, digested, and re-read" (138). And though reading marginalia in surgical texts "is inherently limited to a narrow group of readers, those with sufficient means to own substantial books and those educated enough to be able to write in them" (Hackel 141), we can assert that for at least a small, literate, group of readers, there was a circulation of, and active engagement with, the surgical knowledge written down in these manuals.

The dedicatory paratext found in surgical manuals suggests that their writings may have been for potential patients as well. Surgeons frequently warned others away from unlicensed practitioners. Thomas

Gale promises his readers that his work will give warning against "those who under the name of Chirurgians be nothynge els but open murtherers, and also to deface these rude Emperickes, and to pricke forward the righte Chirurgian, and that you may the easier conceyve that which I go abought" (C3r). Gale's work functions not only as a text that illustrates methods to cure, but also as a way for patients to learn how to identify a good surgeon from a quack. Such writing can also be found in Ambrose Paré's work. Although not as direct, Paré frequently invokes stories about pretend surgeons and doctors whose charm based cures result in the death of patients. His narrative accounts of these faux practitioners subtly remind patients to seek out genuine surgeons for treatment. Paré writes of one example where a Spanish quack doctor attempts to cure a nobleman:

> There was found at that time a certain Spaniard, a notable Knave, and one of those Imposters who would pawne his life, that hee would make him sound, wherefor this Honorable Personage being in this desperate case was committed to his care. First of all hee bid they should give him the Patients shirte, which he tore into shreds and peeces, which presently framing into a Crosse, hee laid upon the wounds whispering some conceived or coined words, with a low murmure. For all other things he wished the Patient to rest content, and to use

> what diet he pleased, for hee would do that for him, which truly he did. For he ate nothing but a few Prunes, and drunk nothing but small beere, yet for all this the wounded Prince died within two days; the Spaniard slipt away, and so scaped hanging. (52)

These types of narratives and writings that lambaste the non-professional are likely intended in part to praise the author who prepares, legitimately, a lengthy collection of cures. Other surgeons could read these passages and nod in agreement; physicians could be persuaded that surgical work has merit on its own, rather than as a baser form of craftsman's medicine. But most importantly, these types of stories could persuade patients to stick with professionals in their treatment. Paré clearly stresses the part where this deadly pretend doctor escapes hanging, free to roam about advertising his false cures. Such warnings to patients were frequent in surgery manuals, detailing their awareness of a non-surgical readership.

Dedications and the search for patronage often led surgeons to seek out individuals who may have received treatment from surgeons in the past. Good candidates for funding included figures who fought in wars, or noblemen who may have been involved in duels. The English translator of Ambrose Paré's works dedicated the text to Edward Herbert, first Baron Herbert of Cherbury, an older brother of English poet George Herbert. According to the *Oxford Dictionary of National*

Biography, Herbert was known for his involvement in violent altercations: "Sir John Ayres became jealous of his wife's interest in Herbert (although the latter says that 'little more than common Civility ever past betwixt us' … and, aided by four others, attacked him. Herbert was stabbed but fought off his assailants" (ODNB). John Woodall dedicated his handbook for military and naval surgeons to King Charles V. He includes a woodcut portrait of the king mounted on top of a horse with a military formation in the background below. The depictions of warfare and appeals to commanders, kings, and soldiers for patronage is indicative of where these types of published surgeons felt their surgical community belonged, or at least where they could argue their services were most needed. But the patrons were not the intended audience of the manuals, and we cannot be certain that high-ranking officials even bothered to read these texts. The target audience for surgical texts was, unsurprisingly, other surgeons. Surgeons not only read each other's works, but made use of the techniques given. Surgical intertextuality was of particular note when treating injuries or illnesses that were unique to the period. Wounds made by gunshot, for example, could not be treated by reference to classical sources, nor could they be remedied by treating them as though they were a puncture wound from a sword, or an arrow. The lead balls shot from powder-explosive guns at higher velocities caused serious damage to

the body. The impact of the shot tore up flesh and shattered bones, and when the projectiles remained in the body, likely dirty to begin with and covered in black powder, infection was inevitable.[18] Illnesses such as syphilis were new to the period and did not respond to the treatments medical practitioners had learned from antiquity. With new types of wounds and new diseases cropping up in the early modern period without obvious cure or treatment, surgical texts often involved a peer-review style process, where one surgeon would write of a treatment and a later surgeon would critique that treatment, adding in his own twist or corrections.

The debate over the poisonous nature of gunpowder and gunshot wounds represents an example of how the progression of surgical treatment can be traced in the literature of the profession. Spanish surgeon Giovanni da Vigo was one of the first surgeons to write about treating gunshot wounds in the early modern period. In the early parts of the sixteenth century, Vigo asserted that the heat and powder of gunshot must be to blame for the infection it caused even after the wound was treated. He surmised that "a wound caused by a Gunne hath part of venimnesse, by reason of the powder" (Vigo 395). As a result, Vigo prescribed cauterization of the wound, with burning oil, in

[18] Alan R. Williams estimates that a German wheellock musket from the 17th century could fire at an average velocity of 438 meters per second. In comparison, the standard U.S. Army rifle today, the M16, has a muzzle velocity of nearly 1000 meters per second. Because of the musket's lower velocity, musket-balls would not completely pass through a target unless it was at close range.

order to prevent infection. Years later, Ambrose Paré would read Vigo's text and apply his methods until he discovered a different, gentler, cure. Paré narrates the incident wherein he made this discovery, which occurred early in his career, in 1536, while he was a surgeon for King Francis' army.

> I will tell the truth, I was not very expert at that time in matters of Chirurgery; neither was I used to dresse wounds made by Gunshot. Now I had read in *John de Vigo* that wounds made by Gunshot were venenate or poisoned, and that by reason of the Gunpouder; Wherefore for their cure, it was expedient to burne or cauterize them with oyle of Elders scalding hot, with a little Treacle mixed therewith. But for that I had no great credite neither to the author, nor remedy, because I knew that causticks could not be powred into wounds, without excessive paine; I, before I would runne a hazard, determined to see whether the Chirurgions, who went with me in the army, used any other manner of dressing to these wounds. I observed and saw that all of them used that Method of dressing which *Vigo* prescribes; and that they filled as full as they could, the wounds made by Gunshot with Tents and pledgets dipped in this scalding Oyle, at the first dressings; which encouraged me to doe the like to those, who came to be dressed of me. It chanceth on a time, that by

> reason of the multitude that were hurt, I wanted this Oyle. Now because there were some few left to be dressed, I was forced, that I might seeme to want nothing, and that I might not leave those undrest, to apply a digestive made of the yolke of an egge, oyle of the Roses, and Turpentine. I could not sleepe all that night for I was troubled in minde, and the dressing of the precedent day, (which I judged unfit) troubled my thoughts; and I feared that the next day I should finde them dead or at the point of death by the poison of the wound, whom I had not dressed with the scalding oyle. Therefore I rose early in the morning, I visited my patients and beyound my expectation, I found such as I had dressed with a digestive onely, free from vehemencie of paine to have had good rest, and that their wounds were not inflamed, nor tumifyed; bur on the contrary the others that were burnt with the scalding oyle were feaverish, tormented with much pain, and the parts about their wounds were swolne. When I had many times tryed this in divers others, I thought thus much, that neither I nor any other should ever cauterize any wounded with Gun-shot. (408-9)

Paré's anecdote about how he discovered a new cure for gunshot wounds is telling about the ways in which the surgical community functioned. Paré advocates that experience is better than reading, but

none the less promotes reading other surgical texts (and even publishes his own), notes that contemporary surgical cures require a hands-on approach rather than a reliance on ancient remedies, and displays a scholarly-like interaction with his peers. Indeed, in true peer-review form, Paré blasts Vigo in his text, noting that his new, cauterization-free method of curing wounds made by gunshot "proves that order of curing which is performed by suppuratives, to be so salutary and gentle, as that prescribed by *Vigo* is full of errour and cruelty" (408).

Not all responses to surgical writings were criticisms. John Woodall, writing in the seventeenth century still on the issue of venomous gunshot wounds, cites Thomas Gale as a surgical writer that young surgeons should read to learn about the non-venomous qualities of gunpowder. He writes, "if the Reader do but call to mind the workes of *Gale*, a late Worthy writer, he may find that he affirmes, and by sound arguments well maintaines, that wounds made by Gun-shot were not venomous, as diverse ancient Writers formerly had affirmed" (Woodall 390). Here Woodall responds to Gale's conclusions on gunshot wounds, and it was likely that Paré influenced Gale. Surgical writing often worked along this line of reader response and practice.

The contentious issue of the effects of gunpowder and how it was analyzed and resolved by surgeons is indicative of the development of

an empiricist methodology. Though empiricism always had a place in medicine and innovation, the dominant writing of the period relied more on the texts of antiquity, or the bible, as authoritative sources for proving cures. Empiricism would not become a standard part of scientific and medical investigation until the late seventeenth century.

The theme of the next section of this chapter is how surgeons wrote about amputation. Anatomists like Vesalius have been praised by historians for making anatomy an exploration and mapping of the body via one's eyes rather than via Galen's texts, but little has been said about the surgeons who dismembered living bodies, torn asunder by frightening new weaponry. Amputation could be seen as a necessary act to preserve life, but it also defied the religious and cultural norms of bodily wholeness. For surgeons to write about amputation they would have to negotiate through a network of cultural anxiety.

Amputation Narratives

Amputation was a unique surgical operation that disrupted bodily wholeness. While the health of the patient was spared, their body was forever changed. Writing about amputation was a unique feature in surgical manuals because it breached the normal form of surgical writing through anecdotes rather than didactic writing. These anecdotes were sometimes fantastical in their circumstances, such as

John Woodall's narrative about Ellin French. According to Woodall, French was a woman whose reputation for rowdiness and "gossip" preceded her. Her outbursts were so well known that, allegedly, "books and ballads" were written and sung about her in the streets of London. Sometime around the year 1628, when Ellin was a servant in a London house, her Master and Mistress accused her of pilfering. As the legend goes, Ellin did not respond well. She ran into the streets and began to "curse and swear" and wished that "if she had committed the crime she stood accused of, that then her legges and hands might rot off" (Woodall 398). She was in hospital the next day, at St. Bartholomew's under the care of John Woodall. After looking over the patient, Woodall noted "by the providence of God… as a judgment upon her… both her legges [had rotted] almost to the gartering place, with parts of seven of her fingers did rot off" (398). Woodall amputated the rotting parts of this "wretched woman" and she was healed "by Gods mercy and permission." When the procedure was over Woodall remarked, "so merciful is our God unto us vile creatures, when we are most unworthy of such his mercies" (399).

The above anecdote relates one of seven amputation narratives taken from Woodall's most popular surgical text, *The Surgeons Mate, or, Military and Domestique Surgery*, first published in 1639 and then republished in 1653 and 1655. Woodall rarely narrated his treatment

for other illnesses, and though he invoked biblical language in almost all his writing, he seldom moralized an illness to such an extent as this. Writing from handbooks in early modern England suggests that, for surgeons, amputation was a treatment unlike any other. It could never be laid out in plain, didactic terms, as other cures were. It frequently involved intense religious overtones: an asking of permission to operate from either the patient or the patient's friends and family and for prayers of forgiveness on the part of a surgeon. For surgeons, amputation was a form of anxiety in itself.

Yet, in the strictest sense of the word, amputation defined early modern surgery. The procedure contained all the elements associated with surgery: blood, cutting, healing through the use of one's hands. More importantly, despite it being hidden away in manuals as "the most lamentable part of Chirurgery" (Woodall 156), amputation was one of the few procedures claimed solely by surgeons. Although early modern law dictated what practices were appropriate for what medical professions, practitioners in all fields, professional and amateur alike frequently crossed over disciplines in their healing methods. Law relegated surgery to diseases or wounds of the skin – afflictions that were visible and should be treated by hands rather than through medicaments or diet alone. Hence the word *surgeon* stems from the Greek term, "chirurgeon", which literally means one who works with

their hands. Surgeons emphasized this definition, but they were also careful to leave open the option for medicinal treatment as well. The definition of surgery in Peter Lowe's *A discourse of the whole art of chyrurgerie* states that it "is a Science or Art, that sheweth the manner how to worke on mans body, exercising all manuall operations necessary to heale men, in as much as is possible by using of most expedient medicines" (5). While Lowe carefully slips the term *medicines* into his definition, John Woodall is more direct. He protests that surgeons must be allowed to use internal remedies (medicines, and diet) as part of their treatment:

> if any one can declare, either by grounded upon experience or reason, a way how to cure ulcers, tumors, wounds, fistulaes and other like diseases incident to mans body, as the French Pox, the Plague, &c. the cures of which diseases by statue Lawes are appointed to Surgeons, and to do it without the use of diet, and other both inward and outward helps, which these learned men (as *Hippocrates* and *Galen*) used, and have with no small labour found out by reason and experience, then I will easily yield, and be glad to learn, and will not onely learn, but highly extol it. (B1v)

Woodall's writing rationalizes the expansion of surgical method to include the internal remedies and diet that were typically the property

of physicians on the basis of classical authority and practical experience. And while it may be true that he sincerely believed these methods necessary for successful treatment, Woodall was also a cunning entrepreneur, who made his fortune not through practicing surgery, but by providing surgical equipment for the East India Company and importing tobacco. Woodall would likely have realized the competitive nature of the medical market place in early modern England, and noted that expanding one's practice beyond the statutory boundaries allowed for additional income.

Fortunately for Woodall, the laws surrounding medicine were difficult to enforce and excluded anyone who practiced medicine without charging a fee. This also meant, however, that for all the ailments that surgeons prescribed a hands-on treatment, there were recipes from physicians and domestic medical texts that called for pills or potions composed of herbal or mineral elements, not to mention simple dietary advice, as diet alone was thought to cure virtually anything so long as it adhered to humoral theory. Indeed, evidence suggests that even the wounds caused by cutting or stabbing, something that we might assume to require surgical attention, could be remedied through herbal sources. Herbalist and surgeon John Gerard, under an entry for the tobacco plant, writes a recipe for treating such wounds:

> I do make hereof an excellent balsame to cure deepe wounds and punctures, made by some narrowe sharpe pointed weapon which balsame doth bring up the flesh from the bottome very speedily, and also heale simple cuts in the flesh according to the first intention, that is, to glewe or soder the lips of the wound together, not procuring matter or corruption unto it, as is commonly seene in the healing of wounds. The receipt is this, take oile of roses, oile of Saint Johns woort, of either one pint, the leaves of Tabaco stamped small in a stone mortar two pound, Boile them together to the consumption of the juice, straine it and put it to the fire againe, adding thereto of Venice Turpentine two ounces, of olibanum & masticke of either halfe an ounce, in most fine & subtill powder, the which you may at all times make into an unguent or salve by putting thereto waxe and rosin to give unto it a stiffe bodie, which worketh exceeding well in maligne and virulent ulcers, as in woundes and punctures: I sende this jewell unto you women of all sorts, especially to such as cure and helpe the poore and impotent of your countrie without rewarde. (361)

John Gerard's recipe contains some surgical elements; it requires a direct interaction with the patient and it is an outward cure. But his methods are more in line with herbal remedies. The curative elements

of his procedure are herbal ingredients, and thus the method of curing comes from gathering herbs and following his instructions. Despite his being himself a surgeon, Gerard's dedication of this recipe to "women of all sorts" reinforces its domestic status, whereby even if it were surgical, it was not designed for the professional surgeon. Surgical treatment of deep cutting wounds frequently called for stitches, a dry or wet suture. They sometimes applied a plaster to the wound, to be changed daily, consisting of adhesive materials. In this comparison I am not trying to suggest that there was an appropriate or correct method for treating these types of wounds, but rather to point out that, even with a wound that would seem to require treatment by a surgeon, there were alternative forms of medicine in the period.

Amputation was an exceptional treatment because surgeons performed it exclusively. While patients could negotiate the early modern medical market place, picking and choosing what cure from what practitioner they desired, there is little doubt that surgeons would have performed a necessary amputation in all but extreme circumstances. The cultural significance of amputation is often ignored in history of medicine, as well as in critical writings about dismemberment. Medical historians focus on the risks involved with performing amputation, survival rates, and its infrequent usage. Critical writings concerning dismemberment forgo amputation in

favour of more violent acts of corporeal fragmentation. At a time in which the limbs of criminals were hacked off in the name of justice, and soldiers hewed the legs and arms of enemies in the name of King, country, and God, amputation represented a powerful paradox: a form of bodily dissolution designed to resolve the body to health.

It is not hard to imagine why amputation was not a preferred practice by early modern surgeons. Surgeons performed these amputations without any anesthetic or analgesic for the patient, in conditions where lighting was poor and the environment was unsanitary, with unclean tools that required skill, strength and stamina to ensure a successful operation. And if getting the gangrened, mutilated, or deceased limb off of the body were not hard enough, surgeons would have to deal with excessive bleeding and infection in the post-operation. The entire procedure would have been messy, physically and mentally exhausting, with little chance for success. Indeed, Nancy Siraisi concludes that because it was such a life-threatening operation, "amputation of limbs through living tissue was probably rare before the sixteenth century" (157) and Mary Lindemann suggests that in early modern Europe "only 25 percent of patients survived the initial shock and subsequent dangers of amputating a major limb" (217), a figure that seems high for a point in history that predates microbiology. It is nevertheless surprising that surgeons

would choose to relegate descriptions of amputation to the later stages of their surgical manual, or choose not to write about them at all. While a variety of operations posed notable threats to a patient's survival, amputation was the operation that required the most skill and experience to complete successfully.

Despite the fact that successful amputations required great skill, surgeons rarely wrote about amputation in any sort of boastful manner. If anything, amputation writing was notably humble in contrast to descriptions of other procedures. Surgeons name the disease, describe its effects, and then go about explaining how the illness or injury can be treated. This method is typical for mundane and minor injuries as much as it is for more major afflictions. Amputation is an exception. In most major surgical texts, the description of how to conduct an amputation is frequently interrupted or followed up with a narrative or anecdote of a previous successful operation. One might assume that the narrative form is part of the didactic writing: that by relating a story authors exemplify methods and procedures that are particularly sensitive to the mortality of the patient, or the severity of the procedure. But the context of the narratives in surgical manuals does not seem to indicate such intention at all. Amputation narratives, as we shall see, were written to address social and religious concerns, not to give further instruction.

Though amputation was perhaps the goriest surgical procedure, it was not the only one that came with a high risk of losing a patient. Cutting for the stone (a procedure that involved cutting into organs such as the kidneys, bladder, and gallbladder to remove stones that would not pass otherwise), treating fistulas (pipe-like ulcers that create a passageway between organs that would not normally connect), and even bloodletting came with the chance of infection or severe blood loss that could result in death. And yet these procedures, as written up in surgical manuals, very rarely carried a narrative caveat to further demonstrate their methods. Ambrose Paré, for example, describes the procedure for treating anal fistula without any specific personal narratives. His surgical method involves probing the wound and binding it shut with horse-hair:

> let the patient lye so up on his back, that lifting up his legges, his thighs may presse his belly, then let the Chirurgion, having his naile pared, put his finger besmeared with some oyntment into the patients Fundament, then let him thrust in at the orifice of the Fistula with a thick Leaden needle drawing after it a thread consisting of thread and horse haires woven together, and then with his finger taking hold thereof and somewhat crooking it, draw it forth at the Fundament, together with the end of the thread. Then let him knit the two ends of the thread

> with a draw or loose knot, that so hee may straiten them to his pleasure. But before you bind them you shall draw the thread somewhat roughly towards you as though you meant to saw the flesh therein conteined that you may by this means cut the Fistula without any fear of an Haemorrhagye, or flux of blood. (486)

As I will discuss further in Chapter 4, the cutting and probing in the region of the anus was dangerous work. If the surgeon probes too far he risks rupturing the intestinal lining, causing a patient to bleed and leak feces, and possibly die. The binding with horse-hair frequently caused bleeding when bound too tightly and when it was bound too lightly the entire procedure literally comes undone. Paré therefore uses the most specific language possible in his description to assist the surgeon performing the operation in avoiding problems such as excessive bleeding.

Paré's description of an amputation is very different. I have already discussed his amputation narrative in relation to the wound suffered by Sir Phillip Sidney, but it is worth repeating the narrative in the context of other surgical narratives. In his section on gangrene, Paré describes the process of cutting off the wounded area and the ligature employed to stop the bleeding, but instead of finishing and moving on to the next section, he includes a narrative "to confirme by

an example the prescribed method of curing a Gangreene and Mortification" (463). While Paré does detail the proper procedures he follows in treatment, he also gives specific details about the patient, about how he came to treat the patient, and about the results. For example, Paré notes that his patient was a "common soldier" who "received a wound on his wrest with a musket bullet, by which the bones and tendons being much broken, and the nervous bodyes cruelly tore, there followed a Gangreen and at length a mortification even to the elbow" (463). He goes on to point out that the severity of his wound "occasioned many surgeons to leave him as desperate" and that he only treated the patient after being "overcome by his friends entreaty." Paré's suddenly descriptive and anecdotal writing humanizes the amputation. The operation becomes more dramatic than the description of other procedures.

Surgeons who wanted to validate their claimed cures also used narrative. Sixteenth-century Italian surgeon Leonardo Fioravanti was one such example. A controversial figure in his day, Fioravanti was accused of being a quack, and later imprisoned for illegal practice by the physicians of Italy. His methods involved the use of distilled drugs, similar to Paracelsianism but relying on materials more readily at hand, along with his experience with alchemy. Fioravanti's use of strange new medicine and unique treatments, as well as his

charismatic and boastful personality, made him something of a folk-hero. English surgeon George Baker re-published Fioravanti's work in translation in the late sixteenth-century, demonstrating that despite his controversial methods, Fioravanti was at least respected amongst the English surgical community.

One of the reasons for Fioravanti's success outside of the continent may have been his writing style. Fioravanti's surgical writing was unlike that written in English as it reads more like a combination of a recipe book, a work on physic, and a collection of personal stories. Unlike other medical practitioners in the early modern period, Fioravanti mocked ancient authority, claiming that medicine was far superior in his time than in antiquity. He suggests that the lack of a Christian presence in ancient Greece prevented them from being shown the proper ways of healing. Indeed, of his own medicine he writes, "And this order of curing, I repute it not to my science, but a worke that God would reveal unto the world, through my meanes, and to shew the truth, there hath been none that hath found the medicines for wounds with so much ease and beauty as I have done" (2). Here Fioravanti bluntly states what other surgeons only imply in their paratext: that medicine comes from God, and that those who practice medicine are chosen to do so by God. Furthermore, by eliminating the ancients as the authoritative source for medical

practice, Fioravanti devalues the university, humanist education possessed by physicians who mocked surgeons that wrote their works in common language instead of Latin.

This boldness and mockery of traditional medical theory and practice resonated in Fioravanti's narrative style. His writings typically refer to treating illnesses that were thought to be incurable, using techniques that had not been used before. As a result, he would often include within his anecdotes a reference to witnesses who could attest to the validity of his claimed cure. Fioravanti's narrative method fits into Nancy Siraisi's paradigm for medieval surgical stories even though he is often referred to as "modern" and a "forward thinking" surgeon for his time. Siraisi suggests that medieval surgeon's books were notable for showing a surgeon's "willingness to tell stories about themselves, their patients" as well as their training and experience (170). She argues that these stories served "to provide examples of the narrator's success. In this respect, the stories seem almost like secular parallels to one kind of narrative told about miraculous cures" (171). For example, Firoavanti recounted the case wherein he reconnects the nose of a man who had lost it in a sword fight:

> In that time when I was in *Africa*, there happened a strange case, and that was thus. A Certaine Gentleman a Spaniard that was called *Il-signor Andreas Gutiero*, of the age of xxix yeares,

> upon a time walked in the field, and fell at words with a Souldier, and began to draw his weapon, the soldier seeing that, stroke him with the left hand and cut off his nose, and it fell down in the sand, than I happened to stand by, and tooke it up, and pissed thereupon to wash away the sand, and stitched it on again very close, and dressed it with our *Balsarno artificiato*, and bound it up, and so let it remain viij. dayes, thinking it would have come to matter: nevertheless when I did unbind it, I found it fast conglutinated, and then I dressed it only once more, and he was perfectly whole, so that all *Naples* did marvell thereat, as is well known, for the said *S. Andrea* doth live yet, and can testifie the same. (58)

Fioravanti attempts to cash in on a miracle cure idea that was typically not available to early modern surgeons. Here he overcomes the problem of wholeness that plagued most early modern surgeons by performing the exact opposite action of an amputation: reattaching a part instead of cutting it off. While his narrative does align with Siraisi's description of surgical stories, Fioravanti's need to name a witness capable of testifying to his success hints at some nervousness over the plausibility of his story. Indeed, after almost all of his narratives he is sure to include a named witness. This suggests that

Fioravanti is aware of a specific type of reader who would demand direct testimonial of his anecdotal evidence.

Fioravanti did not provide anecdotes of any of the amputations he may have performed, and for good reason. While he is able to tell success stories of his miraculous work reattaching a nose or reviving a man once thought dead, amputation afforded no room for any sort of miracle – the patient either survived the operation or died a painful death – and it was difficult to argue convincingly that the patient was "cured" when they left the procedure missing a limb. Fioravanti was fond of concluding his stories with his description of the patient being "perfectly whole" or "whole and sound" as a way of ensuring prospective patients that his work is clean and not invasive. Fioravanti used narrative to boast of his deeds and provide evidence for his cures. Paré, as I have shown, would provide narratives to situate his moral standing, and attempt to earn potential customers. But no amputation could be considered a success story, nor miraculous, and though causes leading up to the amputation could (and would) be moralized, the consequential hacking off of limbs would hardly win over any new patients. Despite running counter to the rhetorical qualities of narrative in surgical manuals, amputation remained the most narrated of all performances. The reason for this, I argue, goes back to

the sacred form of the whole body, deeply embedded in a Christian context.

Amputation narratives were unique in comparison to procedures described in anecdotal form. They resonate with sympathy for the patient, humility before God, and despair over the operation they must perform. They typically begin with instructions for surgeons on how to prepare before the operation, often invoking prayer for both surgeon and patient alike. Scottish surgeon Peter Lowe typifies the unique way in which the description of amputation as surgical procedure begins. He writes:

> thereafter you shall goe to the amputation of the member, which shall be done in this manner. The friends being first advertised of the danger, because that oftentimes death ensueth: for the which cause the learned Celsus calleth it a miserable remedie, so that I thinke the expert Chyrurgions should assay all remedies, before they come to that extreme remedie, which is done with great danger, chiefly in doing of the operation, and that either for fluxe of bloud, feare, faintnes and sounding after it is done. (89)

The manner of amputation is begun without the use of the saw or even interaction with the patient. Unlike any other procedure in Lowe's surgical text, amputation starts with a discussion about the severity of

the operation amongst friends of the patient. Lowe builds a noticeable distance between surgeon and the consequences of amputation. He leaves the choice of performing the operation up to the friends, self-pardoning the surgeon for the death of a patient, which was important in a period where, upon a patient's death, the last person to touch the body was often blamed for the death. This consequence connecting touch to cause of death was particularly hard on surgeons, who out of necessity were forced to make contact with the body for their treatments. But this distancing creates further problems for Lowe. Unlike nearly all other surgical operations that he has written about, his description of amputation shows signs of reluctance to perform the procedure. Indeed, by Lowe's own account it seems as though he would be just as professionally satisfied to let the patient die from his wound as to attempt, and possibly fail, to cure them. Lowe addresses this problem of surgical hesitancy by quoting Celsus in calling amputation a "miserable remedie" and thus conjuring the authority of antiquity to solidify his rightful hesitation.

Surgeons rarely narrated amputation operations where the patient died from the procedure. The fear of being blamed for a patient's death during particularly complicated surgical operations mobilized a rhetoric that removed the surgeon from the responsibility of mortality. The German surgeon Felix Würtz follows this style,

writing, "One had a fall from a ladder, and had some hurt on his leg, he did lie a long time under Surgeons hands before he was brought to me, never had I a more difficult cure in hand, his leg could not be saved, but off it was cut, and his life paid for it" (190). In this account, Würtz linguistically posits himself as the last line of defence, and in doing so, locates the cause for the patient's amputation and eventual death as a result of the "long time" the patient spent with, we are asked to assume, what must have been inferior surgeons. The patient "paid for it" because of the mistakes of other surgeons, not because of Würtz's treatment.

It may not seem surprising that a surgeon would want to first discuss the patient's chances of survival with friends and family, but why is it being written about in a text that blandly proscribes remedies for the plague without any familial consultation? Certainly amputation is a procedure that could kill a patient, but amputations were only done in times when gangrene would have killed the patient anyhow. What makes it so significant is not its threat to mortality but its threat to the ever important early modern concept of bodily wholeness and maintaining the image of God. This is made clear in John Woodall's advice to young surgeons who are about to amputate:

> Since therefore it is of necessary use, let the discreet Surgeon be ever prepared for it, and to that end let the Dismembering saw

> be alwaies in a readinesss, well filed, and clean kept in oyly clowts to save it from rust, let it also have two blades well filed ere you put it into your Chest, for that one tooth in a Saw may break. If you be constrained to use your Saw, let first your Patient be well informed of the eminent danger of death by the use thereof; prescribe him no certaintie of life, and let the work be done with his own free will, and request; and not otherwise. Let him prepare his soul as a ready sacrifice to the Lord by earnest prayers, craving mercy and help unfainedly: and forget thou not also thy dutie in that kind, to crave mercy and help from the Almightie, and that heartily. For it is no small presumption to Dismember the Image of God. (156)

Though prayer was never divorced from surgical practice, it was rarely as closely associated with a singular operation in the way that Woodall relates prayer and amputation. The emphasis on prayer acknowledges the risks involved with the procedure, not only for the patient who might lose his or her life, but also for the surgeon who presumes, as Woodall put it, "to Dismember the Image of God." Like Lowe, Woodall makes sure to discuss the risks of amputation before proceeding with the operation – a method that ensures the surgeon did not just freely decide to cut off a limb. Unlike Lowe, however, Woodall brings Christianity and the issues of wholeness into the discussion about

amputation. He instructs his surgeons to pray for themselves as well as for the patient, as the operation they are about to perform will dismember the image of God.

Interestingly, Woodall instructs the patient to "prepare his soul as a ready sacrifice." The word *sacrifice* is a telling choice for Woodall. The OED suggests that the word could simply mean submission to God, and not that the patient would literally be a sacrifice to God, but by invoking the word *sacrifice* Woodall sanctifies the act of amputation, turning it away from what could be viewed as a torturous execution (as were being performed) and into a ritualized holy act. The realities of warfare might help explain, in part, as to why the surgeon must ritualize amputation as something holy. Woodall notes that the patient must "prepare his *soul*", an interesting distinction as it is the type of dialogue one might expect to be delivered by a clergyman to a dying patient. Indeed, seventeenth-century English theologian Jeremy Taylor, a prolific devotional writer, referred to the ministers who visited the sick as "the Physitian of souls" (282). For Taylor, ministers were as much a part of the medical-healing process as physicians and surgeons. As he saw it, the sick would be visited by both medical and spiritual professionals. Taylor's medical-spiritual alliance is evident in the ways that he uses medical writing to describe spiritual healing, encouraging ministers to apply "spiritual remedies which are apt to

mortifie and cure the sin…" (282). Woodall's frequent incorporation of prayer in surgical practice would suggest that he shares a similar perspective on the role of religious leaders in medical practice. But Woodall gained his surgical experience, as well as his intended readership, within the realm of armies and navies. Though Chaplains had been commonplace in armies since the time of Henry VIII, they did not become a mandatory part of individual regiments until Cromwell's New Model Army in 1645. Because surgeons often performed amputations immediately following a traumatic wound, the patient would not always have an opportunity to consult with a church attendant before facing the serious risk of death that was involved with an amputation. Woodall's call for the patient to prepare their soul illustrates a private moment between surgeon and patient. With no clergy on hand Woodall encourages the patient, as well as the surgeon, to tend to their spiritual health themselves before proceeding with an operation that would either save the patient's life, or else end it.

Later in his text Woodall makes further reference to the importance of amputation as a religious act. He informs young surgeons that, even if they have read his book, they must first have participated in the assisting of an amputation (at the very least) before they undertake the procedure themselves. In his description, however, he notes that the emphasis on experiencing amputation second hand

before conducting it alone is necessary not just because it is a complex and difficult operation, but because of its religious significance. In a section entitled "Certain Rules to be had in regard before dismembering be taken in hand…" Woodall tells the young surgeon:

> the work of dismembering ought not to be done or attempted by any, who have not first, either done the like, or at the least been a helper to dismember some, yea, and more than one, and hath often seen and well observed the manner of the work, to have been done by other Artist, before he presume to attempt it himself, for the dismembering of the Image of God in man ought never to be performed but with a due reverend, and religious regard. (400)

Amputation becomes something sacred, hallow, holy – an act that requires reverence and "religious regard." The particular word choice of "reverend" is most telling about the seriousness with which Woodall views amputation, transforming the procedure into an act of veneration, reminding the reader that such an operation requires not only proper regard for the body as God's temple, but also sacrifice to God. We also see a mixture of the rehearsal of religious ritual with commonplace surgical training. In other words, Woodall configures the body under the devotional terms. Specifically, his use of terms such as "presumption", "reverend", and "regard" are all familiar terms used in

devotional texts. Woodall's comment on not presuming to dismember without adhering to the religious significance echoes the prayer of humble access from the 1599 Book of Common Prayer: "We do not presume to come to this thy Table (O merciful Lord) trusting in our own righteousness, but in thy manifold and great mercies." Reciting the language of common prayer allows Woodall to perform amputation under the paradigm of consideration, where any transgressions of dismemberment committed by the surgeon might be pardoned by the sanctity of English religious ceremony.

Woodall provided more narratives of amputation than any other surgeon writing during the early modern period. At the very end of his *Surgeons Mate* he writes seven different narratives of amputating limbs that have been gangrened or mangled to such an extent that they must be removed. His narratives stress religious piety, surgical skill, and concern for the patient. Above all else, however, Woodall stressed a concern and anxiety about bodily wholeness. For Woodall, as we have seen, the body was the image of God. Cutting up bodies contradicted the Christian viewpoint on corporeality. One of the ways Woodall alleviates this conflict is by explaining the causes of gangrene through religious terms. He explains that God created "in mans body such a strong antipathie betwixt the living and the dead parts thereof…" that they would "notably withdraw themselves each from

the other, as in disdain, leaving neither warmth, not at all any comfort, motion, nor sense" if one became gangrenous (393). This general pardon for amputating gangrenous legs helps Woodall rationalize his amputation and explain why it must be done so in the "sound part" of the leg, and not in the mortified part, where the patient would not experience pain.

The concern of maintaining bodily wholeness despite amputation can be seen in the ways in which Woodall describes the post-operation patient in his narratives. Woodall discusses a case involving a man named John Harding, "an Apprentice for one Master *Goddard* an Upholster at the sign of the Crown in the Poultry in *London*" (398), who had suffered from a severe fever that caused his right leg to become mortified. As in most of his other narratives Woodall describes the symptoms, the severity of the case, and references God's mercy in the survival of the patient. He describes the procedure in simple terms – "I took [the leg] off in the mortified part, at, or near the gartering place, which by the ancient use of Art of our times, must have been taken off in a sound place" (398) – and then includes information about the patient's post-operation life: "to have taken it off in the sound part, he doubtlesse would have dyed under my hand, but by Gods mercy he lived divers yeares after, and went most neatly on an Artificial legge not easily discovered" (398). There are

several key points to highlight from Woodall's commentary. The first is his use of the phrase "the ancient use of Art in our time" which neatly combines the authority of antiquity with a surgical practice that has been altered to fit contemporary needs. Many of Woodall's patients, after all, are suffering from gunshot wounds, or are being treated for gangrene through the amputation of the "sound part" and not the infected area. The second point of interest is Woodall's focus on the patient's artificial leg. Here Woodall is interested in the quality of life and appearance of his patient, not simply whether or not he survived the operation. The effects of a culture of wholeness can be seen in Woodall's note that Harding's artificial leg was "not easily discovered." That making Harding's body appear whole and unified was as important to Woodall as saving his life shows how significant it must have been, culturally and medically, to maintain a body in and as the image of God.

Associated with maintaining wholeness, Woodall also liked to stress a continued utility after the operation. In such descriptions Woodall reduces the consequences of amputations by emphasizing that the patient can maintain their current standard of living, or continue the activities that they enjoyed before the operation. In one particular example he discusses a case involving an injured shipwright. Woodall

describes the severity of the injury, the treatment, as well as the post-operation condition of the patient:

> this man at his labour aboard the shippe, standing stoutly at his work, at the straining of a Cable as it was running out of the bits of the ship (as the Sea-men terme it) the Cable tooke hold of his legge, close by the ankle, and forceably bruised in pieces, not only the veins, arteries, and nerves, with the softer parts, but brake alsoe the bones in sunder with extream violence, insomuch, as by reason of want of a Surgeon present to dresse him, by great effusion of blood and spirits, the legge mortified the next day, and he after that fell unto my part in the Hospital to be cured, the which being emboldened by the good success of the two former, I took off his legge also in the mortified parts, as I did the other, and made a perfect cure thereof in three months, and he followed the trade of a ship-Carpenter at the writing hereof. (398)

Wholeness for Woodall could be achieved by stressing something other than the actual state of the corporeal body. In the case of this particular patient, wholeness might refer to his continued career. Surgical success can be described by its ability to make a visible wound become invisible. Though amputation makes a wound impossible to erase, Woodall uses writing and narrative to achieve similar results. In

this instance it is the patient's profession that is maintained, allowing the patient to be a functioning member of society. This is an important point as surgeons and physicians, as well as political writers, frequently referred to the state as a body in which the citizens, by performing their duty to the state as labourers and good citizens, serve as the limbs of the body politic.

Woodall continues his focus on utility when he discusses a man who required a testicle to be amputated. Just as the state and church were frequently described through bodily metaphor, so too was family. The family unit had its head of household and family "members." Woodall's narrative of testicular amputation describes a man who had not yet married. The procedure seems to threaten the man's chances for marrying or having children, but as Woodall explains:

> The work was of a certain Stationer, then dwelling in *Pauls* Church-yard (whose name I conceal,) for that at the writing hereof he lived, and it was performed upon his Testicles, who in the Plague-time, that was *Anno* 1612 as I remember, or about that time, by a Carbuncle, that by Gods hand seized upon one of his Testicles, and namely upon the left Testicle, that it became wholly mortified with the halfe of the *Scrotom*, or the purse of the Cod, in briefe, I tooke and cut away the said left Testicle… and healed him perfectly whole in five weekes and lesse, and

> after the losse of that his one stone, or Testicle, he married and had divers children, and I verily believe they were my Patient his own, and by him begotten on his wife. (399)

Utility, in this instance, refers to the literal usefulness of a male to reproduce. Much like the case of John Harding, who was able to appear as though he still had his leg, this unknown stationer is, Woodall strongly suspects, able to fulfill his sexual and procreational duties as a married man. Again, also, wholeness is maintained by the invisibility of the patient's wound after the procedure. Certainly the man's testicles would not be on frequent display, and the fact that he likely produced the children his wife bore him, meant that the operation itself could be forgotten about (hence also the reason that Woodall conceals his name). By maintaining wholeness Woodall is able to make a claim for curing an ailment – a surgical success – rather than cutting off a limb for the sole purpose of saving a life. Moreover, the amputated man is able to form a whole body in the sense of his founding of a family unit.

Conclusion: Wechtlin's Woodcut

Late in the sixteenth century, German surgeon Hans von Gersdorff commissioned the German Renaissance artist Hans Wechtlin to create various woodcuts depicting human anatomy and surgical

operations to go into Gersdorff's *Feldbuch der Wundarzney* (Field book of surgery). Wechtlin fashioned a wound-man image for Gerdorff's text, and he also created an image depicting an amputation (Fig. 6).[19] It is impossible to know whether or not Wechtlin had actually viewed an amputation, or even if Gersdorff gave special instructions with his commission, but its depiction, itself a narrative of amputation, captures the same anxieties we see in the written word of the period. In the woodcut the operation seems to be going smoothly: the patient is calm and subdued, the surgeon works with focus and diligence, both he and his assistant focus on the leg they dismember, and the blood that one might expect to be spraying in all directions is behaving itself nicely and dropping directly into the bucket below. But while the patient's gaze has been covered up, and the surgeons gaze intently on their work, it is the eyes of the fourth person in this image that are most telling. The sole figure to be standing straight, with a cross hung round his neck, already nursing the stump from what would appear to be a recent amputation, does not look down at the leg being sawed off, but directly at the surgeon performing the operation. Wechtlin's narrative depicts the same anxieties as those written in surgical texts: though the surgeon is expert and his work is precise, he is always under judgment, and always working within the influence of Christianity.

[19] See figure 7 for Gerdorff's wound-man image.

The surgeon's inability to write about the amputation without breaking to narrative was symptomatic of both the standards of medical writing in the early modern period, and the Christian culture that dominated all phases of life. No matter how pragmatic or life-saving an amputation might have appeared to be, surgeons were cautious when writing about it in their texts. In a period where citizens flocked to anatomy theatres to witness dissection, where crimes against the crown were punished with public drawing and quartering, where "parts of the body are scattered throughout the literary and cultural texts" (Hillman and Mazzio 1), the surgeon's text about written descriptions of dismemberment stands out as a unique, oppositional perspective on bodily fragmentation. Over the course of the sixteenth and seventeenth centuries the intricate pieces of a dead body may have been made an object of inquiry by the rise of anatomy, but the living body remained something sacred. And while one could cut up a corpse to showcase the handiwork of the heavens, no one could remove a limb from a living body without dismembering the image of God.

Chapter 4: Melting Bodies: Anal Fistula and *All's Well that Ends Well*

In 1552 Italian surgeon and eccentric Leonardo Fioravanti was brought to a man suffering from an anal fistula. As Fioravanti recounts, the fistula had been left untreated for so long that it had made a mess of the man's "lower parts" to the extent that it "had alterated the Coddes, the lower member, and all the parts there about, with xi. holes insistolated, at the which xi, he made water with great burning and intolerable pain, and which are accidents of fever in manner continuall" (63). Thankfully, Fioravanti had the cure:

> …I gave him xii. days together our *Quintessencia Solution*, that being done, I gave him a quantity of our Electuario Angelica, and then he used one of my secrets, the which I will not write in this place, that being done I caused him to spit, with one of my confections written hereafter, and so by these means he was perfectly whole. (63-64)

The patient is healed and, though we are provided with a description of how, we as readers are still left in the dark as to what exactly transpired. The description of the patient gives the impression that the operation would require surgery. By the definition of the period, where surgeons were responsible for treating wounds and skin conditions, the fistula of the lower parts, with its eleven holes, would need to be

patched up through surgical means. But that is not the case in Fioravanti's account. Instead, we see a description of secret remedies that provide a cure but do not describe how. Fioravanti's treatment purposefully both presents and withholds medical knowledge. He transforms a treatment that would seem surgical – one that required a gritty, bloody, and invasive procedure – into a gentler, more learned kind of physic. Though he does not admit directly that a disease like anal fistula can be cured gently by mixing potions, he suggests as much by covering up the surgical aspects under the cloak of secrecy. The potions listed by Fioravanti are found regularly in other treatments he discusses. Instructions for making the potions are even indexed in the back of the book. It is the "secret" that he "will not write in this place" that makes this passage stand out. Fioravanti's writing does not indicate clearly whether or not he is giving the patient a particular medicament – a secret recipe style of potion – to go along with the other mixed potions he lists, or if he is performing a manual operation. But there can be little doubt that anal fistula would have required invasive, hands-on treatment in order to be cured. The fistula would have been probed, and, due to its nature as an infection, would need to be drained and cleaned. These uncomfortable, physical treatments are omitted by Fioravanti who instead obscures the discomfort and penetrative elements of surgery under the title of a

"secret" – one that is only shared between surgeon and patient. Through his "secret," Fioravanti is able to change what would have been a gory, painful, procedure into a miraculous, pain-free cure.

I begin this section on fistula and surgery in *All's Well* with this anecdote because it demonstrates the effectiveness of a secret in surgical performance. Fioravanti's methods were unconventional, his relationship with other medical professionals was combative, and his writing amounted to a mixture of detailed cures combined with theatrical self-aggrandizing. The medical community dubbed him a quack and had him jailed on several occasions, but his popularity among the people of Italy maintained his medical career. Though Fioravanti's polarized reception was fueled in part by his bravado and venomous attitude towards Italian doctors, it was his reliance on secrets that truly split the commons from the educated.

Secret cures and remedies were commonplace in the early modern medical place. Though professional surgeons and doctors alike sometimes referred to secret recipes that were not elaborated upon in writing, the idea of a mystery cure that promised miraculous results was typically the property of quack doctors or the so-called "empirics." These "quacks" were characterized as dangerous in the writing of professional surgeons, threatening the lives of any patient who dared accept their treatment. But Fioravanti was able to mobilize his secret

remedies, taking them past the rhetoric of professional medical practitioner and transforming them into something that despite being unknown was respected as genuine.

In *All's Well* Shakespeare presents Helen in a similar position as Fioravanti. The King is suffering from a fistula – likely anal fistula – that has progressed to extreme circumstances. The professional - physicians who look over him have deemed him a lost cause, which affords Helen the opportunity to treat the wound. Helen's treatment involves a secret remedy that invokes a miraculous cure that earns her public praise. But while Helen's treatment on stage is left a secret, it is likely that Shakespeare's audience had a good idea of what was involved in her cure, especially if the fistula she was treating was an anal fistula. Surgery was a common treatment for anal fistula in the period, and the methods involved in the treatment – a repetitive probing and binding of wounds in the bottom – were well suited for comedy. As a possible relation to the "father of proctology", John of Arderne, Shakespeare may have had access to works detailing the surgical process of treating anal fistula. As a result, Helen's character represents a stylized surgical narrative. Not only does she perform surgery to successfully cure the king, but she also enacts surgical methods in order to secure her marriage to Bertram. The goal of this

chapter, then, is to unpack the not-so-secret remedy for anal fistula, and investigate Helen's role as a surgeon in *All's Well*.

Disease and Melting Bodies

The fear of contracting a disease that would deform and distort one's body long before actual death was a real concern for people living in the early modern period, but it was a boon to surgeons. Though surgeons struggled to justify procedures that left their patient's bodies drastically changed (such as amputation), the operations that prevented a body from falling apart were boast-worthy. Skin conditions that ravaged the body often involved surgical treatment and offered surgeons the opportunity to cure a body of a disease – something normally reserved for physicians – instead of repairing a wound. That is to say, skin conditions could be treated and cured in ways that nearly resembled physic, whereas other treatments offered by surgeons involved the cutting and scarring familiar to the trade. Even though skin conditions themselves could leave behind scars, the surgical treatment itself was not the culprit as it would have been in other types of operations. Successful treatment of illnesses that caused bodies to melt away, decay, or become deformed gave surgeons access to the most potent aspect of medical practice: the miracle cure.

Through miraculous cure surgeons could gain upwards social mobility and increased wealth through their practice..

A problem for surgeons with treating skin diseases was that it was not exclusively a surgical treatment. Despite being an affliction of the skin and therefore an area of treatment aligned with surgery, other medical practitioners nevertheless offered treatment. With the nature of diseases that spread rapidly during the early modern period, along with the open nature of the medical marketplace, patients sought a variety of cures. Surgical treatment was similar for most skin conditions. In the treatment for syphilis, for example, patients were given purgatives and they were bled; the infected areas were plied with plasters, ointments and other topical applicants; the surgeon regulated the patient's diet until recovery. The surgical treatment was distinct in the sense that its techniques were visible and obvious. Patients would have had scars from bloodletting; they would have witnessed the plasters or ointments being applied to their skin (and likely smelled it too). All surgical work was done outside the body, which was important because it meant that, no matter how vigorously surgeons worked to associate themselves with God in the process of healing, they could never align themselves with the sort of miraculous cure that occurred in the divine process. While physicians could give pills as a sort of

miracle cure, surgical work was practical, tactile, and visible. Their work was necessarily at odds with the rhetoric of their writing.

Surgical treatment for anal fistula was unique, however, precisely because, unlike almost all other surgical operations, it *was* a miracle cure. Though treating other skin conditions (successfully or otherwise) could earn surgeons a good deal of money, treating anal fistula successfully earned surgeons fame and prestige. Anal fistula was a unique disease for surgeons because while many other practitioners offered treatments, there was really only one reliable cure and it involved very invasive surgery. The operation for anal fistula was a difficult cure, one that required tremendous skill in order to achieve results. But for the patient who had suffered for months on end, the results seemed miraculous. In *All's Well that Ends Well*, Helen's role as a female surgeon enacting a miracle cure is a play on the traditional narrative of women as the point of origin for sin-related disease. Instead of being the cause of the disease, however, Helen is the cure. The remainder of this chapter will demonstrate just how anal fistula was configured in writing as a miraculous operation, as well as looking closely at the way the disease is treated, surgically, in Shakespeare's *All's Well that Ends Well*.

An Infamous Illness

The fistula in *All's Well* is made known early in the play when Lafeu comments on the specifics of the King's illness to Bertram. Though the severity of the fistula is clear (such that the King's physicians have given up on treatment) the play never divulges openly the location of the wound. Bard C. Cosman has argued that the text itself suggests that the fistula is located in the anus. Cosman writes that while previous scholars had only reached a conclusion for anal fistula because of the frequency of the malady in the period, and because of Shakespeare's potential familial relations with John of Arderne – a late medieval surgeon renowned for his treatment of anal fistula – there is textual evidence within the play to support a diagnosis of anal fistula. Cosman cites various puns and plays on words associated with the anus, as well as Shakespeare's decision to have the fistula treated off stage, as opposed to the example in Boccacio's original story "in which the king bares his breast to the young woman healer, showing her his fistula" (917). Cosman suggests that Shakespeare's altering of the plot reflects the generic conventions of Elizabethan comedy where "bathroom banter and repeated references to the anus are what one would expect from the reworking of a medieval story into a typical Elizabethan comedy" (921). However, while Cosman's article lays out evidence demonstrating anal fistula, he

does not analyze the significance of Shakespeare's diversion away from Boccacio's *Decameron*.

Scholars since Cosman have made various claims as to what an anal fistula could mean to the play. Catherine Field has suggested that by healing such an intimate part of the king's body, Helen risks being labeled a prostitute. For Field, the presence of an anal fistula and its subsequent treatment by a female practitioner makes sexual identity malleable and exchangeable like the empirical, commercial, scientific method that governs Helen's treatment. Nicholas Ray, whose article appears along with Field's in an essay collection edited by Gary Waller, considers how contemporary performances of *All's Well* that specify the fistula as anal consistently do so in a farcical manner. A greater deal of scholarship covers the implications of Helen as the female practitioner "Dr. She." But little scholarship has discussed the cultural implications of anal fistula itself, or the significance of its treatment.

It is worth investigating Shakespeare's decision to have his king suffer from a fistula in the anus instead of the chest (as in the *Decameron*). Cosman has noted that the original location of the fistula on the chest of the king could be read as a Christian allegory:

> Christian tradition has it that Jesus, as he hung on the cross, was pierced in the right chest by the spear of the Roman soldier Longinus. This wound was the subject of much emphasis in

> medieval illustration and literature, appearing as a breast-like source of nutrition to saints or a vagina-like orifice from which the church was born. Thus, a wound in the chest, such as that of Boccaccio's fictional French king (and possibly that of the revered Charles V), could be seen as a virtuous, even miraculous, "imitation of Christ." (920)

Indeed, in the *Decameron,* the king agrees to allow Gillette to treat him in part because he believes God has sent her. Gillette's divine mission highlights the king's importance as a religious figure that will be saved by God instead of solely emphasizing Gillette's cure. Shakespeare intentionally avoids making these distinct, religious comparisons. Instead of having the king declare the location of the fistula and then opening his shirt to show the audience and have it treated, the fistula in *All's Well* is kept a secret. As mentioned at the beginning of this chapter, infectious skin conditions were often moralized and therefore a point of shame and embarrassment. Anal fistula is a discreet wound that can only be hinted at through bawdy humour and puns.

That the location of the fistula is secret in itself suggests that its location is not in a visible place such as the hand, as some scholars have suggested. Indeed, dialogue in the text suggests that the fistula is in a potentially embarrassing location. When Lafeu explains in the

first scene that the King suffers from a fistula, Bertram remarks "I heard not of it before," to which Lafeu replies "I would it were not notorious" (1.1.31-32). It is true that notoriety could refer to any illness suffered by a royal figure such as a king; after all, Lafeu delivers his line in response to Bertram's ignorance of the disease. But that they are referring to a fistula suggests a double meaning for Lafeu's choice of the word *notorious*. Later on, a play on words by the clown Lavatch makes further reference to the anus as the location of the fistula. Though he is not talking about the fistula directly, Lavatch references barber-surgeons treating fistula in ano when he comments, "It is like a barber's chair that fits all buttocks" (2.2.14). Barbers who cut hair frequently doubled as surgeons, hence the lowly rank of barber-surgeon. In the context of a play where a French King's "buttocks" are already a source of comedy, Lavatch's comment on barber-surgeons is an appropriately comedic line. Some recent performances have embraced the idea that the King suffers from *fistula in ano*. Gary Waller notes that a 2004 Cambridge production "had the King on hands and knees in his first scene (1.2), emitting howls of pain – which immediately became humorous when, by emphasis and gesture, the location of the pain became clear" (19). Indeed, the title of the play can also be read as a play on words relating to anal fistula: all ends well when the King's end is well.

If the fistula suffered by the King is indeed an anal fistula, then what are the ramifications of that illness? What would the audience recognize about it? How was it treated, and what is significant about its treatment? And how does this impact the way we think of Helen and the play itself? In order to answer these questions we must first uncover the illness itself and understand what was involved in its curing.

Curing the Wound

Like any ailment in the early modern period, fistulas involved a variety of remedies both possible and available for fistulas. Though surgery was the most common treatment, there were cures available in works by physicians and in domestic treatises. Treatments ranged from poultices and plasters, pills and balms, to specific dietary regimes or medicines cooked into food. Some fistulas were notoriously difficult to treat, however, and those who suffered from them could live for a long while before finally succumbing to the wound. Anal fistula was a particularly dreadful and common ailment. Ambrose Paré's description of the disease emphasizes the pain it causes as its impact on the humors:

> Fistulas in the fundament are bred of the same causes as other kinds of fistula's are; to wit, of a wound or abscess not well

> cured, or of a hemorrhoid which is suppurated. Such as are occult, may be known by dropping down of the sanious and purulent humor by the fundament and the pain of the adjacent parts. (486)

Anal fistula, as demonstrated in woodcuts and narratives from surgical texts, typically consisted of several wounds forming on the buttocks that linked to one larger fistula. Their location and degree of infection made them difficult to cure. Anal fistula essentially amounted to a festering wound located on a part of the body that did not allow for easy treatment, or for the patient to get the rest that he or she required in order to recover. Left untreated, a severe fistula could continually ooze out materials and fluid from the body's insides until the patient died.

For patients intent on avoiding painful surgical procedures, a wide variety of home remedies presented themselves in ways ranging from popular home cures to published advice. These recipes emphasized the importance of diet but also included instructions for cleaning the wounded area, and directions for crafting the plaster or poultice to place over the infected area. The treatments found in these "receipt books" were composed of household items, herbs, and other items that were easily found by the housewife. As Field notes, "The curing of fistulas often fell into the province of laywomen's practice

since women were trained in domestic medicine (considered a necessary part of female education in the household arts), and they typically practiced within the home and sometimes in their neighboring communities" (197). Other scholars have also emphasized the importance of domestic medicine in the curing of fistulas. Wendy Wall has argued that patients suffering from an illness would prefer to consult with a local female practitioner than a male professional physician. Wall asserts that the patients' frequent desire for assistance from domestic medicine went beyond financial consideration: "housewives were the medical practitioners most likely to come into actual contact with a patient's body, for physicians preferred to make diagnoses without seeing the patient, on the basis of urine samples or descriptions of symptoms" (165). Medicine at the local level, William Kerwin argues, was common in England: "Popular medical culture encouraged people to treat themselves, their family members, or their neighbors without struggling over the ancient texts providing the theory for a given Galenic therapy" (135). Many other social historians of medicine have made similar arguments about the popularity of unlicensed practitioners, emphasizing that women especially acted as physicians or surgeons in domestic and communal spheres.[20] Though

[20] For examples see Bier, Lucinda McCray. *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England. New York:* Routledge, 1987 and Lindemann, Mary. *Medicine and Society in Early Modern Europe.* Cambridge: Cambridge University Press, 1999.

domestic medicine likely accounted for a majority of the medical treatments conducted in early modern England, the severity of anal fistula, combined with the complexity of its cure, suggests that most successful treatments of late stage anal fistula were done by skilled surgeons.

Testimony from surgical texts, unsurprisingly, also suggests that surgeons alone treated fistulas successfully. None wrote more convincingly on the treatment of anal fistula than John of Arderne. A possible relative of Shakespeare's mother, Arderne was so famous for his treatment of anal fistula in the Middle Ages that he is now commonly referred to as the father of proctology (ODNB). His practical approach to surgery as well as his willingness to fully disclose his surgical techniques in writing made him something of an oddity in a period when, as we have seen, secrecy in medicine was common. But Arderne's full disclosure was in part a marketing technique. Despite writing up a step-by-step instruction guide for the other surgeons to follow, Arderne nevertheless boasted that only he could perform his operation for anal fistula successfully, and charged an extraordinary fee for any patient willing to endure it. Offering advice to the younger surgeon on what fees to charge patients, Arderne suggests that anyone wanting to be cured of anal fistula should be asked to pay

> an hundred marke or fourty pound, with robes and fees of an hundred shilling terme of lyfe by yere. Of less men fourty pounde, or fourty marke ask he without fees; And take nogt less than an hundred shillyngis. ffor neuer in all my lyf tok I lesse than an hundred shilling for cure of that sekenes. (6)

Arderne not only charges a heavy sum for the initial treatment itself, but also levies a fee for every year the patient lives thereafter. That Arderne's practice could be so lucrative speaks to the success of his cure and the state of discomfort that anal fistula inflicted upon its sufferers. Arderne's success also indicates that, despite his willingness to share the way in which he achieved his cure with the general public, he may very well have been the only one who could perform it. The ODNB notes that Arderne was highly paid throughout his career, treating many different patients up until the year of his death. In a medical market that favoured patient choice – one where patients could sift through various practitioners until they found a cure they liked – Arderne's cure, likely the most expensive option, maintained an incredible popularity because of its effectiveness.

Arderne's cure was not a comfortable experience. He had the patient placed in the lithotomy position and fed a probe, fitted especially with threads at the end, through the fistula until it reached

the rectum.[21] After pulling the probe out through the rectum, Arderne would then bind the two ends of the thread together thus creating a ligature. From there Arderne could divide the fistula from the anus by cutting it away with a razor and allow the wound to drain properly. Arderne would continue this procedure for each branch of the fistula until the patient was cured; the entire process could take months if the patient could not endure getting multiple branches treated in a single session.

Treatment for anal fistula had not changed much by the time Shakespeare wrote *All's Well*. Ambrose Paré's description of treating anal fistula is very similar to Arderne's:

> If the fistula must be cured by manual operation, let the patient lie so up on his back, that lifting up his legs, his thighs may press his belly, then let the surgeon, having his nail pared, put his finger besmeared with some ointment into the patient's fundament, then let him thrust in at the orifice of the fistula with a thick leaden needle drawing after it a thread consisting of thread and horse hairs woven together, and then with his finger taking hold thereof and somewhat crooking it, knit the two ends of the thread with a draw or loose knot, that so he may straiten them to his pleasure. But before you bind them you shall draw

[21] The lithotomy position is a common position for surgery on the lower abdomen where the patient lies on their backs with their legs elevated and spread so that their feet are positioned above their hips (usually in stirrups).

> the thread somewhat roughly towards you as though you meant to saw the flesh therein contained that you may by this means cut the fistula without any fear of an hemorrhage or flux of blood. (486)

Paré's treatment differs from many other operations in that he specifically instructs surgeons to use their finger to probe the fundament. For most invasive procedures surgeons recommend using specific tools. Surgical texts feature woodcut layouts demonstrating the various probes, saws, vices, and other tools used for surgical work. Even Arderne himself does not comment directly on placing a finger inside the patient's body. He instead uses a probe that he calls "sequere me." But the image at the beginning of his *Treatises on Surgery* plainly depicts Arderne using one hand to direct a probe through a fistula and the other placing his finger in the anus of the patient (Fig. 8). The placement of the surgeon's finger within the patient's body is significant because it demarcates the invasiveness of the anal fistula operation.

We think of surgery in the twenty-first century as necessarily invasive; surgeons reach deep into the body to repair and treat internal injuries or diseases. The early modern surgeon focused mostly on wounds, cuts, and injuries to the surface of the body. They used tools to reach into the body to remove dangerous objects. Though early modern

surgeons worked on the body, they very rarely worked *in* the body. John Arderne's treatment for anal fistula was one of the most invasive surgical procedures available (next, perhaps, only to cutting for the stone); the procedure promised the patient pain and discomfort for long periods of time, and the fees that surgeons could charge to perform it were remarkable. But it was likely the only way to cure anal fistula properly.

Arderne demonstrates that knowing how to perform a difficult cure for anal fistula could lead to a lucrative reward. This was also the case for Helen in *All's Well*. Since Helen accrues her receipt from her father's estate, and since her father was a famed physician, it is plausible that Helen invoked more traditional surgical techniques to cure the king. Indeed, the receipt she received may not have had any ingredients to it at all, but rather, as we shall see, a set of instructions for a more intrusive method of treatment that involved a deep penetration of the king's body. Helen's receipt, inherited by her father to show her how to cure a devastating disease, doubles in this regard, as a bill to grant her a husband.

Doctor She or Surgeon She?

Critics have classified Helen as a doctor, an empiric, and a female-healer, but none has called her a surgeon. I have already

suggested that surgeons would have treated most of the anal fistula cases and in turn that Helen would have used surgical techniques to treat the King. But other examples suggest a direct and informative relationship between surgery and the play. Not only does the text itself yield examples of a correlation between the language of the play and the language of surgical writing, but it also distinguishes Helen's medical performance in *All's Well* as something unique within Shakespeare's plays. These two points illustrate the ways in which Helen presents herself as a surgical figure.

A key difference between Shakespeare's *All's Well* and Boccaccio's *Decameron* is the way in which the heroine treats the fistula and the way in which she comes to learn the treatment. In the *Decameron* Gillette does not inherit a receipt from her father but seems to have had training from her father while he still lived. Gillette "had been well instructed by her father and she was able therefore to prepare a powder from certain herbs to cure the malady from which she believed the King to be suffering" (214). In *All's Well* there is less evidence to suggest that Helen has been trained by her father but instead is able to treat the king from an inherited receipt and her own skill. When discussing the issue of curing the king with the Countess, Helen emphasizes the importance of her father's receipt. She notes that her father's "good receipt / Shall for my legacy be sanctified / By

the luckiest stars in heaven…" (1.3.230-233). Although Helen uses her father's famous name as a rhetorical tool to convince the king to allow her to treat him, it is she who ultimately must enact the instructions laid out on the receipt. As Todd Pettigrew points out, Helen "never suggests that she can use her father's reputation as leverage or that she can argue that she was merely the bearer of the cure, not the essential provider" (38). And indeed, in Helen's continued pleas to the king to allow her treatment she states,

> I am not an imposter, that proclaim
> Myself against the level of mine aim,
> But know I think, and think I know most sure,
> My art is not past power, nor you past cure. (2.1.154-157)

Pettigrew has noted the shift in Helen's rhetoric which "begins by downplaying her own role as a human being, asking the King to gamble with God, not her, but immediately after she gives a longer justification based on her own skill in physic" (38). Pettigrew claims that Helen is stating a case for her own, and by extension empirical, medical skill rather than simply yielding entirely to the skill of her father as Gillette does in the *Decameron*. But the emphasis on personal skill, along with a set of instructions that dictates how to enable that skill, adequately describes the approach of surgeons in the early modern period as well. English surgeon Thomas Vicary described an

ideal surgeon as one who had knowledge of surgical matters, but also dexterity, skill, and a disciplined control over his body. He declared that when operating the surgeon's "bodye be not quaking, and his handes steadfast his fingers long and small, and not trembling: and that his lefte hand be as readie as his right hande, with all his lymes able to fulfill the good workes of the soule" (*Englishemans* 2).[22] The surgical ideal of skill is represented by unwavering, unshakable determination of the body and the ambidextrous skill to overcome the stress of performing operations that needed to be done quickly and without mistake. This ideal not only reflects Helen's powerful art, where failing to cure the king would cause her death, but it also, as we shall see later, reflects the nature of her character as one who must rely on determination and skill to overcome otherwise insurmountable obstacles.

The connection between surgery and the play goes beyond the representation of Helen's skill and is found in the language of the play itself. This is most telling in the language that connects heaven and surgery, and also in the ways in which Helen and the king describe sick bodies. Ambrose Paré was well known for intertwining the will of God with his surgical success. His personal motto "Je le pansai, Dieu le

[22] Peter Lowe made an almost identical description as Vicary, saying surgeons should "be learned, chiefly in those things that appertaine to his art, that he be of reasonable age, & have good hand, as perfect in the left as in the right, that he be ingenious, subtill, wise, and tremble not in doing his operations" (8).

guérit" ("I bandaged him and God healed him") testifies to the degree in which he felt God was involved in the surgical process. Paré's description of healing reads similarly to Helen's conversation with the king. In the conclusion of a narrative relating a particularly difficult cure, Paré writes to the younger surgeons,

> Lastly, it came to pass, that by Gods assistance, these means I used and my careful diligence, he at length recovered. Wherefore I would admonish the young surgeon, that he never account any so desperate, as to give him for lost, content to have let him go with prognostics, for as an ancient Doctor writes; that as in nature, so in diseases there are also monsters. (464)

If Helen was downplaying her role in favour of heaven only to quickly emphasize her own skill immediately afterwards, so does Paré. No cure, in Paré's mind, can be done without God willing it to happen. But at the same time, the "careful diligence" of the surgeon is also important. Paré weaves into his narratives a conscious awareness of the power of God in matters of healing but also manages to stress the importance and skill of the surgeon.

Paré's deference to Christianity was not a special case. Scottish surgeon Thomas Vicary wrote an interpretation of Galen's aphorism that "to the cure of every sore there belongeth former things: of which, the first and principall belongeth to God: the second to the Surgion: the

third to the Medicine: and the fourth to the Patient" (*Englishemans* 5). While physicians claimed miracle cures through pills and potions, surgeons wrote in a way that linked their work to the body and therefore to the will of God. Miracles in surgery, as Helen suggests, come from heaven. But cures, as both the surgeon and Helen know, come from skill.

Two significant points from the beginnings of this chapter, the idea of a "secret remedy" and the fees of John of Arderne, also relate to the suggestion of a surgical connection in *All's Well*. That Helen treats the King off stage, making the treatment as secretive as the receipt, signifies the possibility of a surgical procedure on a delicate, perhaps embarrassing, area of the body. The secretive nature of Helen's treatment, one that is maintained by occurring off stage, distinguishes this medical performance from other Shakespearian examples where, typically, medicines and poisons are either given directly on stage or else described in lengthy detail. This is the case in *Hamlet*, for example, where a cruel poison murders Hamlet's father. The Ghost describes the potion's ingredients, its method of delivery, and the effect it has on his body in precise detail:

> With juice of cursed hebona in a vial,
> And in the porches of my ears did pour
> The leperous distilment; whose effect

Holds such an enmity with blood of man

That swift as quicksilver it courses through

The natural gates and alleys of the body,

And with a sudden vigour it doth posset

And curd, like eager droppings into milk,

The thin and wholesome blood. So did it mine (1.5.67-75)

Indeed, the effects of herbs on the body were frequently noted in Shakespearean plays. Shakespeare refers to of the mandrake root in several plays. Iago, in *Othello*, remarks:

Not poppy, nor mandragora,

Nor all the drowsy syrups of the world,

Shall ever medicine thee to that sweet sleep

Which thou owedst yesterday. (3.3.330-333)

Falstaff, as Aubrey C. Kail notes, makes reference to the root in relation to the belief that "Mandragora was supposed to have enhanced action if the decoction was made from a plant growing over the buried remains of human beings, especially those of executed criminals!" (134). It is this human shape that Falstaff plays off of when he says "Thou whoreson mandrake, thou art fitter to be worn in my cap than to wait at my heels" (*2 King Henry IV* 1.2.16). Indeed, Shakespeare repeatedly, in multiple plays, describes the various effects of drugs and herbs. Even the Apothecary in *Romeo and Juliet*, while not describing

the ingredients of his "mortal drugs" lays out the effects in plain language so that Romeo might understand: "Put this in any liquid thing you will, / And drink it off; and, if you had the strength / Of twenty men, it would dispatch you straight" (5.1.77-79). The display of drugs and their effects on stage in Shakespeare makes the secrecy of Helen's cure of the king all the more unique. Secrecy suggests that the cure Helen gives the King is something different from the normal herbal remedy that we see in other plays. Instead, it reinforces the surgical option, one that would have been conducted in a private place.

Perhaps the most interesting point that distinguishes Helen as a surgeon is the way in which her attitude towards treatment differs from physicians in the play. Where Helen is willing to gamble her life for a chance to treat the King, the physicians in *All's Well* take a course of inaction. At the beginning of the play Lafeu comments that the king "hath abandoned his physicians, madam, under whose practices he hath persecuted time with hope, and finds no other advantage in the process but only the losing of hope by time" (1.1.13-14). The professional physicians in *All's Well* refuse to treat the patient, preferring to allow the King to die from illness than to risk failure with an uncertain cure. It is an interesting juxtaposition with Helen, who is willing to physically lay her hands on the King's body in order to cure him. Such physical intervention reflects, and even further

demonstrates, the surgical treatment for anal fistula that Helen would have had to use. Trained physicians shied away from touching the bodies that they treated. Working with one's hand was considered akin to craftsmanship and the education of professional physicians would have deemed such work beneath them. Helen's willingness to perform an operation that consisted of placing a finger inside a King's anus reflects an active way of thinking that perfectly reflects Helen's character throughout the plot of the play. Such involvement also reflects the ways in which physicians in the early modern period continued to hold to ideals of antiquity while other groups of medical practitioners operated on a more progressive foundation.

The play itself suggests that the effectiveness of the College of Physicians is dubious. When Helen tells the Countess that she can use her father's receipt to cure the King, the Countess responds:

> But think you, Helen,
> If you should tender your supposed aid,
> He would receive it? He and his physicians
> Are of a mind: he, that they cannot help him;
> They, that they cannot help. How shall they credit
> A poor unlearned virgin, when the schools,
> Embowelled of their doctrine, have left off
> The danger to itself? (1.3.221-228)

The word *emboweled*, used to describe the emptying of knowledge from the College of Physicians, is a subtle jab at the quality of knowledge the physicians deploy. The word was fairly common throughout the early modern period, but it was never deployed with a positive connotation. Embowel could refer to judicial penalty (evisceration) or embalmment – both associated with death.[23] John Milton uses the term later to describe the firing of Satan's canons, writing "From those deep throated engines belched, whose roar / Embowelled with outrageous noise the air" (PL 6.586-587). In a more literal sense, the emptying of one's bowels is an act of defecation, implying that the College's knowledge is equated with feces. While the Countess questions Helen's medical prowess, her words suggest a lack of faith in the College of Physicians as well.

Like a Surgeon

The plot of *All's Well*, and Helen's character arc in particular, can be read as a sort of surgical narrative on its own. Helen is a figure of low birth, without a formal education in medicine. Instead she possesses a certain specialized type of knowledge that allows her to further her position. The ways in which she utilizes her knowledge and

[23] Shakespeare uses the term to imply embalmment in *Henry IV*. Hal, noticing the body of Falstaff on the ground, declares "Embowell'd will I see thee by and by" (5.4.109).

skill set allows her to obtain the great fee that she is searching for. But even beyond the fistula, the troubles that Helen faces after wedding Bertram mimic a surgical dilemma. As we shall see, Bertram becomes a fistula of sorts, a festering wound on the "body" that is their marriage. It is a wound that Helen must treat successfully in order to maintain, or perhaps secure, their marriage.

As I have already noted, John of Arderne charged patients a tremendous fee for treating anal fistula. Not only did they pay a large sum up front, but he also charged them a fee for each year they lived thereafter. Arderne's cure was so effective, and the fistulas he treated so deadly and uncomfortable, that patients were willing to endure a life-debt to him in order to be treated. When Helen goes to treat the King her rhetoric matches Arderne's. She emphasizes both the quality of her cure and the deadliness of the King's disease. Explaining how she came to know her Father's cure, she states:

> On's bed of death
> Many receipts he gave me, chiefly one
> Which, as the dearest issue of his practice,
> And of his old experience th' only darling,
> He bade me store up as a triple eye
> Safer than mine own two, more dear. I have so,
> And hearing your high majesty is touched

With that malignant cause wherein the honour
Of my dear father's gift stands chief in power,
I come to tender it and my appliance
With all bound humbleness. (2.1.102-111)

The language used by Shakespeare in this passage hints that the cure Helen is going to perform is a surgical one by emphasizing a hands-on treatment. The King is "touched" with an illness that Helen will "tender" through an "appliance" of her father's remedy. The significance of Helen's cure is made clear by the contrast of the King's deadly "malignant cause" and her father's receipt which "stands chief in power" against this specific disease. Most importantly, Helen also emphasizes the fact that she alone possesses the knowledge to treat the illness, kept with her "as a triple eye." Here then we begin to see the ways in which Helen utilizes the same rhetoric as John of Arderne as a way of setting up not only an opportunity to treat the King, but a chance to collect her own immediate, and life-long, fee. Like Arderne, Helen claims to possess a specific skill, designed to treat anal fistula exclusively, that cannot be matched by any other practitioner.

Helen does not ask for a specific monetary sum from the king, but structures her reward in a similar manner to that of John of Arderne. Helen's immediate charge is a hefty one: she asks for a husband and is granted one by the King. The fee is made steeper by its

being Bertram whom she seeks to marry, one born of nobility and her stepbrother. And of course, like many other medical practitioners in the period, Helen has a difficult time collecting her bill. Bertram denounces their marriage and flees to Spain to fight in wars instead of staying home to be a husband. After he leaves, Bertram promises Helen in a letter that,

> When thou canst get the ring upon my finger, which never shall come off, and show me a child begotten of thy body that I am father to, then call me husband; but in such a 'then' I write a "never." (3.2.55-58)

Bertram's challenge is intrinsically tied up with the body – not only Bertram's body, but Helen's as well. And the suggestion that Bertram makes implies a mixture of bodies, certainly through the conception of the child, but also the premise of a ring moving from one finger to the other. Marriage in itself is a corporate act, the merging of two people into one institution, and the early modern period certainly invoked metaphors of the body to describe marital situations. Bertram's refusal to play the role and perform his duty as a proper husband figures him into the same bodily metaphor that was used rhetorically by the church and state to describe citizens or followers who also failed to live up to their expected roles: that of a diseased part. Shakespeare repeats this metaphor in *Coriolanus*. Debating the fate potential fate

Coriolanus, Sicinius refers to him as a "viperous traitor" and "a disease that must be cut away" (3.1.293). Menenius, however, responds optimistically that even diseased limbs can be cured: "O, he's a limb that has but a disease / Mortal, to cut it off: to cure it, easy" (3.1.294-295). Here Menenius believes that he can treat and cure the wound that Coriolanus has become. Such is the task Helen faces, as Bertram too has become a wound: a second fistula for her to treat.

Helen's treatment of Bertram-as-disease is not far removed from her treatment of the King's fistula. The bed-trick she performs with the help of Diana helps restore the marital body to a form of wholeness like that of the body of the King. But identity displacement is not uncommon in comedies. It is the ring that she places on her finger that mostly resembles the treatment of anal fistula. The significance of Bertram's ring is made clear by its connection to his name and heritage. Helen tells Diana that the ring she is to retrieve from Bertram "downward hath succeeded in his house / From son to son some four or five descents" (3.7.23-24), a point that "his important blood will naught deny" (3.7.21). The ring is not merely an ornamental piece of jewelry; rather, it stands in for Bertram's direct lineage and property. It is something that has been passed down "From son to son" and represents Bertram's patriarchal duty to maintain his family name. Diana equates his ring with her virginity, responding to

Bertram's protests that while his ring is "an honour longing to our house / Bequeathed down from many ancestors" (4.2.44-45), her "honour's such a ring. / My chastity's the jewel of our house, / Bequeathed down from many ancestors" (4.2.46-48). Possessing Bertram's ring symbolizes the re-union of Helen's marriage and her ascent from, as Bertram put it, a "poor physician's daughter" (2.3.111) to a countess.

The action of Helen putting her finger through the ring is what brings us back to the treatment of anal fistula. After all, the Latin word for ring is *anus* and the key component of treating anal fistula, as I have already pointed out, involves the surgeon placing his finger through the patient's anus. Furthermore, Bertram does not give Helen his ring; he does not place the ring on her finger as in traditional marriage. Instead, Helen must actively take his ring and put her own finger through it. With this action she performs a delicate but significantly invasive operation on her relationship with Bertram. Helen mends the fistula of her marriage relation through surgical metaphor.

Reading *All's Well* as a surgical narrative further demonstrates how early modern writers frequently imagined institutions in corporeal form: the sickly King represents kingdom and the stubborn, foolish husband figures as a diseased marriage. But imagining Helen as a

surgeon is something unique. As a surgeon she is able to use her specific skill and knowledge to reach inside these diseased bodies in order to fix them. Her basic skill is juxtaposed with the authority of men, not only the College of Physicians, in terms of her medical powers, but also Bertram, a representative of the nobility. Indeed, the title of the play *All's Well* might, on the one hand, relate to Helen's arduous quest to secure her marriage with Bertram, but on the other hand it also describes the grueling, intensive nature of surgical operations. A patient suffering from anal fistula would willingly endure the invasiveness and discomfort associated with the cure so long as he or she could be relieved of his or her illness. Helen's skill and surgical knowledge elevates her status and secures her marriage. Though she too would have to endure the messy process of repairing fistulas, her final reward demonstrates that all ends well for her as well.

Conclusion: Surgery that Ends Well

If we trace some idea of the progress of surgeons in this dissertation it would likely be following the point from banal treatment to miraculous cure, from treating grievous wounds on the battlefield, which would have resulted in ugly scars all over the body, to dismemberment as the most obvious form of surgical invasion leaving behind its evidence.

Anal fistula stands out as perhaps the only surgical treatment that can be both claimed exclusively by surgeons while also hiding away its results so that they few would even know the patient was treated. It is strangely un-surgical in its results and yet so fittingly surgical in terms of how the operation is performed with cutting and hands-on operations. Perhaps even more fittingly, from a twenty-first century perspective, the invasive nature of anal fistula's treatment was so rare in the early modern period, where surgeons were mere craftsmen earning a meager living, and yet invasive surgery is what defines our current day perception of the profession.

It could easily be said that both current day and early modern surgery share the motto "all's well that ends well." As the title of the play suggests, the ending is what matters most. Patients endure the painful operation so that they may live more comfortably (or live at all) after it is completed. Indeed, the process of becoming a surgeon is in itself one about working through experience in order to perfect a craft. In this sense, becoming a surgeon involves enduring a learning process in order to achieve mastery in the end. Surgery, just like the plot of Shakespeare's play, is about bad beginnings transforming into good endings through physical intervention. In *All's Well* the King ends up alive only after enduring the complicated intervention of surgery, and Helen ends up married only after performing several complex

procedures. The "ends" of *All's Well* serve to reinforce the metaphorical surgical narrative that directs the play towards a comic ending. At the same time, the surgical narrative also pokes fun at physic. The King's physicians are wrong in their assessment of his health, while Bertram, the character whose overconfidence in his status makes him out to be as prideful as an old-style physician, is proved wrong in his assessment of life-altering matters. The success of surgery in *All's Well* comes only after the failure of physic.

Conclusion: Surgery and Status

Counter to the theoretically complex, university authorized, physician, whose healing powers involved magical and astrological properties, the image of the surgeon was still formulating. As always, the identity of the surgeon remained entwined with the identity of the body. At the cusp of the scientific revolution, the Renaissance body existed as part of a mystical, magical, culture of wholeness. While surgeons struggled to uphold the fantastic ideal of bodily wholeness, they did so at the expense of professional valorization. The surgeons' modern techniques of scientific-method, pragmatism, and peer review were out of joint with the cultural views of the body. Only after the body shed its mystical identity and yielded to scientific inquiry, after the physicians modernized themselves into secular, science-based healers, could the surgeon's already pragmatic secular healing come to the fore.

When English surgeon John Woodall advised younger surgeons "it is no small presumption to Dismember the Image of God" (156) he hit on a key argument in this dissertation: that during the Renaissance there was an idealized form of the body that surgeons needed to be mindful of before they operated. It is important to note that Woodall issues his advice in the context of amputation, an extreme operation, the results of which would definitely change the patient. But few acts

of surgery left patients without a visible reminder of the operation. Indeed, as I note in the dissertation, what separated surgery from other medical practices in the period was its hands-on, visible, method of healing. While a physician could issue a pill or a potion or otherwise invisible cure, surgery depended on a visual relationship between the surgeon, the patient, and the wound that needed to be treated. Woodall's expression of caution to surgeons is important because it highlights a non-surgical element of the operation as a point of warning. Even if the operation is a success there is no escaping the religious significance of the act.

Woodall's quotation also suggests the multiple meanings of the word *wholeness*. As Woodall's other narratives on amputation attest, wholeness did not just mean resolving a body back to its original form, it also meant resolving the patient him or herself back to the way of life they enjoyed before the operation. Thus, surgical writing became a form of erasure. Though wounds and operations could never truly be forgotten about (particularly in the case of amputation) surgical narrative functioned in such a way as to narratively reconfigure the patient as a functioning member of the society. In this regard, might we recall Ambroise Paré's commentary about the relationship between surgery as a profession that works on body parts and the "parts" or "members" of the metaphorical body-politic that work together to keep

the state functioning. Even John of Arderne demonstrated the "miracle" of surgery as a specific expertise that granted a patient the wholeness possessed had prior to illness. In surgical manuals the writing shifts seamlessly between both the literal bodies they worked on and the metaphorical bodies that surgeons wrote about. Wholeness embraced both of these bodily forms.

The chapters in this dissertation have argued that formulations of the body in early modern literature, and drama in particular, can be read alongside surgery manuals due to the literary properties of the surgical texts. While literature is a part of every chapter, chapters two and four in particular fuse together surgical writing and literary texts by contrasting the unnaturalness of wounds in both surgery and drama in the second chapter and viewing *All's Well that Ends Well* through a surgical lens in the fourth chapter. The discourse of surgical and literary texts highlights the mystical qualities that bodies possessed in the Renaissance. Despite representing different genres of writing, literary and surgical texts demonstrate the cultural significance of bodily wholeness, the consequences of breaching bodily integrity, and the desire for corporeal resolution. Both surgical and literary texts do so by presenting the body in both a literal representation and as an object of metaphorical or meditative contemplation.

A careful analysis of surgical manuals and literary texts deepens our understanding of bodily dissolution in the early modern period. Surgical manuals speak to the physical and cultural consequences of corporeal dissolution from a perspective that is unique in the early modern period. Though surgery itself was a difficult activity requiring skill and dexterity, surgical writing informs us that resolving bodies back to wholeness was as much a cultural task, requiring an adherence to the religious and socially informed conditions of the body. A stage actor might attempt through artifice to represent a wounded body to an audience, but it was up to surgeons, in both their writing and through surgery itself, to make a wounded body represent bodily wholeness to a readership or to the patients themselves. Of course, in that act of attempted resolution from dissolution lies the barrier that slowed the progress of surgeons from the position of lowly craftsmen to the apex of the medical profession where they are today. Even if surgeons could prevent a body from dissolving, they could never actually make a body whole again.

For all of their linguistic surgery, attempting to mold through writing an image of the body that would adhere to the cultural standards of wholeness, early modern surgeons operated within a corporeal paradox of unity that was at odds with surgical methodologies that required cutting, lancing, and dismembering. In

order for the surgeon to rise in professional status, the status of the body would have to change. Indeed, the professional surgeon himself was a fractured figure, split between the pragmatic methods of surgery and the cultural complications of corporeality. Nevertheless, early modern surgeons resolved dissolving bodies, even if their own status remained unresolved, on the brink of a new science.

Figures

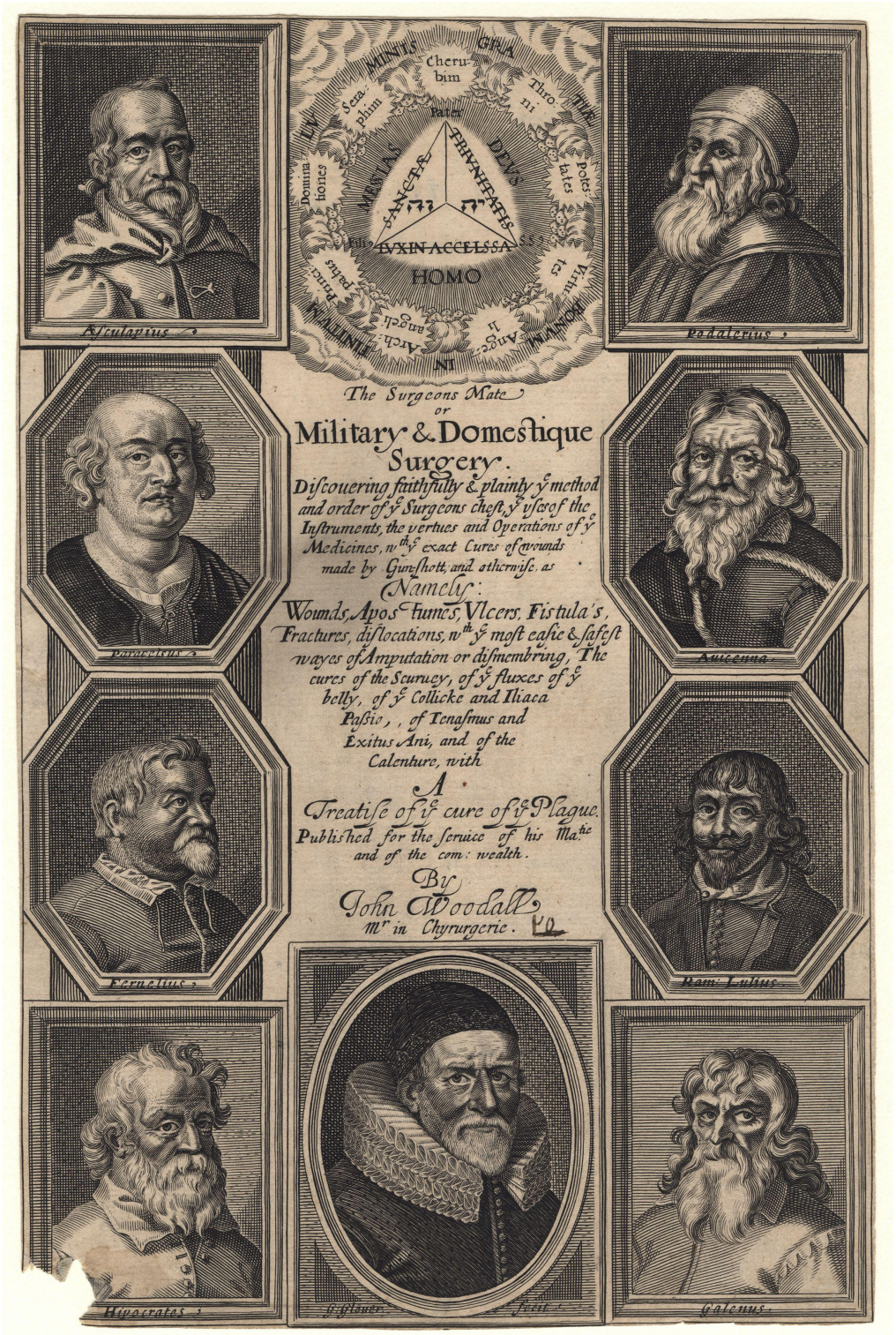

Figure 1. Woodall,John. *The Surgeon's Mate…* Woodcut. 1652. From Wikimedia Commons. Web April 15 2013. http://en.wikipedia.org/wiki/File:John_Woodall_by_George_Glover.jpg

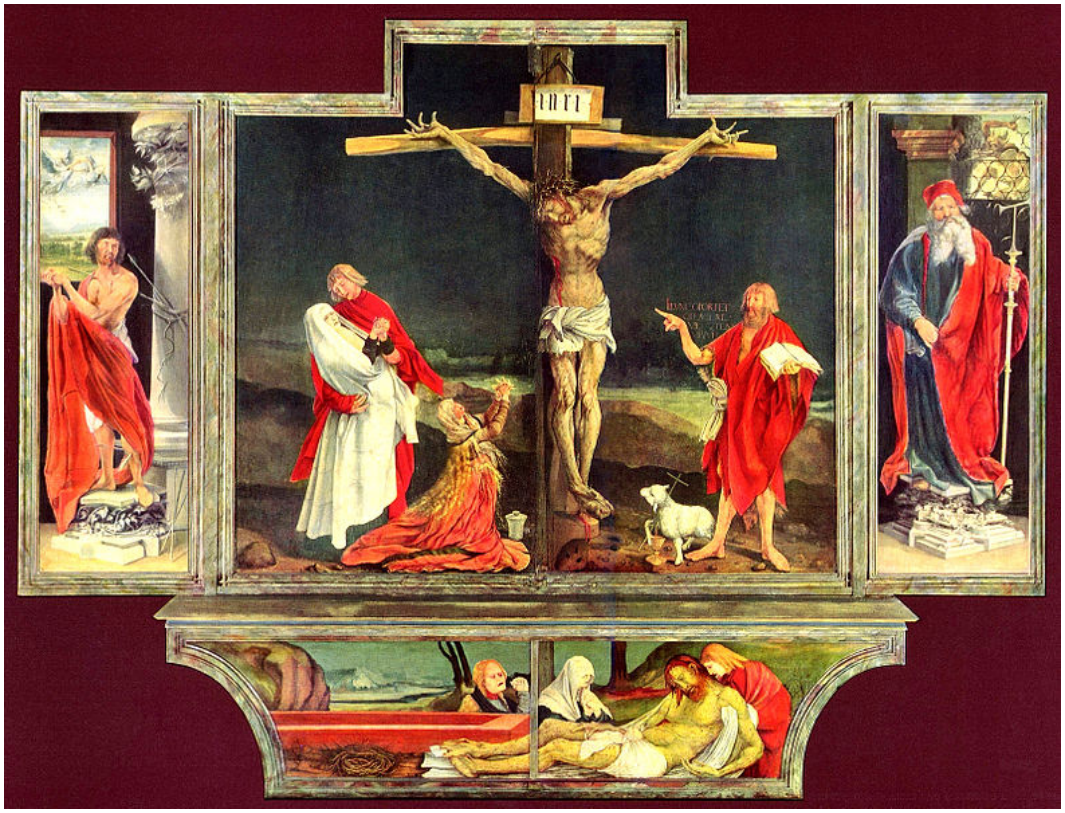

Figure 2. Mathis Gothart Neithart. *The Crucifixion. Isenheim Altarpiece (closed)*. Ca. 1509/10-1515. Musée d'Unterlinden, Colmar, France. From Wikimedia Commons. Web April 15 2013. http://en.wikipedia.org/wiki/File:Mathis_Gothart_Gr%C3%BCnewald_019.jpg

Figure 3. Michelangelo. *Pieta.* c. 1498-99. Marble, 174 x 195 cm. Basilica of St. Peter, Vatican. From Wikimedia Commons. Web April 15 2013. http://en.wikipedia.org/wiki/File:Michelangelo%27s_Pieta_5450_cropncleaned_edit.jpg

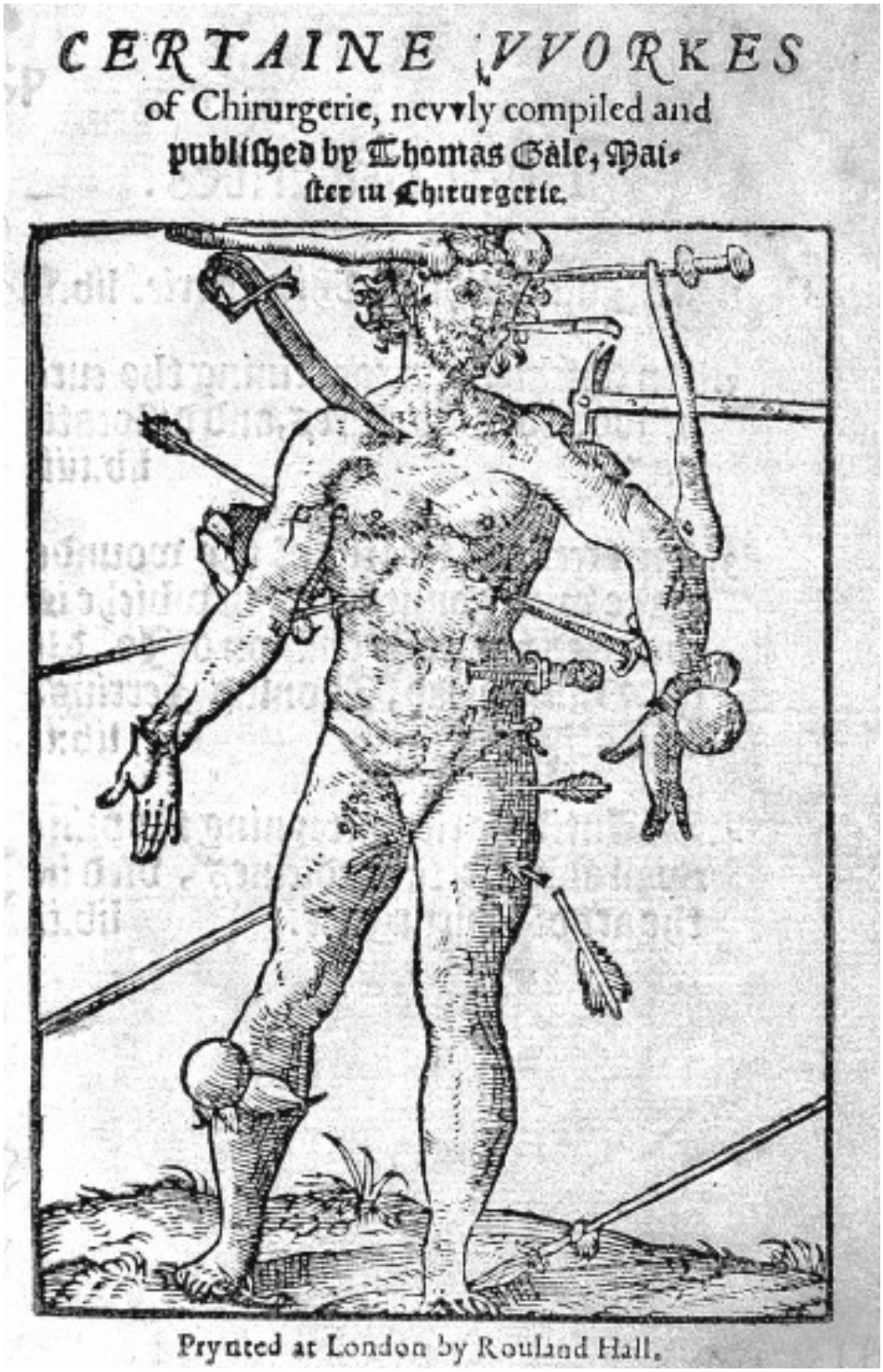

Figure 4. Gale, Thomas. *Certaine Workes…* Woodcut. 1563
From Creative Commons. Web April 15 2013.
http://wellcomeimages.org/indexplus/obf_images/3e/d2/9d6236f71a61a823765847ca6f24.jpg

Figure 5. Brunschwig, Hieronymus. *Noble experyence of the vertuous handy warke of surgery...* Woodcut. 1525. Reproduced with permission of Huntington Library.

Figure 6. Gersdorff, Hans von. *Feldbuch der Wundarzney* . Woodcut. 1517. From Creative Commons. Web April 15 2013. http://wellcomeimages.org/indexplus/obf_images/86/a9/b81df85c1b10a11a9eea2de510c2.jpg

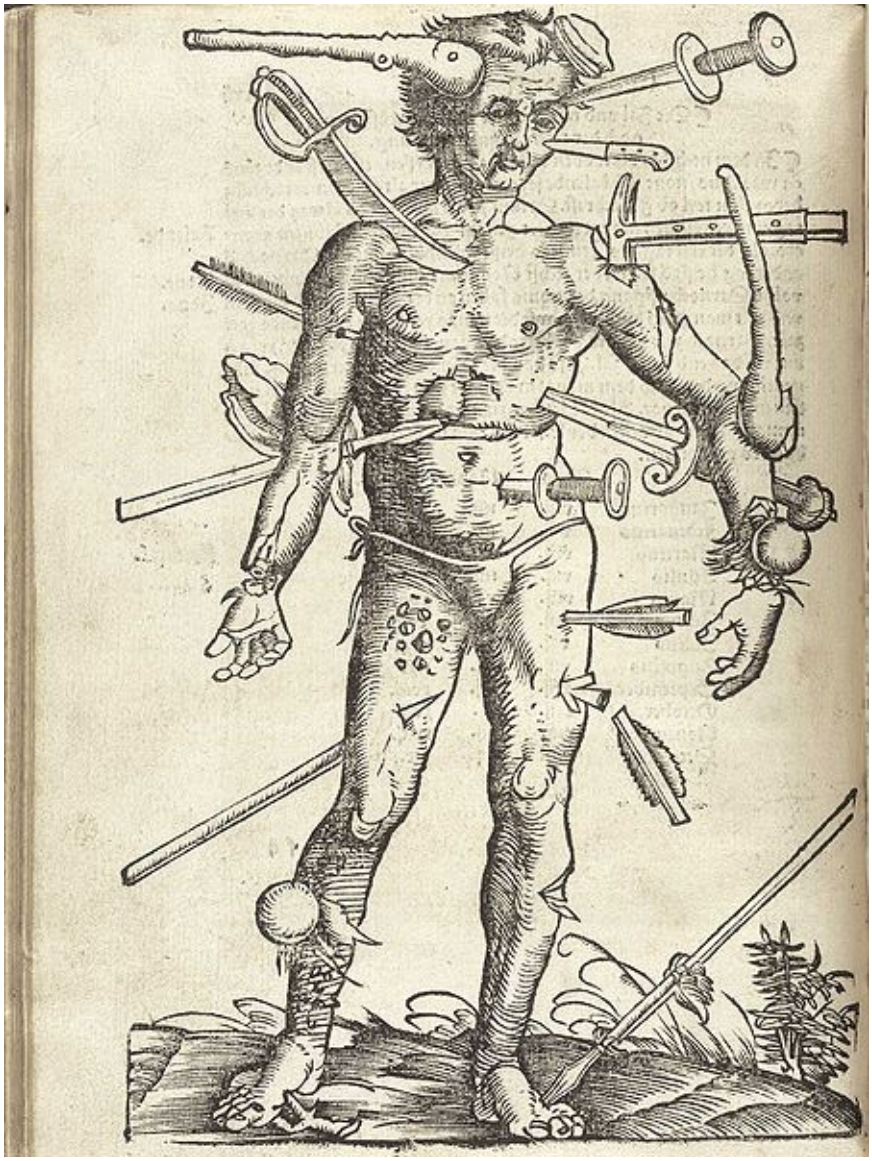

Figure 7. Gersdorff, Hans von. *Feldbuch der Wundarzney*. Woodcut. 1517. From Wikimedia Commons. Web April 15 2013. http://en.wikipedia.org/wiki/File:Gersdorff_p21v.jpg

Sloane MS. 2002, leaf 24, back.

PLATE I. A Fourteenth-Century Master Surgeon operating for Fistula in Ano.

Figure 8. Arderne, John. *Treatises of fistula in ano...* Probing an anal fistula. . Web April 15 2013. http://archive.org/details/treatisesoffistu00ardeuoft

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