INTRODUCTION: SURGERY AND THE WOUNDS OF SIN

Do we use these as empirically as our predecessors did their leeches and their bleedings? Are we, in the light of others who come after us, going to be accused of being users of stupid, bizarre or crude methods? Will they think us no better than quacks? Will they read our shock therapy methods with horror and say, “Why, they should have used baseball bats—it would have been just as productive of results”?

Pressman, *Last Resort*

The above words, spoken in 1941 by the noted psychiatrist C. Burlinghame in an after-dinner speech to colleagues, illustrate the folly of regarding the customs of the past from too high a pedestal. Burlinghame, a pioneer of psychosurgical procedures ranging from shock treatment to lobotomy, invokes as part of his rhetorical strategy medicine that is recognizably “medieval,” and that modern society tends to either greet with laughter or dismiss contemptuously. Yet Burlinghame’s artless pillory of medieval surgery betrays an overt anxiety over his own healing methods. Indeed, the mutilation of the frontal lobe to curtail antisocial behavior is now regarded as a relic of a particularly inhumane period of psychiatric medicine. Although Burlinghame employs the perceived antiquity—indeed, the *alterity*—of medieval surgical methods to make his own practices seem innovative by comparison, there is, in fact, continuity at work here. The violence of Burlinghame’s methods are designed to reintegrate the patient into the law-abiding community, just as the “leeches,” “bleedings,” and other forceful excisions that constituted medieval surgery were meant to restore the patient not just physically but also morally and spiritually. To the profoundly penitential culture of later medieval England, sin and sickness were inextricably linked; and surgery, even as it progressed in its ability to cure physical affliction, became even more important as a metaphor for the pursuit of spiritual health. This book therefore attempts to tell two stories. The first is that of the surgeon’s rapid emergence as a figure of literary significance in the fourteenth century; the second is his simultaneous...
transformation into both religious metaphor and psychological agent by an institution of unprecedented cultural influence. To tell these two stories is not a work of medical history, nor an exercise in literary criticism, but an examination of the social power of metaphor as it affected English society in the later Middle Ages. In this introduction, I will demonstrate the central fact that made the surgeon so convenient a metaphor for the urgent struggle between damnation and salvation that resided at the heart of medieval Christian identity: surgery, because it both healed and hurt, could uniquely signify the profound ambivalence, the tension between merciful and punitive registers, that constituted humanity's relationship with the divine in the English Middle Ages.

Surgery had long been marginalized in classical and scholastic definitions of medicine as the last possible resort in a threefold hierarchy of healing strategies. According to the eleventh-century Arabic authority Avicenna, whose great work *The Canon of Medicine* was translated into Latin by Gerard of Cremona in Toledo in the twelfth century and parts of which became indispensable to the university medical syllabus, the “subject of treatment comprises three headlines: that of regimen and diet, that of the use of medicines, and that of manual operative interference.” Despite its status as the ultimate method, which was to be employed only once diet and drugs had failed, surgery shared in the same theoretical framework as did the rest of medical treatment: that of the four humors. This ancient physiological theory was first made famous by Hippocrates and his followers, elaborated by Galen in the second century, and then transmitted to the Latin West through scholastic translations of Arabic intermediaries. It held that the universe was composed of four distinct elements—fire, air, water, and earth—which our bodies convert through digestion into four biological liquids, or humors: melancholy, phlegm, blood, and choler. Each of us possesses an innate humoral combination, or complexion, that helps determine our entire range of physical and psychological attributes. However, due to human imperfection these humors are unstable and can become dangerously unbalanced. Superfluous humors that we cannot excrete through natural means must be adjusted medically if we are to remain healthy. Medical treatments revolve around either the regulation of these humors through diet and drugs or their manual purgation through a variety of invasive methods, which Avicenna lists as “blood-letting, wet-cupping, purgation, enemas, diaphoresis, use of leeches, etc.” For the administering physician, such violent treatments involving the cutting and scarring of the flesh or the either partial or whole amputation of a limb are difficult as these methods are “not appreciated as such by the patient because of the pain and suffering they cause him until the symptom has been removed.” Yet until the thirteenth century, this anxiety that attended surgical treatment was