The themes of presence and absence that I investigated in the previous chapter in relation to the legible materiality of the practices are also an ideological concern about play-making and a means of exercising (self-) reflexivity. Early modern writers employed disguise motifs in representing barbers and surgeons in the theatre. But this produced a binary effect: while barbery often functioned as a disguise for something else – and as such was disclosed referentially on the stage – surgery is frequently a covered-up process in dramatic action, often remaining an offstage phenomenon. Both, however, reveal something inherent about constructions of performance and modes of representation, as well as stylistic features of drama. If, as Gary Taylor argues, ‘meta-theatricality relieves the audience of any burden of belief’, then the barber in particular is at the very heart of routines that expose pretence and sham for what they are.¹

Today we refer to the surgical theatre, surgeons performing operations, and the past entertainment of staging public anatomisations, readily using the language of theatre in association with surgery and assuming, perhaps swayed by the ubiquity of hospital and pathology dramas, their crisis cultures and racy, technical dialogues, that the profession has always translated seamlessly to the stage or to the popular imagination. But although the language of architecture provided correspondences between surgery and theatre in early modern times, the idea of their performing spaces and the milieu of these were demonstrably separate.² Despite appearances, the early modern anatomy theatres were not straightforwardly parallel to theatrical worlds in the way Hilary Nunn suggests in Staging Anatomies, and it does not seem that they were particularly public venues: for most they were imaginatively rather than physically accessible.³ Moreover spectacle can operate differently from theatre. In the case of the anatomy theatre versus the commercial theatre the former makes actual events into a heightened state of reality while the latter creates a temporary reality: the anatomists’ dissected cadaver exists while in ‘Tis Pity She’s a Whore, Annabella is an unhurt boy actor and her ripped out heart is probably a pig’s organ. The rhetoric around each display

E. Decamp, Civic and Medical Worlds in Early Modern England
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and the enactment of invasion on the body in these contexts are radically different. Moreover, the notion of ‘Making shew of a cure’ (‘New Trimming’, stanza 7, line 3) is emphatically and literally associated with barbery and irregular forms of medical treatment in the period. In theatrical works we find that the idea of the effectual surgeon or surgical activity is associated rather with elision, junctures, or rifts, particularly when characters needed piecing back together. Surgery that was otherwise successful on stage was often the result of a non-surgeon’s – sometimes a woman’s – good fortune. The representation of surgery in theatrical play was a means of expressing a very real social and medical concern about charlatanism: ‘playing the surgeon’ or ‘performing surgery’ had a fraught status on the wooden boards.

Representations of barbers and surgeons on the early modern stage invite audiences to engage with questions of the appropriateness of performance and part playing, and with the transformative effects of theatre. The material I examine in this chapter also tells us about some of the legacies and repetitiveness of theatre: the influence of mumming plays, and their miracle cures, and comedic intervals of medieval dramas, which were absorbed by early modern plays. Barbery scenes often functioned as a form of interlude in sub-text where a witty equivalence of the subject matter could be enacted. And I find further evidence of the literal ‘play-fullness’ in the barber sequences that were popular dramatic material of the interregnum, a period which was obsessively conscious and critical about forms of theatre. By comparison, surgery (the practice, as opposed to the more tokenistic language of and gestures towards anatomy that peppered early modern writing) was evoked in an undisclosed space – it barely played out. This chapter reviews the effects of barbery and surgery in a number of plays, revealing commonplaces of early modern theatre-making, and enabling us to see how plays were ‘patched’ to reflect the social concerns about forms of deception in the medical world.

Discussions of attire and disguise on the early modern stage have encouraged scholars to examine a wide range of social and gender issues. But criticism in this field has done more than raise our awareness of the sumptuary concerns prompted by dressing, dressing-up, cross-dressing, and undressing in the period: it has also increased our dramaturgical attentiveness to the duplicity and self-reflexivity of performing and representing in early modern theatre and the mechanics of play. Peter Hyland emphasizes that disguise was primarily a fun, liberating theatrical activity but finds that the intense playing of disguises in the period ‘registered a fissure in early modern culture, an anxiety about the identity and stability of the self’. Of disguise conventions, Jeremy Lopez concludes that they are ‘sites for admiring the act of representation itself’. He asserts that the ‘disguise, for characters and audience, creates a space where there is a vast amount of things to see and a space from which to see them’, arguing that disguise is often compelling to watch because it increases levels of perception.