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'Pitiless Pity' in Renaissance Medicine (1545-1585)

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ABSTRACT

Doctors of the Renaissance were embroiled in a debate about the limits of pity during the performance of a surgery. Paradoxically, surgical practice entailed the inflicting of pain in order to prevent suffering. Contemporaries approached this difficulty in different ways, highlighting by turns the need to resist impulsive compassion and the duty to work in full consciousness of the patient's suffering. Evoked during numerous discussions of professionalization and anatomical study, the problem of a 'pitiless pity' is best addressed by Ambroise Paré, who stresses the reciprocity between doctor and patient as a way out of the impasse between ineffectual empathy and the ruthless objectivity of the medical gaze.

During the glory days of a positivist history of medicine, the French surgeon¹ Ambroise Paré (1510-1590) was celebrated as the 'father of modern surgery'.² His rise from humble beginnings to a lofty station at the French court of four different kings and princes of France, coupled with his military service during the Italian War of 1536-

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¹The terms 'surgeon', 'doctor', and 'physician' have carried different meanings at different times in history and across different linguistic and national contexts. For the purposes of this article, the wording of the primary sources has been preserved as far as possible throughout the text. The French 'chirurgien' is rendered here in English as 'surgeon' and 'médecin' is similarly rendered as 'doctor'. In 16th century France, 'médecins' referred generally to those who held a doctorate in medicine, while both surgeons and doctors could be considered 'physicians'. For example, Ambroise Paré, a surgeon, held the post of royal physician and wrote about surgery and medicine. Other physicians, like Charles Estienne, practised surgery. In general, when speaking of the physician as opposed to the patient, this article uses the most frequently attested word 'doctor' ('médecin').

²Amédée Dechambre (ed.), *Dictionnaire encyclopédique des sciences médicales*, Second Series, vol. 21 (Par-Pea), (Paris: G. Masson et P. Asselin, 1885), p. 127.

1538 and his medical writings, published in French at a time when Latin reigned supreme over France, made him a heroic figure of the French medical art for scientists and scholars of the nineteenth century.³ Even today, many hospitals and clinics in France carry the name Ambroise Paré as a testament to a certain idea of medicine that is at once humanist and humane.⁴ The gradual development of medical humanities has kept the figure of this renowned surgeon at the forefront of historical studies.⁵ Among other things, Paré is recognised for his early advocacy against cauterisation,⁶ and for the many editions of his complete works that followed their initial publication in 1575 and continued until the seventeenth century.⁷ Yet another new edition, published in 2019, now confirms the importance of his scientific contributions for both the history and the practice of medicine.⁸

The humanity that Ambroise Paré displayed in a variety of everyday situations, towards soldiers, women in labour, and victims of the plague, is evident throughout his writings. This remarkably humane disposition arises more generally from a context of a new kind of attention given by sixteenth-century medical practitioners to the suffering of their patients. A foundational maxim summarising the opinion of the Roman physician, Aurelius Cornelius Celsus, and its many citations and reformulations during the sixteenth century helped to establish the idea that the potential for pity shown towards a patient constituted a danger for the success of the medical act: a momentary distraction, an unsteady hand, or a hasty movement could quickly ruin an operation. Starting from the repeated occurrences of this proverb, this article will trace the emergence of a heightened sensitivity to the distress of the patient and his familiars, at a time when general anaesthesia was still unheard of. Holding the potential to disrupt the orderly unfolding of a surgery, the pity of the doctor becomes a subject of

³See, for example, Augustin Cochin, 'Le service de santé des armées avant et pendant le siège de Paris', *Revue des Deux Mondes (1829-1971)*, 90, 1, (1870), pp. 58-80 and esp. Joseph-François Malgaigne, *Histoire de la chirurgie en Occident depuis le VI^e jusqu'au XVI^e siècle et histoire de la vie et des travaux d'Ambroise Paré*, (Paris: Baillière, 1870).

⁴Examples can be found in Bondy, Boulogne-Billancourt, Marseille, Mons, Neuilly-sur-Seine, Thionville, and Toulouse.

⁵See, among others, Jean-Pierre Poirier, *Ambroise Paré : un urgentiste au XVI^e siècle*, (Paris: Pygmalion, 2005) and Jean-Michel Delacomptée, *Ambroise Paré, La main savante*, (Paris: Gallimard, 2007).

⁶Ambroise Paré, *Méthode de traiter les plaies faites par les arquebuts et autres bastons à feu, et celles qui sont faites par la poudre à canon*, (Paris: Arnoul L'angelié, 1552 (re-ed.)).

⁷*Les oeuvres de M. Ambroise Paré conseiller, et premier chirurgien du Roy avec les figures & portraits tant de l'Anatomie que des instruments de Chirurgie, & de plusieurs Monstres*, (Paris: Gabriel Buon, 1575).

⁸Ambroise Paré, *Les Œuvres*, (eds.) Evelyne Berriot-Salvadore, Jean Céard, Guylaine Pineau, (Paris: Garnier, 2019).

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medical ethics, especially when the medical practitioners themselves must inflict pain. Many texts insist on the thin line dividing compassion and pity, while the editors of Celsus's work stumble over the sense of the paradoxical expression 'pitiless pity'. In their theoretical reflections and medical practice, Charles Estienne (1504-1564), Andreas Vesalius (1514-1564) and Ambroise Paré all bear witness to the ambivalence of this paradoxical form of empathy. The way their writings engage with the commonplace of a doctor seized by pity, shows how the culture of medicine during the 16th century conferred on the emotions of both the doctor and the patient an unprecedented role in the administration of care.

In Renaissance literature the figure of the doctor was often abused for his supposed incompetence, his lack of integrity, and the illegitimacy of his authority. His arrogance, his esoteric vocabulary, his charlatan's remedies, and his cupidity made up the principal charges brought against him in popular literary and theatrical works.⁹ Reversing what many perceived as an illegitimate hierarchy, these accusations brought the 'bad doctor' down to the level of his patients among the public and exposed his fraudulent behaviour. Yet beyond the arena of literary satire, another debate took place, this time centring on the 'good doctor' – the doctor who, neither neglecting nor deceiving his patients, threatened nevertheless to aggravate their injuries through his reluctance to cause them pain. Indeed, in many wisdom compilations published during the Renaissance, a common proverb reminds the reader that the good doctor must know how to refrain from pity: '*Médecin piteux fait la playe venimeuse*' ('the pitying doctor leaves a festering wound'). In other words, a doctor who, overtaken by emotion, loses his nerve and hesitates to make the necessary incision, therefore risks obstructing his patient's recovery.

Being of a general character, the proverb also found itself easily applied to the faintheartedness of those who, in their capacity as family members, friends, or colleagues of the patient, had difficulty remaining steadfast in the face of the doctor's operations. The saying's many different versions attest to its wide circulation from the fifteenth to the seventeenth centuries. Thus Gomes de Trier's *Le jardin de Recreation* – a French translation of the *Giardino* of Giovanni Florio – offers the variant, '*Médecin piteux fait la playe rogneuse*' ('the pitying doctor leaves a rankling wound'), while Jean-Baptiste de La Curne de Sainte-Palaye reports the form, '*Médecin piteux fait une mortelle playe*' ('the pitying doctor leaves a mortal wound').¹⁰

⁹See Marie Miguet-Ollagnier and Philippe Baron, *Littérature et médecine*, (Bensançon: Presses universitaires franc-comtoises, 2000). Patrick Dandrey, *La médecine et la maladie dans le théâtre de Molière: Sganarelle et la médecine, ou, De la mélancolie érotique*, (Paris: Klincksieck, 1998).

¹⁰Gomes de Trier, *Le jardin de Recreation, au quel croissent rameaux, fleurs et fruits, tres beaux, gentils, et souefs. Sous le nom de six mills Proverbes*, (Amsterdam: Paul de 77 www.bjmh.org.uk

Doctors themselves referred to the proverb and commented upon it as a way of defining the professional qualities of the 'good' surgeon. Their prescriptive discourses paint an ideal portrait of a wise man, master of his emotions and his actions alike, whose virtues guarantee the course of the doctor-patient relationship. If compassion constituted, by common accord, the first and most essential quality of the doctor, it remained up to him to recognise and practise it with moderation: too much or too little would risk the ethical balance necessary for proper treatment. Indeed, it was held that if the compassion of the doctor grew excessive then it would restrict his operations to procedures that were painless, limiting at the same time the scope of medicine in general. On the other hand, denial of compassion was thought to transform treatment into a kind of violence that ran roughshod over the body and the emotions – indeed the very person – of the patient. How, then, should one distinguish the necessary professional detachment of the 'good doctor' from an inhumane indifference to another's suffering? The thoughts and practices of doctors, as recorded in their writings, echo a series of confused debates around this topic, ranging from discussion of the ideal doctor and his will to overturn established scientific authority to expressions of a desire to build a relationship of confidence and respect between doctor, patient, and medical attendants.

Overall, it would seem that the attention accorded in modern times to the dangers of a care-giver's emotional involvement in the suffering of the patient continues a tradition of reflection shared by doctors and patients during the Renaissance. By examining the commentaries, learned sources, and instances of the proverb pertaining to a small number of early modern doctors, this article proposes to follow the development of a line of ethical inquiry centring on the doctor's 'necessary cruelty' – a concept which *a priori* would appear difficult to reconcile with the prevalent idea of Hippocratic compassion – and to identify the different modes of its practice. The imperative of impassivity dictated to medical practitioners certain strategies for distancing oneself from one's emotions: whether by reducing the suffering subject of a surgical operation to silence, by the calculated employment of humour as a diversion, or by a professionalisation of treatment outside the household sphere, occupied by midwives and the patient's friends and family. At the end of the discussion, it shall also be seen how equivocation among sixteenth-century philologists over the correct reading of a passage from the ancient Roman doctor, Cornelius Celsus, represents, as it were, 'backstage' the ambivalence of the medical discourses of the Renaissance towards the compassion of the doctor: does not the kind-heartedness of the care-

Ravestteyn, 1611), [Siiijv^o, unpaginated]; Giovanni Florio, *Giardino di Rcreatione*, (Londa [London]: T. Woodcock, 1591); Jean-Baptiste de La Curne de Sainte-Palaye, *Dictionnaire historique de l'ancien langage françois ou glossaire de la langue françoise, depuis son origine jusqu'au siècle de Louis XIV*, (Paris: Champion, 1875), vol. 8, p. 319.

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giver effectively include the capacity to inflict, without an excess of empathy, a salutary suffering? In the context of the doctor-patient relationship, do not empathy and callousness change places?

Beware of Pity's Trembling Hand

The proverb poses the question of a pity that is paradoxically dangerous to the very person it seeks to spare. Wanting to protect the patient from the pain of an operation, the doctor risks aggravating the patient's injury and the pain that he had intended to avoid. The idea is an old one and the saying, with its several variants, embodies a widely diffused medical tradition on the necessary moderation to be observed in cultivating one of the essential attributes of servants of Aesculapius – compassion. During the sixteenth and seventeenth centuries as satires, farces, comedies, and *fabliaux* ridiculed fraudulent doctors, the repeated warning against a form of pity that is dangerous because misplaced contributed to the delineation of the role and responsibilities of the doctor in the administration of care. Briefly put, the proverb's circulation accompanied an ethical meditation on the impassivity of the care-giver in the face of inflicting pain. In this way, a certain definition of professionalism is seen to form around the central idea of *miser cordia* ('kind-heartedness').

Doctors often turn to our proverb in order to articulate the respective responsibilities of the care-giver, the 'invalid', and of the injury itself. For example, in his *Questions naturelles et curieuses: contenant diverses opinions problematiques, recueillies de la Medecine, touchant le regime de santé*, Pierre Bailly distinguishes between the competence of the doctor and the possible faltering of his actions, interpreting the maxim as follows:

If a Doctor, taking pity, aggravates the injury of the sick person?

It is not by his gaze, as it is said of the Basilisk, which by its look kills those it gazes upon. It is that, where it is necessary to cauterise, to scrape, to tear, or to cut something out that might bring the sick person harm, he must not show himself to have pity. One must firmly and promptly carry out what the medical art and the injury command, for fear that the hurt should worsen and grow more troublesome.¹¹

¹¹Pierre Bailly, *Questions naturelles et curieuses: contenant diverses opinions problematiques, recueillies de la Medecine, touchant le regime de santé*, (Paris: Jean Petit-Pas, 1628), pp. 430-431: 'Si un Medecin piteux envenime la playe du malade? Ce n'est pas de son regard, comme l'on dict du basilic qui de sa veuë tuë ceux qu'il regarde. C'est que où il est necessaire de cauteriser, railler, dechiqueter et extirper quelque chose qui peut endommager le malade, il ne faut pas qu'il se montre piteux. Il faut hardiment et promptement parfaire ce que l'art et la maladie commandent, crainte que le mal

Bailly apportions to the doctor, the patient, and the injury their respective roles and responsibilities in accordance with the 'Hippocratic triangle' which they form amongst themselves.¹² To begin with, Bailly announces his subject with a reference to the legendary basilisk: it is not pity, felt by the doctor and visible in his eyes, that is harmful *per se*; it is only when this pity passes into the doctor's actions that a surgery is put in jeopardy, even while 'the medical art and the injury command' its execution. As soon as the doctor's emotions disturb his decisions and his actions, as soon as compassion in his eyes translates into compassion in his hands, the doctor fails in his necessary duty, displaying through the care that he gives the emotion which earlier was expressed in his look alone. The debate is dramatized as if in outline: an accumulation of infinitives describe the actions that inflict pain – 'to cauterise, to scrape, to tear, or to cut'. Immediately afterwards, Bailly names the precise object of this brutality: it is not in fact the body of the patient, but rather 'something that might bring the sick person harm'. His advice concludes with an encouragement addressed to the doctor who stands to be repelled by such violence: 'firmly and promptly' insists on the firmness, unsqueamish and unhesitating, required for the medical act. The response to the problem of pain consists in that pain's attribution: its cause is referred to the 'something' and not to the operation. In short, the doctor cannot do harm unless it is in order to do good. The 'invalid' remains perfectly passive throughout the entire paragraph, both a victim of the injury and an object of the doctor's care.

Prescriptions of Impassivity

The injured person, by definition ignorant of his own illness and best interest, may turn out to prefer a 'compassionate' doctor to the one who will cause him suffering. (And so the proverb has something to teach patients as well!) Thus, M. de Bellievre compares the ignorant sick to members of provincial assemblies who oppose austerity measures:

Yes, but this edict is issued, or that harsh decree, or again that variety of force is used: yet consider first, before you complain, that the illnesses of the State are quite often such that they do not want pitying Doctors, who make their patients laugh, when what they need is cautery and fire.¹³

n'empire, et se rend plus venimeux.' All English Transl. David Douglas, except where noted.

¹²Danielle Gourévitch, *Le triangle hippocratique dans le monde gréco-romain. Le malade, sa maladie et son médecin*, (Rome: École française de Rome, 1984).

¹³'Harangue à l'ouverture des Estats de Provence l'an 1586 (M. de Bellievre, Chancelier de France)', in *Harangues et actions publiques des plus rares esprits de nostre temps*, (Paris: Adrian Beys, 1609), p. 938: 'Ouy, mais on fait un tel edict, une telle ordonnance rigoureuse, l'on use de telle contraincte: considerez auparavant que de

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True, the roles had been well distributed in the Hippocratic triangle: the patient, who suffers in all cases, suffers for his own good when the doctor counters the pain of the injury with that which he inflicts. It remains possible, however, for the doctor's emotions to disrupt this ideal operation. That is, as long as the doctor's duties seem to contradict one another, the line dividing beneficent violence from actual cruelty may not be so clearly discernible.

By the Renaissance, compassion for the patient had already long been one of the fundamental qualities of the 'good' care-giver. The *Introductio ad medicinam*, a medieval medical anthology transmitted in Latin and attributed to Soranus, repeatedly evokes the duty of the doctor to practise empathy, linking it to the Hippocratic treatise *On Good Manners*.¹⁴ And Soranus himself, in his *Gynecology* (1.3), advocates that the midwife be gentle and sympathetic.¹⁵ Moreover the proverb also seems to summarise a paragraph from the seventh book of Celsus' *De Medicina*. But where the Roman doctor too recommends the inclination to pity (*miser cordia*) he cautions the surgeon against the vagaries of this emotion when it is allowed to soften the judgement and cause the hand to tremble or lead to the postponement of an operation. The imperative of impassivity, in guaranteeing firmness and rigour, thus forestalls an immoderate compassion which, if permitted to influence the doctor-patient relationship, might detract from proper care. Celsus' definition of the 'good surgeon' furnishes an exemplary account of this tension between the professional virtues of pity and detachment:

A surgeon must be young, or at least on the younger side; he must possess a strong and firm hand that never trembles, and he must be competent with his left no less than with his right; he must possess sharp and clear vision; in his heart he must be fearless, and compassionate so that he wishes to heal the one whom he takes in his care, and so that he be not moved by his patient's cries, nor hasten in his work more than the facts demand, nor cut less than is necessary; rather, all in all, he must do everything as if unaffected by the crying of the other.¹⁶

vous plaindre, que les maladies des Estats bien souvent sont telles, qu'elles ne veulent pas des Medecins piteux, et qui facent rire leurs malades, lesquels ont besoin de cauteres et de feu.'

¹⁴Gourévitch, *Le triangle hippocratique*, pp. 268-271.

¹⁵Ibid., pp. 272-274.

¹⁶Celsus, *De Re Medica*, VII, praef. 25-50: 'Esse autem chirurgus debet adolescens, aut certe adolescentiae propior; manu strenua, stabili, nec umquam intremiscente, eaque non minus sinistra, quam dextra promptu; acie oculorum acri claraque; animo intrepidus, misericors sic, ut sanari velit eum, quem accepit, non ut clamore ejus

This counsel of impassivity is found again as one of the four conditions necessary for good surgical practice in the *Chapitre singulier* of Guy de Chauliac's *Grande chirurgie*, where it is attributed to the medieval commentator on Galen, Ali Ibn Ridwan (Halyrhodoam), in his *Liber Tegni de corporibus* (often known simply as the *Tegni*):

Thirdly, let him be clever, possessing a good judgement and a good memory. This is what Halyrhodoam says in the third book of the *Tegni*: It is necessary that the doctor have good powers of recollection, good intentions, good eyesight, and a clear understanding, and that he be well formed physically: so that he has agile fingers, firm and untrembling hands, sharp eyes etc. Fourthly, I have said that he must have good manners. He must also be determined in matters that are certain, wary in cases of danger, and must avoid the wrong cures and techniques. He must be gracious to the sick, have goodwill towards his companions, and be wise in his predictions. He must be chaste, sober, kind-hearted and compassionate: he must be neither covetous nor inclined to extort money.¹⁷

The chapter of *La grande chirurgie* in question proceeds to construct a new triangle in place of the Hippocratic model, one formed by three points representing the doctor, the patient, and the assistants:

The necessary conditions for the sick person are three: that he be obedient to the Doctor, like the servant is to his master, as in the first book of the *Therapeutic*; that he be confident in himself, as in the first book of the *Prognostics*; that he possess patience, for patience conquers malice, as it is said in other

motus, vel magis, quam res desiderat, properet, vel minus, quam necesse est, secet; sed perinde faciat omnia, ac si nullus ex vagitibus alterius affectus oriatur.'

¹⁷Guy de Chauliac, *La grande chirurgie*, (ed.) E. Nicaise, (Paris: Alcan, 1890), p. 19: 'Tiercement, qu'il soit ingenieux, et de bon iugement, et bonne memoire. C'est ce que disait Halyrhodoam, au troisieme du Techni: Il faut que le medecin ait bonne souvenance, bon iugement, bonne intention, bonne veue, et sain entendement, et qu'il soit bien forme: comme, qu'il ait les doigts gresles, les mains fermes et non tremblantes, les yeux clairs etc. Quatriemement i'ay dit, que faut qu'il soit bien morigeré. Soit hardy aux choses seures, craintif és dangers, qu'il fuye les mauvaises cures, ou pratiques. Soit gracieux aux malades, bienveillant à ses compagnons, sage en ses predictions. Soit chaste, sobre, pitoyable et misericordieux: non convoiteux ni extorsionnaire d'argent...'

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writings. The conditions for the assistants are four: that they be calm, gracious or agreeable, faithful, and discreet.¹⁸

The presence of this chapter, and more particularly of these extracts, in *Les Fleurs du grand Guidon*, collected by Jehan Raoul in 1554, confirms the pertinence ascribed to them by doctors and surgeons during the Renaissance:

Fourthly, it is necessary that the Surgeon be of good manners, which is to say that he must be honest, gracious to the patient, amiable to his companions, determined in matters that are certain, without pity that might cause him to leave things out that are needed to counter threats to the patient, for as Cornelius Celsus says at the beginning of his book: The doctor must be merciless, lest he be moved by the clamour of the sick person and cease his operation; and he must do everything boldly and carefully, as if he were moved by no cries.

The conditions necessary for the patient are three. The first is that he must be obedient to the Surgeon as the subject is to his lord. The second is that he must have full confidence in himself, for as Galen says in the first book of the *Prognostics*, That doctor or Surgeon who is trusted by more people heals more of the sick. The third is that he must be patient with his illness, for as our master Galen says, *Patientia vincit malitiam*.

What are the conditions required from the servants? Four: that they be sensible, calm, loyal, and discreet.¹⁹

¹⁸Guy de Chauliac, *La grande chirurgie*, p. 19: 'Les conditions requises au malade sont trois: qu'il soit obéissant au Medecin, comme le serviteur à son maistre, au premier de la *Therapeutique*, qu'il se fie bien en luy, au premier des *Prognostics*, qu'il ait en soy patience, car patience vainc la malice ainsi qu'il est dit en autre escriture. Les conditions des assistans sont quatre, qu'ils soyent paisibles, gracieux, ou agreables, fidelles et discrets.'

¹⁹Jehan Raoul, *Les Fleurs du grand Guidon*, (Paris: Jehan Ruelle, 1554), fol. 11 r^o-v^o: 'Quartement il faut que le Chirurgien soit de bonnes mœurs, c'est à dire, qu'il soit honnest, gratieux au patient, amiable entre ses compagnons, hardy aux choses seures, non pitoiable en delaisant a faire les choses necessaires pour menaces du patient car comme dit Cornelius Celsus au commencement de son livre: *Oportet medicum esse immisericordem: ne infirmi motus clamoribus mminisque, operatio cesset, sed omnia audacter et solícite agat, ac si nullis vagitibus moueretur*. Les conditions requises au patient, sont troys. La premiere qu'il soit obeissant au Chirurgien comme subiect au seigneur. La seconde, qu'il se confie du tout en luy, car comme dit Galien primo pronosticorum, Le medecin ou Chirurgien guarist plus de malades, auquel plus de gens se confient. La

Here again the point is to define and to apportion the roles of each participant in the triangle: the injured person is the 'patient' who places his trust in the doctor and accepts his care. The attendants are serene and silent. The doctor alone must navigate the shoals of ambivalence and paradox, remaining compassionate and kind-hearted when, at the same time, he must strive to be steadfast and determined in his decisions and actions. In his *Annotations sur toute la Chirurgie de M. Guy de Chauliac*, published for the first time posthumously in 1584, Laurent Joubert invokes Celsus' chapter to insist on the paradox of these two apparently contradictory demands. His translation elaborates on the concision of the Latin text with a set of explanatory interpolations²⁰:

Let the surgeon have a brave heart free of pity, so that he be careful that the person he takes in his charge is healed, so that he be not moved by the patient's crying, nor hastens in performing his operation more than the facts demand, nor cuts less than is necessary: let him be thus, so as to do all things no more and no less than as if the pleas and cries of the other affected him not at all and caused him no emotion.²¹

As an 'emotion' and an 'affection', pity introduces an element of disorder into caregiving at times when it disrupts the doctor's calm. Similarly, in his courses at the Faculty of Medicine of Paris, given between 1578 and 1587, Germain Courtin cautions against the power of the emotions. Again, in the form of a translation of the same paragraph from Celsus, he comments on Chauliac's *Chapitre singulier* from *La grande chirurgie*:

tierce qu'il soit patient en son mal, car comme dit nostre maistre Guidon, *Patientia vincit malitiam. Qui sont les conditions requises aux serviteurs ?* Quatre, à scavoire qu'ils soyent sages, paisibles, loyaux et discrets.'

²⁰Laurent Joubert, *Annotations de M. Laurens Joubert, sur toute la Chirurgie de M. Guy de Chauliac*, (Lyon: Borde, Arnaud et Rigaud, 1659), p.10: 'Les paroles de Haly Rhodoam sont telles: Pource il faut que le Medecin soit mémoratif, bien formé, de prompte habilité, de sain entendement, de bonne veue. Celse au proëme de son septiesme Liure, dépeint plus élégamment les conditions du Chirurgien, disant: Le Chirurgien doit estre adolescent, ou pour le moins prochain de l'adolescence, ayant la main roide, forme, qui ne tremble iamais, et non moins habile de la gauche que de la droite, la voue aiguë et claire...'

²¹'[que le chirugien ait] le cœur hardy et non-piteux, de sorte qu'il veille que celui qu'il prend en sa charge guerisse, non pas qu'esmeu de son crier, il se haste plus que la chose ne le requiert, ou qu'il coupe moins qu'il ne faut: ains fasse toutes choses ne plus ne moins, que si les plaintes et cris d'autruy n'esmuoient en luy aucune affection.'

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Let him be courageous and pitiless if he intends to heal the sick person whom he has in his hands without being overcome by his cries and pleas; let him not hurry more than is needed, and let him not cut less than he should, going about his business no more and no less than as if no effect were produced by the cries of the patient.²²

The prescriptions of Celsus and Chauliac are combined together in a set of stage-directions for the performance of a surgery, thereby complementing one another: the good doctor's detachment in both Courtin and Joubert stands alongside the duty of *misericordia*, among other necessary virtues such as chastity, sobriety, and disdain for worldly goods. Above all, it is incumbent upon the doctor to maintain order during an operation, ensuring its efficacy and a peaceful atmosphere for its execution. Through his impassive demeanour, the doctor makes sure that the patient in his charge is healed, and his calm is in turn an assurance to the patient that he intends to heal him. His indifference, whether sincere or feigned, to all cries and pleas reminds the patient how to play his part – with obedience, confidence, and patience. In the end, only the actions of the doctor are effective: his part is not to listen, but to do. But here his emotions come into play: he who is master of the cure, of the patient, and of the attendants must also remain master of himself. He must make sure that nothing is able to produce an impression on him or break his composure. The inner stability of the director of the surgical performance is defined as his capacity to ignore the patient's expressions of pain, just as he controls the expression of his own feelings of commiseration: the adverbial phrase 'no more and no less' sets the doctor's decisions and actions in isolation, leaving him perfectly insensible to the emotions of the other players in the surgical operation. Moreover, the insistent recommendation of this impassivity, taken up from Celsus, would seem to 'correct' the distribution of roles articulated by Chauliac. In effect, the juxtaposition of two apparently contradictory prescriptions invites us to consider the specificity of the doctor's 'pity'. And it attests simultaneously to the difficulty of sustaining this emotional imperviousness in the very moment when the cries and wails of the patient invade the scene of the operation – just as they do the text itself. Impassivity is not insensibility, and the tradition of these

²²Germain Courtin and Estienne Binet, *Leçons anatomiques et chirurgicales de feu Mr Germain Courtin, Docteur Régent en la Faculté de Médecine à Paris. Dictées à ses escoliers estudiants en Chirurgie, depuis l'année mil cinq cens septante huit, jusques à l'année mil cinq cens octante sept recueillies, colligées, et corrigées sur plusieurs Copies et Manuscrits, & reduictes par Traitez & Chapitres. Par Estienne Binet, Chirurgien Juré à Paris*, (Paris: Denis Langlois, 1612), p. 18: 'Qu'il soit courageux, sans pitié, s'il a l'intention de guerir le malade qu'il a entre les mains n'étant point ébranlé par ses cris et ses plaintes; Qu'il ne dépêche point plus qu'il ne faut, et qu'il ne coupe point moins qu'il ne doit, continuant sa besongne ne plus ne moins que s'il ne devoit rien arriver des crieries du patient.'

classic passages, like the success of our proverb, bears witness to the tension between these ethical imperatives.²³

The Operating Theatre

The imperative of detachment thus professionalises the expression of the doctor's emotions: the surgeon must be simultaneously '*pitoyable*' – that is to say, capable of pity – and '*sans pitié*' (pitiless) not only in his mastery of emotion but also in his knowledge of the qualities necessary for one in his position. The doctor's *misericordia* is clearly distinguishable from the pathetic condolence of the patient's familiars, who are not professionals; but it is also distinct from the *philanthropia* / *humanitas* recommended by Hippocrates. Effectively, *misericordia* resides neither in an overflow of compassion nor in the abstract generality of the virtues; rather it is embodied in a situation structured by the relationship between doctor and patient that, from the beginning, is defined as 'professional'.²⁴ The insistence of our sources on the compassion of the doctor thus introduces both 'a personal relationship that unifies two beings, the one who suffers and the one who suffers in seeing another suffer', and an ethical obligation for one of the two participants (the doctor) to control that relationship.²⁵ Already Scribonius Largus had required that the doctor possess both *philanthropia* and *misericordia*, not for the sake of elegant variation, but as an affirmation that compassion takes different forms according to whether it defines the role of medicine for the human race or whether it describes the correct conduct of the doctor in the face of the suffering to which he is exposed.²⁶

As soon as the pain of the patient, accompanied by wailings and '*crieries*', enters upon the scene of the surgery, so too do his familiars, who are present along with the doctor's attendants to offer their support. According to Murdry:

²³See Richard Morton, *Opera medica in tres tom. distributa*, (Amsterdam: Donatus Donati, 1696), p. 81: 'Nonne Medicus misericors gemitu, et lachrymis Aegrorum tangitur, cum iis, prae artis nostrae defectu, subvenire haud possit?' ('Does not the Doctor take pity on the moaning of the Sick, is he not touched by their tears, when he, through defect of our art, finds himself unable to help them?')

²⁴See Celsus Spick, 'La Philanthropie hellénistique, vertu divine et royale', *Studia Theologica* 12, 1, (1958), pp. 169-191. Also Philippe Mudry, 'La médecine antique aujourd'hui: questions éthiques', *Medicine: Philosophy and History*, 3, 9, (2009), pp. 105-113.

²⁵Mudry, 'La médecine antique aujourd'hui', p. 111: 'un rapport personnel qui unit deux êtres, celui qui souffre et celui qui souffre de voir souffrir'.

²⁶Scribonius Largus, *Compositiones*, praef. 3: '*plenus misericordiae et humanitatis animus*' ('the heart full of compassion and humanity'), cited by Mudry, 'La médecine antique aujourd'hui', p. 110.

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If the term *humanitas* corresponds, as is very likely, to Hippocratic philanthropy... the term *misericordia* does not, in that case, constitute a rhetorical variation with respect to *humanitas*. Unlike *humanitas*, it does not signify a general attitude of well-wishing and kindness towards humanity, but rather implies, according to the definition given by Cicero, a personal relationship that unites two separate beings, he who suffers and he who suffers from seeing another suffer. As has been shown by J. Pigeaud, in the first century after Christ we see a distinctive sensibility among Roman doctors that is absent in earlier Greek medicine – a sort of medical sympathy that turns a new page in the history of Western civilisation and modes of thought. It is the fact that Scribonius is not the only one to turn *misericordia* into the first duty of the doctor in the practice of his art, an art that is henceforward understood as a minister of love to the other²⁷

In their presence, within the spheres of friendship, family, and household, the Hippocratic triangle becomes distorted: pain gives the patient a role that is much more than that of the silent, immobile mannequin existing solely to receive care without active participation. Like the emotions of the entourage, the emotions that the surgeon's work inspires in the patient – fear, anger, grief – put the operation at risk. At the same time, the impassivity of all participants remains the responsibility of the doctor – as Celsus, the proverb, and other sources all tell us.

In his capacity as stage-director of the medical drama, the doctor makes sure that each player sticks to his role. He demands from both his assistants and the familiars of the patient a restrained commiseration, an agreeable temper, equanimity, and an unquestioning obedience to his requests. As the printed book began to facilitate the circulation of medical treatises among an audience no longer limited to a specialist readership, the doctor's assistants, ignorant of the medical art but instrumental as intermediaries between surgeon and patient, received more and more attention in

²⁷Mudry, 'La medecine antique aujourd'hui', p. 111: 'Si le terme *humanitas* correspond très probablement à la philanthropie hippocratique... le terme *misericordia* ne constitue pas en l'occurrence un doublet rhétorique par rapport à *humanitas*. Il ne signifie pas comme *humanitas* une attitude générale de bienveillance et de philanthropie envers l'humanité, mais il implique, selon la définition qu'en donne Cicéron, un rapport personnel qui unit deux êtres, celui qui souffre et celui qui souffre de voir souffrir. Comme l'a relevé J. Pigeaud, on voit apparaître au I^{er} siècle ap. J.-C. chez les médecins romains une sensibilité propre, absente de la médecine grecque antérieure, une sorte de pathétique médical qui ouvre une page originale et nouvelle dans l'histoire de la civilisation et des mentalités en Occident. C'est que Scribonius n'est pas le seul à faire de la miséricorde le devoir premier du médecin dans l'exercice de son art, un art désormais entendu comme ministère d'amour envers l'autre.'

ethical prescriptions for a kind-hearted detachment. Thus Jean Van Horn, in the preface to his edition of Marcus Aurelius Severinus, declares that '[il] entend [...] *par ces Operations manuelles, non seulement celles du Maitre, mais aussi celles des compagnons et serviteurs*' ('he understands by manual Operations not only those of the Master, but also those of his companions and servants').²⁸ Similarly, Rodericus a Castro recommends the following:

For the rest, let the patient's entourage be chosen from people who are familiar and agreeable to him, who will speak or keep silent at his wish, who will give him only good news, and who will never mention in the patient's presence those whom they know to be insensible... Let them be always of good humour, whatever the sick person might command, and let them bear his groans and complaints, never wearied or morose, carrying everything out in a timely manner...²⁹

As servants of the sick person, the members of the entourage must imitate the doctor, forgetting the movements of their emotions and suppressing the disorder caused by empathy: in accordance with the orders they are given, they put aside all that might act to the patient's detriment. In their role as the doctor's helpers, they too must cultivate a detachment from emotion that leaves them ready to behave professionally.

Practice on a Razor's Edge: the Work of Charles Estienne

Charles Estienne, who was the first author in France of an illustrated anatomical treatise *in folio*, besides being the brother, son, and son-in-law of a printer, and a bringer of Italian humanist culture to Paris, only discusses the ambivalence of *misericordia* in passing.³⁰ He briefly describes the entourage's exercise of emotional control in the chapter entitled '*Comment il fault tirer hors du corps l'enfant mort, estant la mere encor en vie* (How to remove a dead infant from its mother's body while she is

²⁸Jean Van Horn, 'Introduction méthodique à la chirurgie par Jean Van Horn D.M. et Professeur en Anatomie à Leiden', in M.-A. Severin, *De la Medecine efficace ou La Manière de guérir les plus grandes et dangereuses maladies tant du Dedans que du Dehors, par le Fer et par le Feu*, (Geneva: for Pierre Chouët, 1668), p.[*1v°].

²⁹Rodericus a Castro Lusitanus, *Medicus Politicus*, (Hamburgi: Ex Bibliopolio Frobeniano, 1614), p. 158: 'Caeterum eligantur assistentes languenti familiares et grati, quique pro ipsius aegrotantis arbitrio loquantur aut taceant, bonaque semper ipsi nuncient, nec nominent coram aegro eos, quos ipsi esse insensos norunt... hilari semper animo praestent, quae ab aegroto imperantur, placideque ferant ipsius gemitus et querelas, impigri semper nec morosi, singula tempestive exequentes...'

³⁰On Estienne as an exponent of Italian humanism see Hélène Cazes, 'Translation as Editorial Mediation: Charles Estienne's Experiments with Knowledge Dissemination', *Renaissance Studies*, 29, 1, (2014), pp. 36-54.

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still alive) from *La Dissection des parties du corps humain*. Following Celsus' advice relative to the doctor's mastery of his actions, the members of the entourage must be deaf to the patient's cries in order to keep her still:

This being done, let us bend the woman backwards and set her on her back: then let us appoint two helpers who will hold her thighs on either side, so that she may move them neither this way nor that: and let us select helpers and ministers of care who are of such a character that they may not easily be moved to release their hold, either hearing the cries and lamentations of the patient or because of the sight of things to which they are unaccustomed.³¹

The violence of the attendants' emotions corresponds to their inexperience and their lack of medical knowledge of the body – they see only its suffering. On the other hand, the surgeon called to this same woman's bedside, if he has received the right training, will be able to rely on his knowledge of dissection to make sense of what he sees and resist an excess of sympathy.

But as to the labour and the industry of the surgeon during an operation or a dissection, let us not desire him to be at all slow or negligent in his work. For there is nothing that more ill befits a true anatomist. Neither must he be inclined to pity nor have a shaking hand, but rather one that is gentle and firm and well practised in many surgical openings of the body.³²

Detachment is indeed the professional prerogative of the doctor, who is the only person around the sickbed to wear the gown of authority. The ethical attribute of impassivity that is proper to the surgeon stands in a relation to habit that is here obscured: the habituation to 'openings of the body' that lessens the emotional shock of the unusual, unnatural spectacle of an open wound or dissection. Moreover, Charles Estienne is not only the body's 'stage-director' in the imaginary theatre of human

³¹Charles Estienne, *La Dissection des parties du corps humain*, (Paris: Simon de Colines, 1546), p. 287: 'Quoy faict courbons la femme en arriere & la posons sur le dors: puis eslisons deux aydes qui luy tiennent de costé & d'autre les cuisses qu'elle ne les puisse varier ca ne la: et prenons lesdictz aydes et ministres de telle qualité qu'ilz ne se puissent esmouoir si facilement pour lascher leur prise soit en oyant les criz ou lamentations de ladicte patiente ou soit pour la veue des choses qu[i] ne leur sont accoustumées.'

³²Estienne, *La Dissection*, p. 289: 'Mais quant a l'ouurage & industrie que doibt auoir ledict chirurgien en operant & dissecant ne voudrions qu'il feust aulcunement lent ou negligent a son affaire. Car il n'y a rien qui plus messaye a vng vray anatomiste. Ne fault aussy qu'il soit pitoyable ou qu'il ayt la main tremblante mais bien seure et bien legiere & fort exercité en plusieurs ouuertures de corps.'

anatomy represented by his book: he is equally the mastermind behind the treatise, which he constructs as the 'shadow of dissection'. Concordantly, the so-called 'Sensible' anatomists of the Renaissance, beginning with Jacopo Berengario da Carpi, insistently prescribe to future doctors frequent practice in a hospital or in the dissection room.³³ The de-sensitisation of the emotions brought about by repetition sets the doctor apart from those who happen to be his assistants on any given occasion. Hence the reading of books on anatomy, in the absence of an '*occasion de corps*', is at once an exercise in remembering the names of the different parts of the body and also a form of training for dissection.³⁴ Just so, the book also provides a methodical training in mastery of the emotions: here the reader finds, at a safe distance, both familiarity with and detailed descriptions of dissection. Above all, the mannerist illustrations included in the text (more than 60 pages of plates, 10 of which focus on female anatomy) allow for a paradoxical detachment from the subjects they represent. Showing a glorified human body, washed clean of blood and presented in its full vigour in select poses and settings, these woodcuts are designed to please the eye: '*Car si les escriptz contentent l'esprit et la memoire, aussy pouvons nous dire que la peinture contentera l'oeil et la veue de la chose absente, aultant ou a peu pres comme si elle estoit presente*' ('For if writings please the spirit and the memory, then we might also say that painting will please the eye, as will the sight of that which is absent, depicted

³³For further discussion of what is meant by 'Sensible' in this context see *inter alia* Mirko D. Grmek (ed.), *Histoire de la pensée médicale en Occident*, vol. 2 'De la Renaissance aux Lumières', (Paris: Seuil, 1997); Rafael Mandressi, *Le Regard de l'anatomiste*, (Paris: Seuil, 2003); Nancy G. Siraisi, *History, Medicine, and the Traditions of Renaissance Learning*, (Ann Arbor: University of Michigan Press, 2007).

³⁴Estienne, *La Dissection*, preface, p. i: 'affin que quand n'aurez le corps en main, pour vous contenter de quelque doute, puissiez avoir recours a ceste ombre' ('so that when you will not have a body to hand, in order to satisfy some doubt, you may resort to this shadow'); and p. 6: 'Et ou l'occasion desdictz corps si tost ne s'offreroit, en ce cas, doibt le medecin ou chirurgien avoir son recours aux escriptz de ceulx qu'il jugera avoir bien et duement traicte ceste matiere: en attendant la commodite d'ung corps laquelle par quelque occasion souvent peult echeoir.' ('And when the occasion given by these bodies does not present itself, then in that case, the doctor or the surgeon must resort to the writings of those whom he judges to have well and duly treated the matter: while waiting for the convenience of a body, which can often, for one reason or another, fail to arrive.') See further Héléne Cazes, 'Anatomie de l'image répétée chez André Vésale et Charles Estienne', in *Le Conférencier*, L'image répétée: Imitation, copie, emploi, recyclage, conference proceedings for the 2, 3 and 4 June, 2011, University of Victoria, British Columbia, Canada, http://revue-textimage.com/conferencier/01_image_repetee/cazes1.html accessed November 2012.

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as if, or almost as if, it was in fact present').³⁵ Everything is summed up in the nuance of an '*a peu près*' ('almost as if'): the book offers its readers an experience of the body 'almost as if it was in fact present'. As a textual and pictorial mediation of the violence done to dead bodies (or even to the live body of a mother) Estienne's treatise claims to show that which has been seen, while producing an unaffecting, bloodless spectacle where the real cruelty of true carnage is effaced by a baroque aesthetic of form and posture, as well as by the constant praise of the Dignity of Man. The plates of *La Dissection*, founded as they are upon an epistemology of *autopsia* – a subtext implying that they reproduce, in the body of the text, the bodies witnessed in the dissection hall – and inspired by popular works from the period 1520-1540 (in particular, where women are concerned, by the collection of erotic images, *Les Amours des dieux*), establish as much an abstract familiarisation with human anatomy as they do a safe distance between the reader and the gory cadaver.³⁶ Recognition of the human model being parodied is, for the reader, the first step towards mastery of the emotions. The beauty of the anatomical etchings forms part of his tranquillity, which habituation will maintain and reinforce up to the point of replicating it in a real-world situation. Repetition and habituation via the mediation of the book and a pedagogy of self-mastery – such are Charles Estienne's offerings to the students of medicine.

Joyous Cruelty: the Poses and Provocations of Andreas Vesalius

In his *De Fabrica Humani Corporis* Andreas Vesalius, a friend and rival of Charles Estienne, suggests quite a different strategy. Posing provocatively as a young rebel defiant of his teachers and tradition, he employs the cruelty of the dissector to valorise his own 'merciless' independence.³⁷ The young anatomist, rendered famous even before the appearance of the *Fabrica* by his talent and his use of the celebrated drawings of Jan Stephan van Calcar, makes 'observation' the watchword both of his epistemology and of his theory of medical apprenticeship in general. The book on anatomy, presented as an object for memorisation, is but a pale shadow of the lived experience of human dissection. The silent corpses of anatomical science do not trouble the actions of the dissector with their wails and '*crieries*'. When, in the chapter

³⁵Charles Estienne, *La Dissection*, p. 6.

³⁶See C.E. Kellet, 'Perino del Vaga et les illustrations pour l'anatomie d'Estienne', *Aesculape* 37, (1955), pp. 74-89; C.E. Kellet, 'A Note on Rosso and the Illustrations to Charles Estienne's *De Dissectione*', *Journal of History of Medicine*, 12, (1957), pp. 325-336; David O'Frantz, *Festum Voluptatis, A study of Renaissance Erotica*, (Columbus, Ohio: Ohio State University Press, 1989), pp. 123-124.

³⁷ Andreas Vesalius, *De Humani corporis fabrica libri septem*, (Basel: Oporinus, 1543) (henceforth cited as simply the *Fabrica*). See also Hélène Cazes, 'Vesal, "for what he Represents": Vesaliana in William Osler's Collections', Rinaldo Fernando Canalis and Massimo Ciavolella (ed.), *Andreas Vesalius and the Fabrica: Art, Anatomy, and Printing in the Italian Renaissance*, (Turnhout: Brepols, 2018), pp. 180-220.

on investigative and demonstrative vivisections, the anatomist operates on a living body – as it happens, the body of a dog – Vesalius first has the animal immobilised with bonds and begins the operation with the severing of its vocal chords – a procedure designed to ensure that the suffering subject, already deprived of its free movement, will also be reduced to silence.³⁸ The paragraph on ‘examination of the vocal chords and of the suppression of the voice by their severance’ suggests an extreme solution to the problem of the patient’s pain, namely neutralising it by depriving the motionless body of its voice.

Never addressing the question of *miser cordia* or impassivity directly, Vesalius also avoids any mention of compassion towards the corpses he opens and dismembers before our eyes. Furthermore, he represents through anecdotes and the visual constructions of his book the absence of compassion in himself and his companions. Behind the volume’s ornate prose runs a curious troupe of *putti* playing at macabre games – body-snatching, abortion, the exsanguination of dogs, the boiling of skulls – whose exploits cannot but recall those of Vesalius’ actual students, ready to defy both laws and taboos to provide their master with a body for his anatomical demonstrations.³⁹ Salacious anecdotes and the record of crimes perpetrated by the author advertise a supreme indifference to the horrific pathos of the injuries inflicted upon the bodies of the dead, and an equal disdain for all observance of custom and authority. Thus, in the course of the *Fabrica*, Vesalius relates with complaisance how

³⁸Andreas Vesalius, *Fabrica*, p. 661: ‘Primum igitur animal ut supinum iaceat, anterioremque colli sedem, et liberum corporis truncum porrigat, asseri ita quam poteris ualidissime alligabis, quemadmodum hic modo interiecta tabella proponit...’ (‘As soon as the animal is lying on its back and the base of its neck and the front of its torso are freely accessible, bind it to a plank as tightly as you are able, as is shown in the plate below.’); and, p. 658 (= p. 662): ‘id enim cito et citra insignem sanguinis fluxum expenditur, ac pulchre auditur, quam ualidam efflationem animal citra uocem molitur, recurrentibus neruis cultello diuisis. Hinc ad abdomen uenio...’ (‘For this may be done quickly and without any great flow of blood, and we hear perfectly how heavily the animal breathes, but without making any sound, since the vocal chords have been severed. I come now to the abdomen...’).

³⁹Katharine Park, *Andreas Vesalius / De Humani Corporis Fabrica / Basel, 1543 and Historiated initials*, text accessible online on the site *In Octavo*, http://www.anatomiaitaliana.com/wp-content/uploads/2013/05/About_Fabrica_Web2.pdf (accessed 18 June 2020) See also Hélène Cazes, ‘L’ABC de la *Fabrique du Corps Humain* (1543, 1555) ou les bambins anatomistes’, in Lucie Desjardins (ed.), *Les figures du monde renversé de la Renaissance aux Lumières*, (Paris: Hermann, 2013), pp. 57-86.

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he was forced to profane burial places in the name of anatomical learning.⁴⁰ Elsewhere he narrates in detail the theft of a corpse from a gibbet at Louvain and the harvesting of its skeleton,⁴¹ which he proceeds to offer to the local Rector.⁴² By contrast with the aestheticization of pain in the *Dissection* of Charles Estienne, Vesalius laughs at the cheery profanation of a dead woman's body, intended to render her unidentifiable:

Then when the comely mistress of a certain monk died here suddenly, as if due to a strangulation of the uterus or some other unexpected illness, the students of Padua snatched her body from its tomb and brought it to a public dissection, removing all of the skin with marvellous dedication, lest she be recognised by the monk, who, along with the parents of the mistress, was complaining to the prefect of the city that her body had been stolen from the tomb.⁴³

⁴⁰Vesalius, *Fabrica*, p. 159: 'uel Parisijs etiam in Innocentum coemeterio. Vbi, si modo alibi, quamplurimos ossium quae e terra fodiuntur, habes acruos: qui mihi quando primum ossa cum MATTHAEO TERMINO... adeo nobis uberem suppeditarunt copiam, ut longo indefessoque spectandi usu edocti...' ('...or in the cemetery of the Innocents in Paris. Where, more than anywhere else, you will find piles of bones that have been unearthed from the ground: it was there that I first began my study of bones with MATTHAEUS TERMINUS... the place yielded us such an abundance of bones that we informed ourselves thoroughly through long and tireless observation...')

⁴¹Vesalius, *Fabrica*, p. 161: 'Lutetiae nanque ob belli tumultus Louanium reuersus, atque una cum GEMMA PHRYSIIO, aequae celebri Medici ac paucissimis conferendo Mathematico, ossium uidendorum nomine ad eum locum quo magna studiosorum commoditate omnes ultimo affecti supplicio in publica uia rusticis proponi solent, obambulans, in eiusmodi indici assicatum cadauer, quale latronis erat, quod Galenus se spectasse commemorat.' (After the tumult of the war had caused me to leave Paris and return to Louvain, I went out walking with GEMMA PHRYSIUS, a celebrated doctor and a mathematician with few peers, in the hope of seeing a few bones. We visited that place where, to the great profit of students, all those who have received the punishment of death are exposed near a public road as an example to the peasants. And there I stumbled upon a corpse of a bandit that was just like the one that Galen recalls having seen.)

⁴²Vesalius, *Fabrica*, p. 162: 'Atque id skeleton adeo praepropere parauit, et manum ac pedem, duasque patellas non minori labori et industria aliunde conquisiui, ut omnibus persuaserim id me Lutetia aduexisse, quo omnem subreptorum ossium suspicionem delerem.' (I prepared the skeleton so rapidly, very carefully replacing the hand, the foot, and the kneecaps with some harvested from another source, that everyone believed that I had brought it from Paris. Thus, I averted all suspicion of my having stolen the bones.)

⁴³Vesalius, *Fabrica*, p. 538: 'Deinde monachi cuiusdam diuo Antonio hic sacri elegans scortum repente uelut ex uteri strangulatum, aut attonito morbo, ortuum, Patauij

Vesalius proudly boasts of his disregard for the laws, for burial, for the integrity of the body and for the grief of the woman's family, depicting himself as a vicious hero possessed of merciless cruelty. Most of all, he silences both living and dead. Suggesting the triviality of a complaint which, thanks to Vesalius' own account, the reader knows to be legitimate, he suppresses both the voice of justice and the doubts that, in the minds of his audience, threaten to tarnish his glory. What violence! To insult is added injury – to the silence of the dead woman is added the disfigurement of her body. The silence of the monk, unable to recognise his mistress, whose identity has been stolen from her, transforms the mutilation into a satiric jab against the hypocrisy of the clergy. The reader knows not what to think. And yet all these silences serve to amplify the silence of another figure who is also left without a voice: the one who, in the medical context, suffers and is known as the 'patient'. Such detachment, at once ostentatious and provocative, seems to inspire the frescoes now conserved as works of art in the *salles de garde* of French hospitals, where the suffering body of the Other is tamed by an exultant and scandalous absence of compassion.⁴⁴

With the Patient: The Iron Pity of Ambroise Paré

Ambroise Paré (1510-1590), who began his career serving in the army and went on to become court surgeon, defines his practice and his legacy in terms of a professional compassion which he explores and formulates on several different occasions.⁴⁵ Designating pity as the source of the '*volonté de panser*' ('the will to treat'), he contrasts the inhuman behaviour that he observed during the time of the plague with a lesson in civic ethics and the *miser cordia* of the surgeon:⁴⁶

studiosi ex monumento ereptum ad publicam sectionem attulere, mira industria cadauer uniuersa cute liberantes, ne a monacho dignosceretur, qui id e monumento ereptum cum scorti parentibus apud urbis prefectum conquerebatur.'

⁴⁴See François Béguin, 'En salle de garde, des fresques obscènes intouchables', *Le Monde*, 17 November, 2017; Quentin Bruet-Ferréol, 'La tradition des fresques obscènes des salles de garde des hôpitaux parisiens', *Slate*, 20 January, 2015, consulted on 18 June, 2015 <http://www.slate.fr/grand-format/fresques-hopital>; Emmanuelle Godeau, 'Les fresques de salle de garde', *Sociétés & Représentations*, 28, 2 (2009), pp. 13-30.

⁴⁵See Evelyn Berriot-Salvadore (ed.), *Ambroise Paré (1510-1590): Pratique et écriture de la science à la Renaissance*, (Paris: Honoré Champion, 2003).

⁴⁶For Paré's '*volonté de panser*' see his 'Voyage d'Allemagne 1552', in *Œuvres choisies de Bernard Palissy. Voyages d'Ambroise Paré*, ed. by Eugène Muller, (Paris: Delagrave, 1890), p. 249: 'Ému de pitié, je lui dis qu'il pourrait encore guérir s'il était bien pansé; plusieurs gentilshommes de la compagnie le prièrent de le faire mener avec le bagage, puisque j'avais cette volonté de le panser'. ('Moved by pity, I said to him that he could still

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As soon as the Plague descends upon a Region, everything is interrupted and left off: for no one wants to risk bringing anything to that place where the Plague is present, for fear of losing their lives. Often the merchants are chased away by arms, by the shots of muskets, crossbows, and by stones, so that they are not allowed to approach, and in some cases they are even killed and inhumanly massacred, in place of the help that they ought to receive in their time of need. For the same reason, others do not wish to go either... And if there is someone who, being moved by pity and Christian charity, or for the sake of kinship, wishes to approach in order to help or to visit a sick person, afterwards he will have neither family nor friend who will want to see or come near him. Such a case has been observed at Lyon, where only the Physicians, Surgeons, and Barbers elected to treat the sick may be seen in the roads, and everyone runs after them throwing stones in order to kill them like rabid dogs, saying that they should only go at night, for fear of infecting the healthy.⁴⁷

At a time when the human laws of commerce and hospitality are forgotten, Christian values also fall under threat: nothing seems to be left of the ties of family and friendship that structure society. Only the 'Physicians, Surgeons, and Barbers', risking their own lives, maintain the *lien social* and visit the sick – not, however, because of their Christian charity, but because of their professional duty. Either in the personal form of pity or in the professional form of *misericordia*, compassion is at the root and occupies the centre of the medical art. As early as the preface to his first book on surgery, Paré already poses, in all its pointedness, the paradox of the doctor's 'cruel pity'. After

recover if he were well treated; several gentlemen of the company prayed him that he be led with the baggage, seeing as I had this will to treat him'.)

⁴⁷Ambroise Paré, *Traicté de la peste* [1568], in Ambroise Paré, *Les Œuvres d'Ambroise Paré, ... divisées en vingt huit livres avec les figures et portraits, tant de l'anatomie que des instruments de chirurgie*, (Paris: Gabriel Buon, 1585), p. 898: '... aussitost que la Peste est en quelque Province, tout... vient à estre interrompu et delaisié: car nul ne se veut hazarder de venir apporter au lieu où est la Peste, de peur de perdre sa vie. [... les marchants] souvent en sont dechassez par armes, et à coups d'haquebutes, arbaletes, et de pierres, pour ne les laisser approcher, tant que quelquesfois ils sont tuez et massacrez inhumainement, au lieu du secours qu'on leur devoit donner en leurs necessitez. De là vient que les autres n'y veulent aller... Et s'il y a quelqu'un qui meu de pitié et charité Chrestienne, ou pour la consanguinité vueille s'avancer pour secourir et visiter un malade, il n'aura apres parent ny amy qui le vueille frequenter ni approcher. Qu'ainsi soit, on a veu à Lyon, lors qu'on appercevoit seulement es ruës les Medecins, Chirurgiens et Barbiers esleus pour penser les malades, chacun courir apres eux à coups de pierres pour les tuer comme chiens enragez, disans qu'il falloit qu'ils n'allassent que de nuict, de peur d'infecter les sains.'

enumerating the operations that restore to the mutilated body its perceived human integrity,⁴⁸ the surgeon describes at length the pain inflicted by these corrective procedures:

Yet, in truth, such operations cannot be accomplished without pain: for how would it be possible to cut an arm or a leg, to cut or to make an incision in the neck of the bladder, to introduce several surgical instruments, without causing an extreme pain? Or to relocate a dislocated joint, where one must hold, pull, and push the part of the body where pain is already felt? Or to open abscesses, to sever properly a nerve or a tendon that is already half cut, to prick with a needle, sewing up the edges of a wound, to apply burning hot irons, to pull a dead and rotting infant out of a mother's belly, or other procedures that can never be carried out without causing great and sometimes extreme pain? However, without the help of the Surgeon, in such cases one often dies suddenly or wastes away in misery.

Yet, as for me, I am of Celsus' opinion, who admonishes the Surgeon to be sure in his work, and not to be fearful or to take pity, so that when he operates with his hands, he is not slowed any more than is necessary by the clamour of the sick person or by that of the assistants, and so that he is no more hasty than is called for: rather he must accomplish his task without regard for the talk of those who, by their ignorance, mistrust the Surgeon: for it is said, after a

⁴⁸Paré, *Œuvres*, p. 4: 'Comment adjoûter une oreille, un œil, un nez, une, ou plusieurs dents, une platine d'or ou d'argent, ou une tente pour estoupper quelque trou du palais, à cause que la verolle auroit corrodé ou corrompu l'os, de façon que le malade ne pourroit estre entendu par sa parole sans ayde de ces mouens, une langue artificielle en defaut d'une portion qui auroit esté coupée à quelque personne, à une main, un bras, une jambe, un corps de fer, ou un pourpoint contrepoinié, afin de tenir le corps droict et menu, un soulier relevé à une personne boiteuse, un chausson attaché d'une lisiere à la ceinture, pour faire marcher une personne droict: toutes lesquelles operations seront amplement deduites en ce present œuvre.' ('How are we to add an ear, an eye, a nose, one or several teeth, a gold or silver plate, or again some implement to fill up a hole in the palate – where pox would have corroded or corrupted the bone so that unless helped by these means the sick person would not be able to be heard when speaking – ? How to insert an artificial piece to replace the part that would have been cut from a person's hand, arm, or leg? How to adjust a corset – that is a tight iron shell that will keep the body erect and contained –, or a heightened shoe for the lame – that is a slipper tied to the belt by a ribbon that will allow the person to walk straight? All these operations will be lengthily addressed in the present book.' Transl. Hélène Cazes)

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common proverb, that the Surgeon who has a pitying face gives leaves his patient with a rankling wound.⁴⁹

In order to show the 'truth' of his art, Paré gives his reader a series of precise details illustrating the cruelty of surgical operations that themselves give the patient hope of a return to the fullness of life. Moreover, in a declaration that sounds rather like a profession of the surgeon's faith, he makes sure, first and foremost, to avoid isolating the doctor from his patient: the perspective is shared across several incomplete, subjectless sentences that describe both surgical techniques and the experience of the patient, who at the end of the first paragraph becomes the first grammatical subject – '*on meurt*'. It is above all the evocation of the hopeless alternative represented by death that constitutes the justification for the surgeon's ruthlessness: medical violence is the only method of sparing the patient a much more painful – and surely terminal – fate.

After this justification of means by ends, Paré speaks again in his own voice, citing Celsus' recommendation and linking it to the '*playe venimeuse*' of the previously discussed proverb. Yet he substitutes for the pejorative term '*crieries*' the more noble-sounding '*clameur*'. Above all, he sets up a community of emotion between the surgeon and his patient: the doctor too might be 'afraid' and hesitate in his actions. In practice, Paré's book, printed in French, changes the participants in the debate on medical compassion: the patient is no longer the passive object of care and surgical discourse but rather an autonomous subject who, through his injured condition, hopes for treatment, and indeed takes part in it. Paré's work explains medical operations and the pain they cause, not so that the surgeon may be made deaf to his patient's cries, but in order to create a collaboration between the two of them in carrying out the

⁴⁹'Or telles operations à la verité, ne se peuvent accomplir sans douleur: car comme seroit-il possible couper un bras ou une jambe, couper et dilacerer le col de la vessie, y mettre plusieurs instruments sans une extreme douleur? Aussi reduire une luxation où il faut tenir, tirer et pousser la partie qui est ja esprise de douleur? ouvrir les asposthumes, parachever de couper un nerf ou tendon à demy coupez, faire pointcs d'eguille, cousant la chair pour reünir les levres des playes, appliquer fers ardans et bruslans, tirer un enfant mort et pourry hors le ventre de la mere, et autres oeuvres, lesquelles iamais ne se peuvent faire sans grandes et souvent extremes douleurs: et toutesfois sans l'ayde du Chirurgien en tels cas on meurt subitement, ou miserablement en languissant. Or quant à moy, je suis de l'Advis de Celse, qui admonnest le Chirurgien d'estre assureé en ses oeuvres, et non piteux et craintif, en sorte que quand il opere de ses mains, il ne soit pour la clameur du malade, ni moins des assistans, retardé plus qu'il n'est de besoin, et qu'il ne se haste point plus qu'il faut: mais qu'il accomplisse son oeuvre sans avoir esgard au dire de ceux qui par leur ignorance mesprisent le Chirurgien: car on dit en commun proverbe, que le Chirurgien ayant la face piteuse, rend à son malade la playe venimeuse.'

surgery. His explanation thus includes the secondary figure who, in the traditional Hippocratic triangle, was unable to break his silence without disrupting the course of treatment.

All the same, it is the surgeon alone who is able to listen to the groans of the sick person without losing his nerve at the crucial moment. Being the only one bound by the duty to remain impassive, he is therefore in charge of the scene of the surgery, from which he excludes the patient's familiars, in order to ensure that their emotions do not interfere with the operation. Thus, for the painful procedure of relocating a dislocated joint, Paré asks the patient's friends and family, who risk taking pity on his condition, to leave:

Of relocation done from behind

Now while we shall perform these violent reductions by the use of machines, the loved ones and the friends of the sick person must, if possible, not be present, as it is an odious spectacle to behold: and it is just as odious to hear the patient cry. And also it is needful that the Surgeon be assured, without pity, and fearless when he performs the relocation, and he must be not at all moved by the clamour of the patient, nor by that of the assistants: and for this he must not hurry any more than he needs, for it would be a great dishonour to him not to have been able to relocate the bone, and also a great shame for the patient.⁵⁰

Because it is unbearable for those whose profession is not medicine and who are in attendance simply as spectators of their loved one's pain, medical operation is always reserved for the doctor and his assistants. The doctor therefore chooses his collaborators for their capacity to control their emotions and their understanding of medical procedure. Generally speaking, he advises against the presence of those whom 'blind friendship' might prevent from taking part in the necessary treatment:

Moreover, the Surgeon too will take care that when he applies the hot iron in cautery or when he performs any other great work of Surgery, such as cutting an arm or another part of the body, or such as making some kind of opening, or generally any cruel operation, he must, if possible, never allow any of the familiars or friends of the sick person to attend, except only the servants or

⁵⁰Paré, *Œuvres*, p. 590: 'De la luxation faite en derrière. Or cependant qu'on fera ces reductions violentes par machines, ne faut que les parens et amis du malade soient presens, s'il est possible, comme estant un spectacle odieux à veoir: et ouir crier le malade: et aussi que le Chirurgien soit assure, non piteux, ne craintif, lors qu'il fera la reduction, et ne soit nullement esmeu par la clameur du malade, ny moins des assistans: et que pour cela il ne se haste point plus qu'il ne doit, pource que ce luy seroit grand des-honneur n'avoir peu reduire l'os, et aussi grand dommage au malade.'

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those who can reason and understand well. For those who have a blind friendship for the patient and who reason little, far from praising your work, they will on the contrary revile it, and they will call you not a Surgeon, but an executioner: because science is never held in contempt unless it is by the ignorant and empirical, who are without reason.⁵¹

Deprived of their judgement by affection and pity, the patient's loved ones are ignorant of the good that some hurt will do him and intuitively oppose the necessary and salutary suffering entailed by the surgical operation. In effect, poor attendants will behave as the patient's doubles, fomenting his clamour and fear, as they privilege their emotions over rational reflection. Accordingly, the surgeon's authority, founded on his medical knowledge, also becomes that of the foreman or the master architect who chooses 'reason' as opposed to sentimental commiseration, deciding who will be permitted upon the scene of the surgery. Thus the invocation of 'blind friendship' gives rise to the opposite idea of a 'friendship within reason' – a relationship of confidence and respect between the doctor and the patient that obtains even while the competence and the responsibility of the former exclude from the context of care-giving the reciprocity implied by the Erasmian adage of *Amicitia Aequalitas*.⁵² For Paré, the goal is no longer that the doctor silence the patient's cries, but rather that he address him directly.

The professionalisation of the doctor-patient relationship therefore rests, not on a voluntary deafness to the patient's expressions of suffering, but on a medical pact which is both explicit and consensual and which authorises the doctor to inflict harm in order to do good. In giving instructions for a lithotomy (*i.e.* the removal of kidney- or gallstones), Paré enlists the help of four men who will hold the patient immobile under his bonds:

⁵¹Paré, *Œuvres*, p. 612: Davantage, le Chirurgien aussi aura égard que lors qu'il appliquera la cautere, ou fera quelque autre grande œuvre de Chirurgie, comme couper un bras, ou autre partie du corps, ou faire quelque ouverture, et generalement, toute operation cruelle, jamais ne doit, s'il est possible, permettre y assister aucuns des parens et amis du malade, fors seulement les serviteurs, ou ceux qui puissent bien ratiociner et entendre, que tels actes se font selon l'art, afin de luy donner aide et secours pour la guerison de sa maladie. Car ceux qui portent folle amitié au patient, et qui peu ratiocinent, tant s'en faut qu'ils donnent louange à ton œuvre, qu'au contraire la vitupereront, et t'appelleront non Chirurgien, mais bourreau: pource que la science n'est jamais contemnée, si ce n'est par gens ignares, empiriques, et sans raison.

⁵²Erasmus' second Adage, (1, 2).

The patient being thus bound, there is need for four strong men, neither fearful nor timorous, two to hold the patient's arms and two others who will hold, with one hand, a knee and, with the other, a foot, and ably so, so that the patient will be unable to move his legs or raise his buttocks, but rather will remain stable and immobile, in order for the work to be better done.⁵³

As it happens, Ambroise Paré invokes less the ambivalence of *misericordia* than the fear of harm that is shared by the patient, his loved ones, and the doctor himself: being in all cases noble and professional, compassion is never put into question. On the other hand, the medical act requires from the patient the courage to confront the pain to which he will be subjected; it demands from the doctor the determination necessary to inflict this pain; and it further requires that the patient's loved ones not oppose the violence to which he has consented. In Paré's *Livres de chirurgie*, control of the patient's movements and emotions is therefore not a dismissal of his cries and efforts to avoid pain as small inconveniences, but rather it becomes a true collaboration between the surgeon and his subject. Whether in the case of cauterisations, blood-lettings, relocations, or other operations, Paré does not envisage the patient's passivity, but rather his '*volonté d'endurer*' ('will to endure') or, failing that, the possibility of his efforts to avoid the scalpel.⁵⁴

⁵³Paré, *Œuvres*, p. 638: 'Estans le patient ainsi lié, faut avoir quatre hommes forts, non craitifs, ni timides, à sçavoir deux pour lui tenir les bras, et les deux autres qui luy tiendront d'une main un genoüil, et de l'autre le pied, si bien et dextrement qu'il ne pourra remuer les jambes ny hausser les fesses: mais demeurera stable et immobile, afin que l'œuvre soit mieux faite.'

⁵⁴Paré, *Œuvres*, p. 610: 'De Ungula, Ayant situé le patient sur un banc à la renverse, à demy couché, et tenu ferme par un serviteur, luy faut ouvrir les paupieres, et les tenir stables par l'instrument, dit Speculum oculi [...] et [au cas] que le patient voulust endurer, on doit user de cautere actuel, lequel je loüe plus que le potentiel, pource que son operation est plus prompte et seure, et puis bien assurer qu'à plusieurs je l'ay appliqué avec heureuse issuë [...] Et alors qu'on l'appliquera, on doit bander l'œil sain, de peur que le malade ne voye le feu. Et luy sera tenu la teste ferme, de peur qu'il ne la tourne de costé ny d'autre.' ('Having placed the patient backwards and half reclined upon a bench, he being held by a servant, one must open his pupils and hold them stable with an instrument called the *Speculum oculi* [...] and in cases where the patient has a will to endure, one must use an iron for cautery, which I approve more than a chemical agent, because its effect is quicker and more certain, and which I can assure you I have applied to many patients with positive results [...] And when it is applied, one must cover the healthy eye, lest the sick person sees the fire. And his head will be firmly held, lest he turn it to one side or the other.');

and p. 662: 'empoignera le bras du malade avec sa main senestre, si c'est le bras droict: et si c'est du bras senestre, le prendra de la dextre, mettant le pouce un peu plus bas que le

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The recognition of the fear of pain that arises on the patient's part, from imagining and anticipating the reality of surgery, is thus accompanied by strategies for limiting the effects of that emotion in the future. First, one must realise that the patient's terror of harm is not a characteristic that is necessarily consubstantial to his position as patient: it affects only certain patients and certain attendants. Many in fact either have a *'volonté d'endurer'* or the strength and the presence of mind to sustain their friend through the operation. Paré's book offers them arguments and encouragements for this kind of fortitude. However, when reason is not enough to master the emotions, the patient's friends are sent out of the operation room and Paré, in order to spare the patient any dangerous and counter-productive anxiety, resorts to subterfuge. After the book and medical consultation have provided their explanation and justification of the doctor's violence, if fear still obstructs the serene calm necessary for operation, the surgeon must resort to another kind of 'wrong for the sake of good' – deception. Thus, when draining a phlegmon, Paré recommends a brief illusion act accompanied by a sleight of hand:

For where the patient is fearful and unwilling to endure the iron, you will use rather a chemical agent for the purpose. There are some patients who are so afraid of an incision, that they faint at the mere sight of the lancet, from fear of pain, even before the incision is made. Or they will pull back and turn away the part of their body, which will lead to the incision being made in the wrong place or to its being smaller or larger than it need be. For which reason, the Surgeon must make his incision before the patient has had the chance to think, without being seen, off to the side, or by some other subterfuge, having the blade of a lancet attached to the middle of a penny or some other piece of money, which will be placed on a plaster or a poultice. And the point of the lancet will be so well covered in unguent or cataplasm that neither the patient nor the assistants will be able to see it: being thus prepared, it will be applied to the spot where an opening must be made, and then the Surgeon will press suddenly on the penny or the coin, just enough so that the point will have pierced the abscess.⁵⁵

vaisseau, à fin qu'il le tienne, et ne vacille çà et là [...] ('He will grip the arm of the patient with his left hand, if it is the right arm: and if it is the left arm, he will take it with his right hand, placing his thumb a little lower than the vessel, so that he may hold it and so that it shifts neither to this side nor that [...]').

⁵⁵Paré, *Œuvres*, p.190: 'Car où le malade seroit craintif, et ne voudroit endurer le fer, tu useras plustost d'un ruptoire, c'est à dire cautere potentiel. Il y a des malades qui craignent tant l'ouverture, qu'ils s'évanouissent seulement voyant la lancette, de la crainte de douleur, avant que l'incision soit faite: Ou ils retireront et destourneront la partie, qui fera que l'incision ne sera faite au lieu qu'elle doit, ou moindre, ou plus grande qu'elle ne devroit. Parquoy faut que le Chirurgien face l'ouverture, avant que

Akin to a deceptive stage-trick, the surgeon's foul play is characterised as a 'merciless *misericordia*' which allows the patient the bliss of ignorance while the cruel procedure of the incision is carried out. Here indeed is a new way of posing our initial question of the doctor's compassion: because he is in a position of responsibility for the smooth execution of the operation, the doctor must have conquered his fear of inflicting pain. But he must equally take charge of the fear of the other players on stage – his patient and his assistants. Duty-bound to remain impassive himself, it further falls to him to ensure the impassivity of all present.

Misericors or Immisericors?

In 1538, readers of the preface to Giuncti's edition of the works of Iohannes de Vigo would have found a citation of our passage from Celsus on the 'merciless pity' of the doctor. In its context, this citation was intended as nothing more than a reminder of a commonplace already well known to specialist readers. However, the editor – either because he had overlooked a misprint or because he was confused over the paradox entailed by the question of medical pain – cut right to the ambiguity of the text: he changed the word *Misericors* to *Immisericors*: 'the doctor must be fearless and merciless'.⁵⁶ The correction was kept in the textual tradition of Celsus' work, smoothing out the passage with a notion of professionalisation and denying to the doctor any feeling of compassion or reluctance to cause his patient suffering:

A surgeon must be young, or at least not too advanced in age. He must have a firm hand that is also deft and never trembling, whether he uses his left or his right; he must have good vision, clear and sharp; he must be intrepid and pitiless, so that he wants to heal the one who puts himself in his hands, being shaken neither by his cries nor his pleas; and so that he hastens in his work no more and no less than is needful; rather he must perform his operation without emotion and as if the pleas of the patient made no impression on him.⁵⁷

le malade aye loisir d'y penser en l'abusant comme faisant une fomentation ou autre chose à la dérobee, ayant une pointe de lancette, laquelle sera attachée au milieu d'un getton ou autre piece d'argent, laquelle sera mise sur une emplastre ou cataplasme: et la pointe d'icelle si bien couverte d'onguent ou du cataplasme, que le malade ny les assistans ne la pourront appercevoir: et estant accommodée, sera appliqué sur l'endroit où l'on doit faire l'apertion, et lors le Chirurgien subit pressera en l'endroit dudit getton ou piece, tant et si peu que ladite pointe soit entrée en l'aposteme.'

⁵⁶*Opera domini Io. de Vigo in chyrurgia excellentissimi*, (Venundantur Lugduni: per Jacobum Giuncti, 1538), fol. 2: '...animo intrepidus, misericors sic'.

⁵⁷Henri J. Ninnin, *Traduction des ouvrages d'Aurelius-Cornelius Celse, sur la médecine*, (Paris: Desant et Saillant, Briasson, Thiboust, 1753), p. 114: 'Un Chirugien doit être jeune, ou du moins peu avancé en son âge. Il faut qu'il ait la main ferme, adroite et

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The textual 'variant' thus added to the tradition is quite revealing with respect to the inquiries of the sixteenth century, and poses concisely a question that is attested by both the success of our proverb and by the medical discourses of doctors on the ethics of their profession. But Giuncti's emendation by itself remains silent as to the issues arising from the idea of a 'merciless pity' – the importance of this idea for the roles of the patient and the doctor, its implications for the consensual pain inherent in the process of treatment, and its injunction to remain impassive in the face of emotions threatening to destabilise the medical relationship. On the contrary, Giuncti's variant opens the way to further ethical problems, such as the problem of the degree to which the patient should be informed of his condition, or the problem of asserting control over the patient's entourage.

There can be no doubt that the large number of references to, as well as reflections upon Celsus' prescriptions bear witness to a desire during the Renaissance to redefine the roles of the participants in medicine and to imagine a doctor who remains non-violent. During a period of growing general enthusiasm for medicine, both the wide circulation of more and more detailed treatises popularising medical science and the attribution of a participatory role in treatment to both the patient and the doctor's assistants offer some reply to the cruelty of the surgeon. Moreover, the trajectory of a proverb and philologists' uncertainty about a single Latin adjective and its antonym support the various strategies prescribed by our sources for detaching oneself from the pathos of surgical pain: all take part in a movement for greater recognition of the emotions experienced by the physician, the patient, and their assistants. Across varying descriptions of the 'compassionate' physician, kind-heartedness, fear, and denial sweep away the protagonists of the medical drama.

Compassion is a dangerous emotion when the distribution of roles in a medical context denies to the patient all reason, collaboration, and agency in the process of his treatment. By displacing the irresolvable paradox of a 'pitiless pity' from its station next to the doctor and onto the shared relationship of the doctor and the patient, Ambroise Paré inaugurates an ethical reflection on the participation of all those present at a surgery in the on-going medical act. Cruelty and violence are consented to by everyone involved, thus becoming collective activities sanctioned by the professional *miser cordia* of the presiding doctor.

jamais tremblante, qu'il se serve de la gauche, comme de la droite: qu'il ait la bonne vue claire, perçante; qu'il soit intrépide, impitoyable, de façon qu'il veuille guérir celui qui se met entre ses mains n'étant point ébranlé par ses cris et ses plaintes; Qu'il ne dépêche point plus qu'il ne faut, et que, sans être touché de ses cris, ils ne se presse point trop, et ne coupe pas moins qu'il ne faut; mais qu'il fasse son opération sans s'émouvoir, et comme si les plaintes du patient ne faisaient aucune impression.'

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