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Signs of Interiority, or Epistemology in the Bodyshop

JONATHAN SAWDAY'S *THE BODY EMBLAZONED: Dissection and the Human Body in Renaissance Culture* is the most ambitious work on anatomy and dissection in the early modern period yet published.¹ His heady mix of new historicism and psychoanalysis, literature, science, and material culture makes for compelling reading—not least because it presses into service writers as diverse as Donne and Descartes, Freud and Joyce. Yet aside from his local readings of various English texts and his cogent, incisive prose, Sawday's lissom examination of the early modern "culture of dissection" adds relatively little to a familiar tale: the rise of anatomical dissection changed, and changed inexorably, early modern conceptions of embodiment. "Renaissance man" was no longer a whole, inviolable human being, but an agglomeration of parts, organs, and adjuncts; the human body was deracinated—subject to a punitive regime that extended from the gallows to the operating theatre, to a voracious consumption of the "vestiges of the human frame" (4)—then figuratively and, it seems, universally remade into a corpse, a clock, or a machine. While preserving its "essential strangeness" (259), anatomical dissection turned the body into a new kind of "discrete object."²

In part, Sawday figures his work as a response to the tenacity and popularity of Jacob Burckhardt's assertions about the secularism, classicism

¹ Jonathan Sawday, *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture* (London/New York: Routledge, 1995). Further references are included in parentheses. I thank Goran Stanivukovic for inviting me to contribute to and for organizing "Interiorities 1500–1700," at which this paper was first presented, and Jonathan Sawday for evocative, comradely debate.

² Karl Figlio, "The Historiography of Scientific Medicine: An Invitation to the Human Sciences," *Comparative Studies in Society and History* 19 (1977): 277.

and, especially, individualism of early modernity.³ Against the emergence of a Burckhardtian “unified sense of selfhood” in the period, Sawday sees the particularization and partitioning of knowledge inspired by anatomy affecting all forms of intellectual and aesthetic inquiry; the “pattern of all these different forms of division was derived from the human body,” Sawday argues, and that, in turn, leads to a sense of self-separation and fragmentation, not unity (2–3). Sawday’s arguments have affinities with the work of Francis Barker, who is perhaps the most enthusiastic advocate of a “self-separated” early modernity.⁴ Although anatomical dissection is only one of his concerns, in effect Barker introduced a whole generation of scholars to the (essentially Foucauldian) notion of radical break in the perception and representation of embodiment in early modern Europe. Barker mines three moments—a page from the diary of Samuel Pepys, *Hamlet*, and Rembrandt’s *The Anatomy Lesson of Dr. Nicolaas Tulp*—in order to position “new images of the body and its passions” among the “novel social spaces and activities” of an emergent European bourgeoisie (10). He traces the “liaisons between subjectivity, discourse and the body” in the “apparency of the bourgeois world and its texts,” arguing in the process that the seventeenth century was the matrix from which the febrile bourgeois subject was born (11, 67). In this new order, the body became “supplementary”: “Neither wholly present, nor wholly absent, the body is confined, ignored, exscribed from discourse, and yet remains at the edge of visibility, troubling the space from which it has been banished” (63, 81). The practice of anatomy is an essential component in the changes Barker discerns in the early modern somatic register. The body became an “object of science,” at once “dumb flesh,” a corpse prepared for the anatomist’s knife, and a mechanism “which can be understood, repaired and made to work” (77–80, 97). The seventeenth century is heir to a rarefied, attenuated, textualized body. This process, as Sawday and others have argued, leads inevitably down *le boulevard cartésien*.⁵

For Sawday, this “culture of dissection” has an epistemological coefficient: as bodies were opened, florilegia gave way to Ramist division and

³ See Jacob Burckhardt, *The Civilisation of the Renaissance in Italy* [*Die Culture der Renaissance in Italien* (Basle, 1860)] (London: Phaidon, 1995).

⁴ Francis Barker, *The Tremulous Private Body: Essays on Subjection* (London: Methuen, 1984). Further references are included in parentheses. Sawday mentions Barker only once (150). For the notion of “self-separation,” see Philip Fisher, “The Recovery of the Body,” *Humanities in Society* 2.2 (1978): 133–46.

⁵ See, for example, Donald M. Lowe, *History of Bourgeois Perception* (Chicago: U of Chicago P, 1982), who claims that a new spatiality defined the body as a quantifiable entity, a machine, thus “disembodying” the mind (86).

knowledge was distilled into charts, maps, and tables. This new *épistème* saw the triumph of visuality, the trump of the eye over the other senses, and the rise of spatial models of knowledge; in turn, these developments lead to the “related fad” of performing intellectual anatomies.⁶ In effect, the body provided “the ultimate visual compendium, the comprehensive method of methods, the organizing structure of structures.”⁷ The vogue for real and discursive anatomy was part of a “baroque” attention to the body, a new “world view” which declared war on the intangible.⁸ For Sawday, the early modern period witnessed “the emergence of a new image of the human interior, together with a new means of studying that interior, which left its mark on all forms of cultural endeavour in the period” (viii–ix). By and large, literary scholars have accepted Sawday’s judgment but sociologists and practising psychoanalysts have made some of the most daring claims about the effects of anatomical dissection on early modern embodiment. David Le Breton argues that anatomy “played a very important role in the dynamics of mental civilization.” With the first early modern anatomic dissections, Le Breton avers, the body was “rendered weightless, dissociated from man, in a dualist manner.” He concludes that early modern anatomists, as strong as Atlas yet more cunning, distinguished “man from his body,” shifting in the process the entire western *épistème*.¹⁰ François Jacob agrees: living bodies were “scraped clean” in the seventeenth century, shaking off their “crust of

⁶ See Walter Ong, *Ramus, Method and the Decay of Dialogue* (Cambridge: Harvard UP, 1958) 314–18. Sawday makes much of Ong’s point (135–37).

⁷ See Barbara M. Stafford, *Body Criticism: Imagining the Unseen in Enlightenment Art and Medicine* (Cambridge, MA: MIT Press, 1993) 12.

⁸ See Martin Heidegger, “The Age of the World View,” *Measure* 2 (1951): 269–84. John Donne’s penchant for the somatic, for instance, is part of the whole movement of the baroque, which declares “war upon the intangible, the abstract, the remote,” translating epiphany into the flesh (Joan Webber, *Contrary Music: the Prose Style of John Donne* [Madison: U of Wisconsin P, 1963] 74). See also Elaine Scarry, “But yet the Body is his Booke,” in *Literature and the Body: Essays on Populations and Persons*, ed. Scarry (Baltimore: Johns Hopkins UP, 1988) 70–105.

⁹ Katherine Rowe notes that recent scholarship has “emphasized the emergence of the anatomized interior as a separate space, chaotic, confused, and dark” (“‘God’s Handy Worke’: Divine Complicity and the Anatomist’s Touch,” in *The Body in Paris: Fantasies of Corporeality in Early Modern Europe*, ed. David Hillman and Carla Mazzio [New York/London: Routledge, 1997] 288).

¹⁰ David Le Breton, “Dualism and Renaissance: Sources for a Modern Representation of the Body,” *Diogenes* 142 (1988): 47–69; quotation from 59; see also Le Breton, “The Body and Individualism,” *Diogenes* 131 (1985): 24–45, “Corps et Symbolique Sociale,” *Cahier Internationaux de Sociologie* 73 (1982): 223–32, and *Corps et Sociétés, Essai de Sociologie et d’Anthropologie du Corps* (Paris: Méridiens-Klincksieck, 1985). Sawday does not mention Le Breton.

analogies, resemblances and signs, to appear in all the nakedness of their true outer shape." The visible structure of living organisms, including the human body, "then became the object of analysis and classification." With "the arrival of the seventeenth century, the very nature of knowledge was transformed," he concludes.¹¹ Knowledge was calqued with bodies, which in turn transformed bodies of knowledge.

Sawday's and others' claims raise an important question: is it the case that every change "in the notion of what is worthwhile to investigate is at the same time a change in the notion of worthwhile presentation, of discursive practice"?¹² Perhaps. Yet in his subtle and supple investigations of embodiment over the *longue durée*, in his restless excavation of the "fear or mystery at the prospect of our own interior desmesne" (266), Sawday seems more concerned to establish lines of continuity between modernity and early modernity, to map the contours of a post-Freudian psyche onto the coordinates of early modern bodies, than to answer the question fully.

Recent work in the history of medicine suggests at least two answers to questions occasioned by Sawday's work: first, from antiquity anatomical dissection was consistently deemed to possess pragmatic as well as discursive, pedagogical, and epistemological purposes, although in unequal measures.¹³ Various useful to physicians, teachers, and natural philosophers, anatomy crosses the boundaries between "epistemology and anthropology over a long period," as Andrea Carlino has shown. Physicians rarely failed to remind their audiences that anatomy had "allegiance" to both medicine and philosophy, a conviction that stretches back at least to ancient Greece. Although physicians and surgeons might have been "restrained by their own [pragmatic, interventionist] epistemological paradigm" and less given to speculative thought than natural philosophers, among medical and non-medical writers alike anatomy's resonant polyvalence is abundantly evident in early modern Europe.¹⁴

¹¹ *The Logic of Life: A History of Heredity*, trans. Betty E. Spillman (London: Penguin, 1989) 28. Jacob's conclusions are almost identical to Michel Foucault's in *Les mots et les choses: archéologie des sciences humaines* (Paris: Gallimard, 1966). Similar claims are repeated and broadened by Robert Romanyshyn in his *Technology as Symptom and Dream* (New York: Routledge, 1989).

¹² Nancy S. Struever, *Theory as Practice: Ethical Inquiry in the Renaissance* (Chicago: U of Chicago P, 1992) 199.

¹³ Nancy Siraisi, "Physiological and Anatomical Knowledge," in her *Medieval and Early Renaissance Medicine: An Introduction* (Chicago: U of Chicago P, 1990) 89.

¹⁴ Andrea Carlino, *Books of the Body: Anatomical Ritual and Renaissance Learning*, trans. John Tedeschi and Anne C. Tedeschi (Chicago: U of Chicago P, 1999 [1997]) 4-7, 125-27, 161.

Early modern anatomists were keenly aware that their incisions had philosophical, discursive analogues. As Matthias Curtius, a student of Andreas Vesalius, wrote in 1540, dissection may be performed “in one way really or actually, in another way through description, e.g., in writing or lecturing. For this is also to dissect the body.... anatomy embraces the art of dissection, both performed actually and by description.” Opening cadavers does not exhaust the meaning or purpose of anatomy, then, for it signifies “reiterated incision” either discursively or in a corpse. In Galen’s works, Curtius continues, dissection means “description by lecturing, not dissection actually performed.”¹⁵ In Vesalius, as in some of his unorthodox contemporaries, anatomy designates not only opening bodies, but thickly describing them, noting relationships between parts and wholes, sections and subsections.¹⁶ By the late sixteenth and early seventeenth centuries, the conception of dissection as both medical and discursive activities was conventional. According to William Harvey, anatomy had five aspects: a narrative description of the body and its parts; actions, uses, and ends of the part; the observation of pathological conditions of the organs; the resolution “of the problems of authors” (an assessment of medical and anatomical authorities); and the “skill or dexterity in dissection and the condition of the prepared cadaver.” Thus anatomy is “philosophical, medical, mechanical.”¹⁷ Anatomy and its “punctual” methods afford the acquisition of knowledge about various bodies—real, philosophical, aesthetic. In 1613, the English physician and controversialist Helkiah Crook, whom Harvey knew, insisted that anatomy had at least a “double acceptation”: “either it signifieth the action which is done with the hande; or the habite of the minde, that is, the most perfect action of the intellect. The first is called practicall Anatomy, the latter Theoretical or contemplative.” The first is historical, wherein a knowledge of parts of the body is obtained by “Section and Inspection”; the second, the more “profitable” theoretical anatomy, scrutinizes parts, structures, their uses, and their causes. The first or the “way of Historie”

¹⁵ Baldasar Heseler, *Andreas Vesalius' First Public Anatomy at Bologna, 1540, an Eyewitness Report*, ed. and trans. Ruben Eriksson (Uppsala/Stockholm: Almqvist and Wiksells, 1959) 47. On Galen, see Carlino, *Books of the Body*, passim.

¹⁶ W. Pagel and P.M. Rattansi, “Vesalius and Paracelsus,” *Medical History* 8 (1964): 310–12.

¹⁷ William Harvey, *Lectures on the Whole of Anatomy: An Annotated Translation of Prelectiones Anatomiae Universalis*, ed. and trans. C.D. O'Malley, F.N.L. Poynter and K.F. Russell (Berkeley: U of California P, 1961) 22–23, 27. Anatomy was used to unfold the characteristics of a city or a building, a text or a scientific practice; for examples, see Barbara Kiefer Lewalski, *Donne's Anniversaries and the Poetry of Praise: The Creation of a Symbolic Mode* (Princeton: Princeton UP, 1973) 227, notes 9 and 10.

is more certain, the second is less certain but carries "more grace" since it concerns intellection.¹⁸ Although there was a danger of indulging probabilities and "sophistical conjectures" in anatomical dissection as in other areas of inquiry,¹⁹ for Crooke as for Harvey anatomy is both a medical and a philosophical practice: not only does the "practised anatomist"²⁰ reveal parts, structures, and causes, he contributes to self-knowledge, to tempering the passions, and to the accumulation of natural philosophical data.²¹

Clearly, then, the discourse of anatomy embodies variegated ways of knowing: in 1576, for example, Andrew Kingsmill used anatomical metaphors as epistemological vehicles, claiming that physicians "who, to know the whole state of man openeth and cutteth him up, and divideth him into parts, and thereby groweth into a greater knowledge."²² In "The Dampe," Donne suggests that his physicians' and his friends' confusion about his cause of death will "have [him] cut up."²³ Donne's conceit is rooted in post-mortem practice, but it points to the commonplace notion that dissection is a revelation of knowledge.²⁴ Figurative dissection was particularly useful

¹⁸ Helkiah Crooke, *Microcosmographia: A Description of the Body of Man, Together with Controversies Thereto Belonging* (London, 1615) 26, 17–18. Of late, Crooke has received some attention in literary historical scholarship on the early modern body. See, for example, Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England* (Ithaca: Cornell UP, 1993) and "Nervous Tension: Networks of Blood and Spirit in the Early Modern Body," in *The Body in Parts* 107–25.

¹⁹ William Harvey to R. Morison, 28 April 1652, in *The Works of William Harvey*, trans. Robert Willis (London: Sydenham Society, 1847; reprint, New York: Johnson Reprint Corporation, 1965) 604. The whole passage reads: "With what labour do we attain the hidden things of truth when we take the averments of our senses as the guide which God has given us for attaining to a knowledge of his works; avoiding that specious path on which the eyesight is dazzled with the brilliancy of mere reasoning, and so many are led to wrong conclusions, to probabilities only, and too frequently to sophistical conjectures on things!"

²⁰ *Works* 598.

²¹ Crooke, *Microcosmographia* 13; Harvey, *Prelectiones* 23, 28.

²² Andrew Kingsmill, *A View of Mans Estate* (London, 1576) sig. I8v.

²³ "The Dampe," ll. 1–8. In "Upon Mr. Thomas Coryats Crudities," Donne satirizes this notion, ll. 51–58; *Donne: Poetical Works*, ed. Herbert Grierson (London: Oxford UP, 1933) 57, 153–154.

²⁴ Donne too often conveyed his ruminations about the possibilities and probabilities of human knowledge in medical terms, employing anatomy as shorthand for a stultifying preoccupation with antiquated systems of knowledge (*The Sermons of John Donne*, ed. Evelyn M. Simpson and George R. Potter, 10 vols. [Berkeley: U of California P, 1953–1962] 7.260 (further references to this edition); *Donne, Letters to Several Persons of Honour*, ed. M. Thomas Hester (New York: Scholars' Facsimiles, 1977) 14–15. The trope also has homiletic and hagiographical antecedents. See Eric Jager, "The Book of the Heart: Reading and Writing the Medieval Subject," *Speculum* 71 (1996): 1–26 and Caroline Walker Bynum,

to early modern writers who wished, as Donne did, for an “anatomiz[ation] of our soule,” and who frequently occupied the role of the physician-anatomist for various purposes (*Sermons* 2.159). In his funeral poem for Charles Mountjoy, Earl of Devonshire (1606), Samuel Daniel claims anatomy accomplishes both somatic and spiritual knowledge.²⁵ Sir Kenelm Digby calls “Metaphysicians” “spiritual Anatomistes.”²⁶ The anatomical trope was applied frequently to the soul, and the relationship between dissection and discourse, between cutting up the human body and applying “a rude hand” to “launce” and “cut through [the] skin” of superficial knowledge or jaundiced mores, was commonplace in the early modern period.²⁷ In the mid 1640s, physician and Regius professor of physic at Cambridge Francis Glisson could define anatomy as “an artificiall dissection of [a certayne] objecte in such maner as may most conduce to the perfect knowledg of the same and all its parts” that could be applied to both living and dead bodies.²⁸ As John Hall writes in 1649, lamenting that England had fallen behind the continent in anatomical investigation, things unfolded are best understood; the anatomical exploration of the body could epitomise reason itself “if the veynes of things were rightly and naturally cut up.”²⁹

A second answer to the questions Sawday’s work occasions is offered by Andrew Cunningham’s history of early modern anatomy. The “anatomical Renaissance,” he argues, was meant not only to open up the viscera to the probing inquiries of natural philosophers and physicians but to discover the ways in which the soul might be evidenced in the flesh while demonstrating the human body as God’s masterwork.³⁰ Sixteenth-

Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women (Berkeley: U of California P, 1987) 211.

²⁵ “And now being dead I may anatomise, / And open here all that thou wert within, / Shew how thy minde was built, and in what wise / All the contexture of thy heart had been” (*A Funerall Poeme upon the Death of the Late Noble Earle of Devonshire* [London, 1606], sigs. A1v–A2).

²⁶ Digby, *Two Treatises* (1644) 143.

²⁷ The phrases are Robert Burton’s, *Anatomy of Melancholy* (1621), ed. Thomas C. Faulkner, Nicolas K. Kiessling and Rhonda L. Blair, 3 vols. (Oxford: Clarendon Press, 1989) 1.113.

²⁸ *Anatomia Hepatis* (London, 1654) in BL Sloane MS 3315, ff165–169.

²⁹ John Hall, *The Advancement of Learning*, ed. A.K. Croston (Liverpool: Liverpool UP, 1953). 38. Lewalski suggests that Donne in the *Anniversaries* is “an anatomist first of all in the general rhetorical sense of the term—one who undertakes to analyse a subject methodically, rigorously, point by point” (*Donne’s Anniversaries and the Poetry of Praise* 226).

³⁰ Andrew Cunningham, *The Anatomical Renaissance: The Resurrection of the Anatomical Projects of the Ancients* (Aldershot: Scolar Press, 1997) 33; further references included in parentheses. Cunningham’s summarizes his project: “Public anatomical dissection was not

century anatomists began to differentiate between distinct antique visions of the human body and hence between various ancient forms of inquiry. Although “different projects of inquiry ... make different bodies visible in anatomy,” the body that was made visible was always God’s creation. In this sense, early modern anatomizing “was as ceremonial and religious an experience as a church service: it was the unveiling of holy mysteries.” (208, 8, 54). Although Cunningham finds no specific parallels between those who worked as atavists of the word and contemporary investigation of anatomy, few scholars have approached the “anatomical Renaissance” from this perspective.³¹ Instead, he sees affinities between the rise in Lutheranism of “the responsibility of the individual for his own soul” and a new stress on individual autonomy and Vesalian anatomical inquiry (226–230, 235). “[A]natomy in the western tradition was essentially about the soul.”³² As Sir Thomas Brown argues in *Religio Medici* (1643), since in dissected bodies we find no “Organ or instrument for the rationall soule,” anatomy proves its immortality.³³

Between Sawday’s assertion that early modernity was a “culture of dissection” and Cunningham’s insistence that “anatomy in the western tradition was essentially about the soul” lies a fertile ground of inquiry: the living, thinking, feeling human body. In this paper, I shall offer another response to Sawday’s work and argue that, while the anatomical theatre provided an ensemble of resplendent metaphors for a diverse array of early modern writers, it was around the living body, and thus around medical semiotics and hygiene, broadly configured, that most early modern thought about interiority revolved.³⁴ As John Donne, a key participant in Sawday’s “culture of dissection,” writes during his illness in 1623: his physicians have

an occasion for pursuing research, but for demonstrating the body as found. Nor, usually, was it a place for teaching research—or even for teaching dissection (at least until Vesalius). It was, rather, a place for *showing*—exposing to gaze—the high point of God’s creation. In this sense it was a religious drama which was being enacted in public dissection” (8).

³¹ See Vivian Nutton, “Wittenberg Anatomy,” in *Medicine and the Reformation*, ed. Ole Peter Grell and Andrew Cunningham (New York: Routledge, 1993) 11–32.

³² “Wittenberg Anatomy” 196. “[E]ssentially” might overstate the case.

³³ *Religio Medici* in *Sir Thomas Browne: Selected Writings*, ed. Sir Geoffrey Keynes (London: Faber, 1968) part I, section 36; 43.

³⁴ On hygiene, see Heikki Mikkeli, *Hygiene in the Early Modern Medical Tradition* (Helsinki: Academia Scientiarum Fennica, 1999) and on the popularity of “self-help” and hygiene books in the vernacular in early modern England, see Paul Slack, “Mirrors of Health and Treasures of Poor Men: The Uses of Vernacular Medical Literature of Tudor England,” in *Health, Medicine, and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge UP, 1979) 237–73.

seen him and “receiv’d the *evidence*” of his body; he has “cut up [his] own *Anatomy*, dissected [him]selfe, and they are gon to *read* upon [him].”³⁵ In Donne’s theatre, anatomy might expose hidden pathologies, but these, too, must be interpreted; even in the presence of his anatomized body, his physicians must *read*. What they read are signs and indications, and in his hunt for the ways in which the living body “effigiate” his soul, so too must Donne. The sufferer and the physician have similar, conjectural tasks: reading mute, somatic signs, sifting and adjusting the non-naturals—air, exercise and rest, sleep and waking, excretion and retention, food and drink, and the passions of the soul—in order to either determine states of illness or preserve the “neutrality” of health.³⁶ Both engage in probable sign-inference, both reason from signs and symptoms to causes, and both, we should recall, could be very eloquent indeed about disease and suffering. If, as Sawday claims, the ancient dictum *nosce te ipsum* is in part accomplished by anatomical dissection, it is more frequently essayed with the assistance of medical semiotics and hygiene, with which the sufferer and the physician probe and rectify the living body.

Early modern physicians, writers, and theologians share an attention to probable sign inference and dietetics. From the deracinated, inert viscera displayed in the anatomical theatre, they turned to the interpretation of signs and symptoms in the living body, to the negotiation of the non-naturals, as a way of tracing paths into and through the opaque interior. If these anatomical animadversions signify a desire to adduce the soul, in a more tractable semiotics and the supple regimes of hygiene I see a tempered attention attuned to the living body as a manifold, perplexed thing, as an variegated and rarely “horrifying” indication of interiority. My point is that recent critical attention paid to the fascination with anatomy has led to a relative neglect of the role of the living body and of embodied experience in early modern thought. Indeed, medical semiotics and hygiene offered early modern writers models of discretion, prudence, and sign-inference suitable for inquiry into a diverse array of uncertain matters, including the human interior.³⁷ Enlisting a loose, rhetorical logic, medical semiotics takes

³⁵ John Donne, *Devotions Upon Emergent Occasions*, ed. Anthony Raspa (Oxford: Oxford UP, 1987) 45–46. For more on medical semiotics and somatic reading, see my “Essaying the Body: Donne, Affliction, and Medicine,” in *John Donne’s Professional Lives*, ed. David Colclough (Cambridge: D.S. Brewer, 2002) 215–48.

³⁶ On neutrality, see Timo Joutsivuo, *Scholastic Tradition and Humanist Innovation: the Concept of Neutrism in Renaissance Medicine* (Helsinki: Academia Scientiarum Fennica, 1999).

³⁷ See Michael Schoenfeldt, *Bodies and Selves in Early Modern England: Physiology and Inwardness in Spenser, Shakespeare, Herbert, and Milton* (Cambridge: Cambridge UP, 1999).

the labile symptom as its point of departure, offering “practically certain,” pragmatic, and interventionist readings of the body devoted not only to nosology, not only to knowledge, but to cure. And it was intervention and physical and spiritual cure that motivated self-scrutiny in the early modern period. Against the uninflected enthusiasm of late sixteenth-century writers, recurrent criticisms of anatomical dissection—that it was normative, that it seldom impinged upon clinical practice or therapy—culminate in Thomas Sydenham and John Locke’s criticisms of the rage for insides: anatomists explore the interior but reveal only “more superficialities ... to stare at,” adding little or nothing to therapeutics. “[S]o many thousand dissections,” they declare in their *Anatomie* (1668), afford knowledge of nothing but “the grosse parts.”³⁸ Here, I explore one example of the ways in which symptoms and hygiene afford a view—if only a fragmented, “unmethodized” view—of the interior.



Michel de Montaigne’s essaying of interiority occurs in the context of a radical critique of the claims of learned medicine, including anatomy.³⁹ A friend of physicians “whom they know better than I,” argues that the most important science in practice, the one “in charge of our preservation and health,” is “unfortunately the most uncertain, the most confused, and agitated by the most changes.” In “Of the Resemblance of Children to Fathers,” Montaigne cites a familiar passage from Pliny to derogate medical theory. He has just adumbrated the ancient controversy about causation—for Hippocrates disease is caused by the spirits, for Strato by the crudity and corruption of nourishment, for Hierophilus by the humours—and now insists that where “our whole being [*tout nostre estre*] is at stake,” it is unwise to abandon ourselves to the “mercy and agitation of so many conflicting winds.”⁴⁰ Without health pleasure, wisdom, knowledge, and virtue “grow

³⁸ Thomas Sydenham and John Locke, *Anatomie* (1668) PRO 30/24/47/2, ff. 60–67, printed in Kenneth Dewhurst, *Dr. Thomas Sydenham (1624–1689) His Life and Original Writings* (London: Wellcome Historical Medical Library, 1966) 87–88, 91, 79.

³⁹ Sawday more or less ignores Montaigne (24, 88, 94).

⁴⁰ “Of the Resemblance of Children to Fathers,” in *The Complete Essays of Michel de Montaigne*, trans. Donald M. Frame (Stanford: Stanford UR, 1958) 585; further references are included in parentheses. Most of Montaigne’s comments on medicine are contained in the above essay and “Of Experience” 815–57. The *Essays* were widely available, extremely popular, and often imitated in early modern England; they were Englished in 1603 by John Florio. On Montaigne and medicine, see François Batisse, *Montaigne et la Médecine* (Paris: Société de L’Éditions Les Belles Lettres, 1962), Jean Starobinski, “The Body’s Moment,”

tarnished and vanish away [*se ternissent et esvanouissent*]” (580). Contradictory and unsound reasoning is “more apparent” and more damaging in medicine than in any other art (588), and philosophical wrangling among physicians is galling, especially from the patient’s view:

Since those ancient mutations in medicine, there have been countless others down to our time, and for the most part complete and universal mutations, as are those that have been produced in our time by Paracelsus, Fioravanti, and Argenterius. For they change not merely one prescription, but, so they tell me, the whole contexture [contexture] and order of the body of medicine, accusing of ignorance or deception all who have professed it before them.

“I leave you to judge,” Montaigne concludes, “where this puts the poor patient” (586; cf. 429–430).

Montaigne inveighs against the art, the profession, and the physician, but the bulk of his derision is directed at medical theory. He praises the purpose, promise, and usefulness of medicine, “but what it designates among us I neither honour nor esteem” (581). Individual physicians he honours not according to precept (Ecclesiasticus 38:1), but “for love of themselves, having known many honest and lovable men among them”; he praises surgery because “it sees and feels what it is doing [*car ce qu’elle voit et manie ce qu’elle fait*].” Indeed, his quarrel is not with physicians “but with their art,” which is rife with “conjecture and divination.” People are too often cozened into believing that medicine is as certain as geometry, while in fact the “very promises of medicine are incredible” (587, 420, 593; cf. 827).

Of all medicine’s constituents, Montaigne argues that diagnosis, which depends on semeiology, rests on the most “tenuous grounds” (581, 586; cf. 584). Without a “*speculum matricis* to reveal to them our brain, our lungs, and our liver” (587), without a view of the interior, physicians are prone to error:

Now if the doctor’s error is dangerous, we are in a very bad way, for it is most unlikely that he will not fall into it again often. He needs too many details, considerations, and circumstances to adjust his plan correctly: he must know his patient’s constitution [complexion], his temperament, his humours, his inclinations, his actions, his very thoughts and fancies [*ses pensements mesmes et ses imaginations*]. He must be responsible for the external circumstances, the nature of the place, the condition of the air and weather, the position of the planets and their influences. He must know in the disease the causes, the symptoms, the effects, the critical days [*les causes, les signes, les affections, les jours critiques*]; in the drug the weight, the power, the country it comes from, the appearance,

the age, the way of dispensing it; and he must know how to proportion all these factors and relate them to one another in order to create a perfect symmetry. Wherein if he makes ever so slight an error, if among so many springs there is even a single one that pulls askew, that is enough to destroy us.

(586–87; cf. 594–95)

Keenly aware of the dangers of incorrect inference and treatment, Montaigne focuses on the inconsistency of the various actors present at the sickbed: in his rendition, the superabundance of “details,” including thoughts and “fancies,” signal a physician’s susceptibility to misprision. How might all of these circumstances, sub-disciplines, variables be mastered? How, Montaigne asks, “shall [a physician] find the proper symptom of the disease, each disease being capable of an infinite number of symptoms?” (587). As many early modern physicians and their critics confirm, one circumstance alone “com[m]only altereth the whole co[n]dition.”⁴¹ The imprecise collocation of circumstance and condition, symptom and syndrome, the inability to suture disparate particulars into a general account, the effluence of error: how is a science erected on such brittle foundations? Montaigne argues that the multitude of factors, the variability of conditions, and the asymmetry and disproportion between actual illnesses and their medical accounts preclude such building. Instead, Montaigne “shuns the empty vanity of demonstrative proclamation,”⁴² and luxuriates in the experience of interiority.

Illness, like experience, is particular. Conveying his thoughts in a form that mimics the fragmentation of experience—“I speak my meaning in disjointed parts,” he writes (824; cf. 239ff.)—Montaigne suggests that his experience of illness, and of medicine, is an apt, decisive example of both the uncertainty of the arts and sciences and the debility of human reason. Like illness, experience—the strata of actions, sentiments, and passions that constitute the quotidian—is impermeable to logical precept. Philosophers and physicians search after causes and causes are cozening. In most instances, this haphazard, clumsy groping neglects “cases,” passing over particulars and facts in a hunt for causes and consequences (785). “So much uncertainty there is in all things,” Montaigne writes, “so gross, obscure and obtuse is our perception” (784) that actions cannot be securely linked with one another, obscuring the relationship between causes and effects. Of course the magistrate’s example of the particularity and infinite variability of experience is human justice, which is itself modelled on medicine (820). The infinite

⁴¹ John Cotta, *A Short Discoverie of the Unobserved Dangers of Severall Sorts of Ignorant and Unconsiderate Practisers of Physicke in England* (London, 1612) 2–3.

⁴² Gerard Paul Sharpling, “Towards a Rhetoric of Experience: The Role of *Enargeia* in the Essays of Montaigne,” *Rhetorica* 20 (2002): 180.

diversity of human experience cannot be captured by “a hundred thousand laws”; the multitude of “imaginary cases will never equal the variety of the real examples” (815–16). Any inference drawn from experience or *l’histoire événementielle*, the history of events, is uncertain.

Faced with the asymmetrical relationship between human experience and its representation, in this case in law, Montaigne offers analogy and exemplarity as means by which experience might be accessed and evaluated. All things hold together “by some similarity,” he writes, but “every example is lame, and the comparison that is drawn from experience is always faulty and imperfect.” Nevertheless, “we fasten together our comparisons by some corner.” Thus the laws serve and “adapt themselves to each of our affairs, by some roundabout, forced, and biased interpretation” (819). However imperfect, the instrument used to prise significant moments from the flow of experiences is the example. Examples are lame (*cloche*), they are “hazy mirror[s], reflecting all things in all ways” (834), but—and here, perhaps, he has the Aristotelian *paradeigma* in mind—they are serviceable.⁴³ Although Montaigne is a diligent *venator*, he hunts for particulars, for traces, signs and clues, rather than causes; he detects along the axis of particularity the impossibility of total knowledge, unless that knowledge is articulated historically.⁴⁴ For Montaigne, then, the noumenal and the phenomenal rarely meet—most rarely, perhaps, in the experience of interiority.⁴⁵

Montaigne’s rejection of rationalism and universalism in medicine results in a renovation of embodied experience: as a remedy for medical uncertainty, Montaigne proposes his own, faintly exemplary experience of illness. If medicine is based on “examples and experience”—“so is my opinion,” Montaigne adds—then what better example, what better experi-

⁴³ The *paradeigma* is “a variety of induction which brings out the meaning of a thing by comparing it with one or more other things which are like it *but clearer or better known*” (Gerald F. Else, *Aristotle’s Poetics: The Argument* [Cambridge, MA: Harvard UP, 1957] 19; emphasis in the original). On exemplarity in Montaigne, see John D. Lyons, *Exemplum: The Rhetoric of Example in Early Modern France and Italy* (Princeton: Princeton UP, 1989) 118–53.

⁴⁴ John D. Lyons, “Circe’s Drink and Sorbonnic Wine: Montaigne’s Paradox of Experience,” in *Unruly Examples: on the Rhetoric of Exemplarity*, ed. Alexander Gellay (Stanford: Stanford UP, 1995) 86–03.

⁴⁵ Yet Montaigne’s particular ailment (bladder stone) offers little to “guess about.” Although nature has “utterly unknown ways of her own,” with a simple illness we “are freed from the worry into which other diseases cast us by the uncertainty of their causes and conditions and progress.” Militating his earlier scepticism, Montaigne asserts that, with the stone, “the senses reveal to us what it is, and where it is” (839–40). Illness in general, however, offers no such certainty (838–39).

ence than his own? (579; cf. 827). His own "science" of self-description, his study of self (273), is an antidote to the debilitating uncertainty of an art which proposes universal solutions to particular problems; we should, he argues, become our own physicians, circulate in ourselves, as he puts it, dissecting, recording, sifting our symptoms. By the end of the *Essays*, Montaigne has proposed his own body, rather than the bodies of history and antiquity or the generalized, anatomized medical body, as the most reliable guide to health, as well as its most relevant example.⁴⁶ His scepticism about medicine is checked by the potential exemplarity of his own experience of illness; the potency of exemplarity, in turn, is a result of the profound infirmity of ratiocination. Famously rejecting the universalizing claims of reason and the evidence of the senses in the "Apology for Raymond Sebond," Montaigne also dismisses method in medicine, reducing its precepts to the weight of habit: "My health," he writes, "is free and entire, without rule or other discipline than that of my habit and my pleasure" (581; cf. 827). Even as his Pyrrhonism wanes in the final essays, he nevertheless presents his experience of "bodily health ... pure, not at all corrupted by art or theorizing" (826). Both reason or "theorizing" and experience are protean (815); with respect to probing interiority, experience is "on its own dung-hill" and "reason yields it [experience] the whole field" (826). How, then, to construct an alternative to the generalizing claims of the art of medicine based on his own, suffering body?

Against the universalist claims of physicians, in his own experience of illness Montaigne is Hippocratic; in effect, he writes his own medical case history (*historia*):

For lack of a natural memory I make one of paper, and as some new symptom occurs in my disease, I write it down. Whence it comes that at the present moment, when I have passed through virtually every sort of experience [*estant quasi passé par tout sorte d'exemples*], if some grave stroke threatens me, by glancing through these little notes, disconnected like the Sibyl's leaves, I never fail to find grounds for comfort in some favourable prognostic from my past experience. (837-38)

Distilled into unsewn leaves, the records of Montaigne's symptoms offer comfort in their familiarity; perhaps the separate notes, which represent variations of his experience, his *exemples*, of the stone, were fastened together

⁴⁶ Timothy Hampton, who cites the relevant literature, argues that the final pages of the *Essays* are "structured on the paradoxical relationship between a judgement that becomes ever finer and a body that slips ever deeper into infirmity." *Writing from History: The Rhetoric of Exemplarity in Renaissance Literature* (Ithaca/London: Cornell UP, 1990) 193.

“by some corner.” Certainly, Montaigne’s notes map the invisible with a visible key, they are part of a process of *repérage*, in which anatomical dissection participates; but Montaigne’s is a rhetorical, textual legend, not the visual compendium of a dissected cadaver.⁴⁷ He not only writes his own medical history, he not only consults and deliberates about his case, he writes his own *consilium* as well (a determination of remedy which was specifically meant to accommodate theoretical knowledge of a disease to an individual sufferer’s illness). If he judges himself “only by actual sensation, not by reasoning” (840), the disconnected leaves of his own casebook—the *Essays* themselves, replete with “thoughts and fancies”—offer a flexible remedy and a thorough admonition to the injunctions of learned medicine.

If the metaphors and reasoning inherent in symptomatology are equivalent to Montaigne’s experience of his body, it seems anatomy sometimes suits its presentation. He bodies forth his amorphous “cogitations” as a skeleton (in Florio’s translation) or a cadaver. Identifying an aporia in the rhetoric of exemplarity—the “samples” of his action display only details without certainty; the networks of motivations remain conjectural—Montaigne exposes himself “entire:” “my portrait is a cadaver on which the veins, the muscles, and the tendons appear at a glance, each part in its place.” Yet he is produced, discursively and actually, by symptoms, “by a cough, another by a pallor or a palpitation of the heart” (274). “It is not my deeds that I write down,” he continues, “it is myself, it is my essence.” What he writes down, we have learned, are his symptoms; unlike anatomical revelation, which exhibits the whole body “at a glance,” symptoms are mute, variegated, temporal, but essential. To represent his essence requires both a body (an anatomy, a cadaver) and a narrative (symptoms, temperament, “thoughts and fancies”).

Montaigne thus engages in a critique of anatomy by using particulars—physicians he has known, the “poor patient,” his own experience—to assail its stultifying universalism. He moves quite freely between the general, theoretical aspects of medicine he excoriates and the particularity of individual pathologies, examples, and experiences of illness, impugning the universalism of medical theory and anatomy with the tractable experience

⁴⁷ I borrow the term from Michel Foucault. Foucault argues that the symptom is “the first transcription of the inaccessible nature of the disease”; “of all that is visible,” he writes, “it is closest to the essential.” The problem of reasoning from symptoms to causes necessitates a form of inference that derives the obscure from the manifest, a process which Foucault calls *repérage*, or an anticipation of the invisible (disease, in this case) by a “visible mapping out” (*The Birth of the Clinic* 90–91; cf. 159–72). On Montaigne and *repérage*, see Starobinski, “The Body’s Moment.”

of his own embodiment.⁴⁸ In effect, Montaigne uses the non-naturals—air, food and drink, evacuation and repletion, exercise and rest, sleep and waking, the passions of the soul—as a template for self-knowledge and composes his own *historia*, arguing that participatory, useful, and therapeutic knowledge of the self issues from the body. In Jean Starobinski's formulation, Montaigne appeals to the "body's wisdom": "it is necessary that our body, aided by our judgement, become itself the *subject* of its own knowledge."⁴⁹ In this, like others in the sixteenth century, he follows Celsus (596). In *De medicina*, Celsus writes that a healthy man, "who is both vigorous and his own master, should be under no obligatory rules, and have no need either for a physician or an ointment-healer [*iatrolepta*]."⁵⁰ One who is "his own master" might, then, compile a record of hygiene, of his own symptoms, "disconnected like the Sybil's leaves"; it is an historical process that involves both experience and example, as does medicine itself. The causal regress that characterizes learned medicine—and, one might add, all human knowledge—is halted by applying the astringent remedy of particular, somatic experience to the generalities of medical thought. The dazzling normativity of anatomy must be particularized in order to have any effect on therapy at all; dissection may present the body "at a glance," but such a mute, unread body languishes uninflected with experience. Montaigne's textured, conjectural essaying of interiority presents a rather different view: against the normalizing claims of anatomy, he offers his own *historia* as evidence in a process which mirrors the uncertainty of knowledge, even interior knowledge, itself.



⁴⁸ As Jean Starobinski has shown, the essay "Of Experience" is organised around the non-naturals ("The Body's Moment") and as Timothy Hampton argues, "the body emerges [throughout the *Essays*] as the material signifier of the condition of the soul" (Hampton, *Writing from History* 171). "By following the degeneration of his own body," Hampton writes, "Montaigne breaks loose once and for all from memory, narrative, and history, organizing his text on the immediacy of bodily sensation The "useful" knowledge which he gives his readers stems . . . from reading the signs of the body" (194). Indeed, Montaigne is well aware of the "grands débats" about dietetics in the sixteenth century; see Jean Cécard, "La Culture du Corps: Montaigne et la Diététique de son Temps," in *Le Parcours des Essais de Montaigne 1588–1988*, ed. Marcel Tetel and G. Mallery Masters (Paris: Aux Amateurs de Livres, 1989) 83–96; esp. 86–87.

⁴⁹ Starobinski, "The Body's Moment" 276.

⁵⁰ Celsus, *De Medicina*, trans. W.G. Spencer, 3 vols. (Cambridge: Harvard UP, 1971) 1.1. Elyot writes in *The Castell of Helth* (London, 1536), paraphrasing Celsus, that a "man that is hole and well at ease, and is at libertie, ought not to bynde hym selfe to rules, or nede a phisition" (281). See Mikkeli, *Hygiene in the Early Modern Medical Tradition* 92–96.

The examples might be multiplied—Sir Thomas Browne’s and Walter Charleton’s sigils, Edward May’s *radii*, the rhetoric of affliction present in so many devotional manuals, diaries, and autobiographies, Donne’s own searing pathography—but my point should be clear: there are ways of knowing interiority unmoored to splayed viscera that persist inside or alongside Sawday’s “culture of dissection.” As we have seen with Montaigne’s use of the Hippocratic *historia*, which is also central to Francis Bacon’s medical reforms, these “alternate” or “evidential” habits of thought have ancient roots. Indeed, one might claim that anatomical dissection itself is merely the visual culmination of discursive and recursive, “thick” and rhetorical descriptions of embodiment. Sawday’s deft, admirable elaboration of Luke Wilson’s 1981 claim that anatomy somehow invalidates the body is resonant and incisive, but it fails to capture myriad ways in which living bodies and the experience of illness were the subjects of probing and probative scrutiny.⁵¹

⁵¹ “William Harvey’s *Prelectiones*: The Performance of the Body in the Renaissance Theatre of Anatomy,” *Representations* 17 (1981): 62–95. Wilson writes: “In order for the body to function properly, and thus to be what we really believe it to be, it must deny us access to it—to our selves in other words—either literally or analogically. As a consequence, any glimpse of the inside of the body is felt to invalidate it” (62).

