

DESTROYING TO CURE: REPRESENTATION OF TREATMENT IN 18TH CENTURY MEDICAL TREATISES

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*Primum non nocere*¹: first, do not harm. With the first attempt to define what we now call Western Medicine, the (so called Hippocratic) motto encapsulates what is at stake in medical treatment. Right from the start it is implied that destruction and cure go hand-in-hand.

An investigation into the representation of treatment in 18th century European medical treatises reveals indeed how treating the disease means inflicting violent pain. The medical treatises deal with pain in different manners, but rarely address it directly, even less frequently as an issue. I wish to examine here how the pain inflicted by the tough treatment is represented and why it is so often avoided. The most traditional approach is to set treatment in such a manner that it is understood to be a punishment. Sometimes the pain of the patient is mocked, or even denied, as the medical illustration focus on body fragments rather than patient expressions.

Before we examine details of the images, I would like to define the conception of disease that partly justified such a treatment. In the 18th century, health was essentially the smooth, fluid circulation of the bodily juices. Of course, this pattern was reinforced by William Harvey's mapping of blood circulation in the previous century, but the idea was extended to all other organic fluids (including sometimes those of the nervous system), and became the core of the conception of health. Illness was read as a blockage of that circulating system, and the medical treatments based on this conception of disease were concerned with getting rid of the blockage. Although the most well-known, and perhaps the most performed operation for that goal was blood-letting, many other techniques were involved in this process, and I will show and examine some of them.

Whether the treatment was surgical or medical, it often resulted in destruction, which sometimes ended in exactly the opposite of Hippocrates' commandment, that is, harming rather than curing.

¹ The origin of the phrase is not widely known, though it is often described as a Latin paraphrase by [Galen](#) of a [Hippocratic aphorism](#) (despite the fact that Galen also wrote in Greek rather than Latin); yet no specific mention in Galen's writings has been reported. The closest approximation to the phrase that can be found in the Hippocratic Corpus is "to help, or at least to do no harm," taken from *Epidemics*, Bk. I, Sect. XI. For more information on that phrase, see Cedric M. Smith, "Origin and Uses of Primum Non Nocere—Above All, Do No Harm!" *The Journal of Clinical Pharmacology* (2005); 45:371-377.

Illustrations in medical books in fact represented treatment as a painful, destructive process, almost akin to persecution. Why? The first reason is the idea of moral punishment, and 18th century English caricatures will help us to underscore this fact. And yet, even when the disease was not associated with any immoral behavior, as we will see, the representation of its treatment is disturbingly violent, sometimes paralleling elements of torture. In any case, it seems that, to get rid of pain, patients must endure even more intense pain. Most striking: the more intense the pain, the less it is represented in medical treatises.

Two types of diseases were morally ambivalent in the 18th century. The first was, of course, venereal disease; and the second was gout. Treatment for both was then represented as a punishment for having overindulged in pleasure.

Most such patients were treated with mercury. The Frontispiece to Steven Blankaart's practical *Dictionary of Medicine* from 1685 is the plate titled *The Scourge of Venus and Mercury* (Figure 1 on CD) which represents the mercurial treatments for venereal disease (this term connotes various diseases, but mercury was mainly used to cure the great pox—syphilis). Twenty-four years later, a similar image reappears in England under the title *The Martyrdom of Mercury* (Figure 2 on CD), which focuses more on the ordeal of the treatment than on its cause. The change in the settings is remarkable. From what looks like, in the first image, to be a rather disorganized hospital, we see in the second a more elaborate institution, with a regular line of beds in the background: the medical discipline is slowly organizing its practice. Both engravings present the illness in its various stages, and the corresponding cure. In the foreground of the Blankaart frontispiece lies a patient in the terminal stage of the disease. He is left half naked and helpless on the ground, as his stage is too advanced to be helped by the physicians. His nose, held by a bandage, has collapsed, and his foot, a bone-to-be, is licked by a dog. His function in this half moral, half medical picture, seems to be that of a warning against licentious behavior. Also in the foreground, a child is heating the tools that are to be applied with a mercurial cautery to the lesions on the legs and heads of the patients, who clutch their fists in pain. This later image omits one major technique for mercurial treatment, fumigation, whereby the patient is confined to a wooden cage, and bathed in the fumes of mercury. Pierre Lalouette, *Nouvelle méthode de traiter les maladies vénériennes par la fumigation* (Figure 3 on CD), published 60 years later, illustrates a further shift in the representation of mercurial treatment. The machine is now the object of attention and the patient does not show any sign of pain, nor indeed any sign of illness. In this picture, the patient's only function is to show how the machine works.

Compared to this very technical image of fumigation, the illustration from *Venereal Disease* (Figure 2 on CD) projects what could very well be a chamber of torture. The pain is visible on the patients' faces. They are in a highly humiliated position, while the surgeons, fully dressed, loom over them, their precise and definite medical gestures accentuated by their tools. In the earlier version (Figure 1 on CD), the heating of the tools for cauterization in the chimney, and the flames and fumes suggest the hospital to be like Hell, and imply that the pains of the mercurial treatment were the proper punishment warranted by a dissolute life. However, in the later version of this picture (Figure 2 on CD), the flames and fumes have disappeared. Here the pain of the patients is made clearer by their gestures and faces—and the change in title, *The Martyrdom of Mercury*, even though ironical, changes the point of view. The pain of the patient, more than his licentious history, is at stake.

Not surprisingly, Steven Blankaart's dictionary represents the treatment for gout in a similar way (Figure 4). By the middle of the century, gout was associated as much, if not more, with self-indulgence as venereal disease. It was considered to be the "rich man's disease"—a malady that affected those who had been sedentary, who had eaten too well, , and who had over indulged in drinking.

Because gout also elicited edema, or dropsy, one of the treatments for this disease was to be tapped. This is the operation we see happening in the foreground of the illustration for Steven Blankaart's dictionary. Henry Fielding's account of his own experience gives us a glimpse of what patients endured: "I was tapped, and fourteen quarts of water were drawn from my belly. The sudden relaxation which this caused so weakened me that within two days I was thought to be falling into the agonies of death" (5). If the treatment did not result in his immediate death—Fielding eventually survived—the ordeal was still it was morbid and violent enough to evoke death's impression.

By the end of the century, Ull drew a caricature of tapping, nicely titled *The Patient's Soda Water Fountain* (Figure 5 on CD). This operation is performed on a patient who must have indulged in abusive drinking.² The distorted face of the patient, pouting, rolling up his eyes, is a very convincing expression of pain, but it is set in a frame where his pain seems to be the medical reward of his self-indulgence. When we look closer at the Doctor's hands, we see that, although his left hand is gripped by the patient in his agony—as if to help him through the ordeal—his right hand pulls the patient's ear, as if he were scolding a naughty child. In this same reprehensive hand lies the lancet with which the skin has just been penetrated. The fountain spurting from the navel plays with the idea of the origin of life—of which both navel and fountain are a hackneyed symbol—but inverts it, making it the origin of pain and disgust.

² The treatment represented here is definitely tapping—the illness of the patient can easily be identified as ascites (liquid from the liver spreads into the peritoneum); it often is a consequence of cirrhosis.

Caricature easily turns treatment into punishment. No representation on that matter can be clearer than Hogarth's famous engraving (Figure 6 on CD), *A Political Clyster*, or *The Punishment of Samuel Gulliver*. This is a very rich image, but I only want to focus here on the use of the violence of medical treatment as a tool for this satire.

Although the clyster is the right size for Gulliver's bottom, it becomes, in the hand of the Lilliputians, a powerful battering ram to repress Gulliver for "his urinal profanation of the Royal Palace at Mildendo." Of course, the enema corresponds to Gulliver's own scatological obsessions. Still, the tool, already threatening in itself, becomes an instrument of torture in the hands of the Lilliputians. As we know, the change in size gives a different, microscopic perspective on the body, which makes the reader grasp some truths he did not perceive before—hence the Lilliputians' use of the clyster demonstrates that treatment and punishment are very compatible. Hogarth's representation of the medical Doctor as an executioner is recurrent throughout his work.³ We should not be surprised to see this theme so developed in satire, as the idea that punishment and treatment go together is in itself a justification for caricature. Indeed, caricature and satire claim to heal society by their incisive, sometimes destructive—but *healthily* funny—portraits. In fact, the line between caricature and medical illustration is not always easy to draw. If we take a look at Dekkers' plates for cupping and cautery in his treatise on surgery published in the well-known medical school of Leyden, we see that the gap between the violence of treatment and the attitude of the patient is striking (Figures 7 and 8 on CD).

If we only look at the upper half of those two illustrations, the two subjects seem to be very politely engaged: one in the art of conversation, and the other, in the contemplation of natural scenery. However, if we look at the bottom of the pages, it is indeed this part of the body that is exhibited in a surprisingly humorous manner for a formal medical treatise printed in Latin. The treatment represented in Figure 7 is called *cupping*, or more exactly fire cupping, as we can see on the right hand corner of the engraving where the cup is being heated over a flame. The interest of cupping is to suck the blood out of the body and, hence, to relieve the stagnation of the fluids.⁴ The other illustration from the same treatise, picturing the same figure (Figure 8) represents cautery, which we have already seen in the treatment of venereal disease. As in Hogarth's print *A Political Clyster*, the bottom is the place

³ See Peter Wagner's article in this issue of *Interfaces* on Doctors in Hogarth, especially on *The Four Stages of Cruelty*, Plate IV.

⁴ In fire cupping, instead of using a vacuum pump, a vacuum is created by air (heated by fire) in a glass cup placed flush against the patient's skin, where his body needs it. As the air cools in the cup, a vacuum is formed that pulls up on the skin, stimulating the circulation.

we often associate with corporal punishment. Letting his trousers down for the occasion, this well-dressed man—with whom we cannot identify because we cannot see his face—seems to be offering his bottom to the reprehensive hand of the surgeon. His indifference to what is happening behind his back, or more precisely his lower back, reinforces the humorous display of this medical image. In the second plate, however, we are not sure how to interpret the movement of the character's left hand (is he politely conversing or thrusting his hand in pain?). Our wondering about the character's reaction creates a space of interpretation rarely seen in later surgical treatises. Indeed, here the patient appears at the center of the representation of treatment; no surgeon is pictured performing the action. On the contrary, the anonymous surgical hand functions as only the impersonal agent of a threatening heated tool. This ambiguous representation of a painful treatment might be a way for medical doctors to distance themselves from the discomfort of inflicting pain (this, after all, is just a bottom, and I after, all, am just a hand).

Tools are another element that is common to medicine and torture, although what is at stake in each practice is exactly opposed. These tools are often represented together in the same plate, organised simply by function. William Smellie's forceps (Figure 9 on CD) were an 18th century invention subject to much debate—whether they actually helped the labour or killed or deformed the child was one of the main questions. Underlying this debate was the perpetual question about the intervention or the interference of medical doctors into the natural process of life.

Another set of tools was used in the operation to extract bladder stones (Figure 10 on CD). It was one of the most performed operations in 18th century England. The tools to extract the stones seem to be a smaller version of the forceps; the most interesting device in this illustration however, is the table on which patients were held during the operation, and the technique for holding them. The second plate on stone operation (Figure 11 on CD) shows how the operation was actually performed, with the assistant surgeons holding the legs of the patient, compelled to offer his lower parts to the knife of the surgeon. Being held, refrained from movement while an operation was inflicted, is another connection between torture and surgery.

Of course, the most threatening tools are those of amputation (Figure 12 on CD). An example of amputation still powerfully affecting is mastectomy. This operation had been performed for several centuries, but it was systematically exposed and explained in 18th century medical treatises (Figure 14 on CD). Here again, contrast between the horror of cancer—as well as the horror of the operation performed on the breast which makes us wince—and the stoic face of the bust is stunning. The woman, indeed, is not a patient. It is a statue. The medical tool is at the centre of the next plate (Figure 14 on

CD), powerfully exhibited as a very efficient way to both press the breast out and hold the shoulder back. On the right hand side, an even more anonymous close-up on the patient's chest displays the breast as the part to excise, and the hands of the anonymous, but well dressed surgeon are once again inseparable from the tool.

I want to contrast this medical point of view with Fanny Burney's account of the mastectomy she underwent in Paris at the very beginning of the 19th century: "Again, all description would be baffled," she writes, "yet again, it was not over. Dr Larry rested but his own hand and—Oh Heavens—I then felt the knife rackling against the breast bone. This performed, while I remained in utterly speechless torture" (Epstein 148). All description would be baffled indeed, yet medical books have to describe, and what's more, to expose. As the experience of mastectomy is referred to as "utterly speechless torture," Julia Epstein suggests that Burney "is writing the unspeakable." In this plate, the display of the tool rather than the surgeon, and of the chest of a statue-like woman rather than a patient is a means to represent what can hardly be represented.

In the plates from the same book dedicated to the amputations of the arm and leg (Figure 15 on CD), however, we can see the surgeons, the patients and the tools simultaneously. Here again, caricature, rather than medicine, gives a voice to pain. We are almost getting used to now—or are we?—the absence of reaction on the face of the patient. Rowlandson's depiction of the scene (Figure 16 on CD) corresponds more to our expectations of what the patient's reaction might be. Although the action is very similar—so similar indeed in the disposition of the operation that one cannot doubt that Rowlandson looked at medical treatises—the proportion between character and tools have changed. The tools are lying on the floor, and the face of the patient is the centre of the engraving. Howling, distorted by the intensity of the pain, and by fear, the patient is mirrored by the corpse we can partly see in the background, suggesting that he too will soon be lying as dead. The doctors' gaze, however, emphasised by the glasses they hold, is aiming at the leg, and not at the patient's expression of pain. If they are not enjoying the pain of the patient, they are at least, enjoying their fellow surgeon's skills.

Having briefly surveyed some of the representations of treatment, mostly surgical, one still wonders why what is often described as the greatest benefit to mankind is mostly represented in terms of torture and punishment. The fact itself is undeniable: treatment *was* violent in the 18th century, and its brutality was sometimes efficient. This idea also casts disease in war-like terms, wherein illness is an enemy to be confronted in the space of the body and only expelled by violence.

However, the focus on the tool, and the fragmented bodies that represent patients and even surgeons, leaves little place for the expression of pain. And when we do see pain represented, as in

Figures 1, 2, 4, 5 and 15, it is in the context of punishment. The patient's suffering is only represented when it is juxtaposed to a reprehensive medical environment.

This is understandable to some extent. These are images intended mostly for a medical audience. As we know, most people from this profession tend to be more interested in curing patients and relieving them from the disease than inflicting more pain than the disease actually produces. In Figures 1, 2 and 4, pain is somehow justified, and almost *educational* for the patient, and therefore bearable for the surgeons.

However, knowing that they inflicted pain was not always easy to come to terms with, as medical doctors sometimes noted. Charles Hales, writing *Salivation not necessary for venereal disease* (1764), tried to avoid crude mercurial treatment so that he would “incline my patients to regard me as their friend and benefactor, rather than a *tormentor*” (Hales 2).

In the same way, Dr. James Moore published in 1784 an interesting, yet short lived, pamphlet presenting a new tool to diminish pain in several operations of surgery.⁵ The pamphlet commences with a very interesting remark, showing that if the exposition of treatment seems unfeeling when it is not punitive, it is because the thought of inflicting a pain as close in its intensity to torture is unbearable for the practitioner. I will therefore quote at length:

Physicians have been accused of a want of feeling for the distresses of human nature, and surgeons of actual cruelty.

If this accusation were just, it would strike with more force at the arts of medicine and surgery themselves, than at the individuals who profess them. For it is impossible to imagine, that men of cruel dispositions would be attracted more than others to the study of arts, whose aim is the alleviation and the removal of sickness and pain. It must therefore be the exercise of those arts, which renders physicians and surgeons unfeeling and cruel, and not an original unfeeling and cruel disposition that directed them in their choice of those arts. (Moore, 2)

⁵ Essentially a tourniquet, to compress the nerves [Figure 17 on CD], Moore's tool was not entirely efficacious.

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