

# Learning to Cut, Bandage and Cure: Histories of Surgical Training, Skills & Knowledge in Early Modern Europe

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Paper Titles and Abstracts (listed in order of appearance on the programme)



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In the past decades, historians of medicine and science have scrutinised early modern scholarly practices and book cultures, rediscovered genres of medical writing and reframed key issues concerning the relation between theory and practice. New thriving scholarship has delved into the production and transfer of medical knowledge, and has offered new histories on practices of bedside teaching and other forms of training. These research trends, however, have only tangentially touched upon surgery. Historians of surgery have instead largely focused upon mapping the contours of a very elusive occupational group.

While excellent studies have illuminated medieval and renaissance learned surgery, the quotidian knowledge cultures of vernacular practitioners warrant further exploration. This is particularly the case for the 16<sup>th</sup> to 18<sup>th</sup> centuries, where little scholarly attention has been devoted to surgical education and training. Although scholars agree that surgery was a highly mobile activity, implying different skills and levels of literacy and learning, not much is known about how these were actually acquired by practitioners across their life-course, diverse as they were from the modest bloodletter to the university-trained surgeon. Moreover, the relationship of theory and practice in this branch of medicine that inherently featured a bigger role for manual intervention and was often characterised as the operative part of medicine, remains relatively unproblematized and to some extent still dependant on modern understandings of surgery.

This conference aims to extend our understanding of surgical training and education across Europe c. 1500-1800 by examining books, images, instruments and other learning aids and charting their role in the transfer of know-how and skills.

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### ***Surgery and the Artisanal Language of Techne: Leonardo Fioravanti's Vernacular Readers***

**Cynthia Klestinec, Miami University**

One of the most accomplished vernacular writers on surgery in the sixteenth-century, Leonardo Fioravanti was a surgeon deeply concerned with a surgeon's *techne*, his skill and the reasoning behind his skill, and how to acquire it. The original language of medical *techne* can be traced to Hippocrates, *On the Art of Medicine*. As scholars have suggested, Fioravanti adapted this learned account in an attempt to promote himself to a learned audience. But Fioravanti's other audience was diffusely vernacular. While medical *techne* has received considerable scholarly attention, this paper addresses his vernacular conceptions of surgical *techne*. In a richly suggestive passage from *La Cirurgia* (1582), Fioravanti claimed the surgeon's work was more beautiful and ingenious than the physicians because it required the surgeon to see and touch his patient just as a shoemaker, a *zavatino*, does he "repairs shoes and boots." But, he wrote, "there is a big difference between the dead skin [of footwear] and the living [skin of the foot], it is not enough only to know how to bandage, spread ointments on, and dress wounds." For "if a shoemaker messes up an old boot or a shoe, with little cost he can make another: but if a surgeon, who does not have *scientia*, cripples or kills a man, he cannot just remake him." The ideas around *techne*, as they are expressed here, focus attention on the ontology of the human body (how it is different from a shoe) and on the work of the surgeon, which is very similar on his account to the practices and *techne* of a shoemaker. This paper works systematically through Fioravanti's most relevant texts—*Dello specchio di scientia universale* (1567), *Il tesoro della vita humana* (1570), and *La cirugia* (1570)—cataloging the artisanal language of *techne* in order to understand how the surgeon's activities were conveyed as similar to other craft activities and how Fioravanti's readers perceived and came to understand surgical *techne* in relation to other craft endeavors involving *techne*. The paper concludes by examining the early reception of Fioravanti's work in subsequent, vernacular publications on surgery (ca. 1600).

### ***Learning to Operate in 1645 from a Medieval Manuscript***

**Peter Jones, University of Cambridge**

Walter Hamond was made free of the Barber-Surgeon's Company of London in 1616, and became a ship's surgeon and author of travel books. A friend gave him a 15<sup>th</sup> century manuscript of the writings of John Arderne (1307-ca.1380), and in 1645 Hamond had the manuscript rebound with pages interleaved for his own notes. The manuscript is now Royal College of Surgeons of Ireland MS 97. This paper will show from Hamond's annotations how he learnt the operation for fistula-in-ano from Arderne's text and illustrations, and then improved on the design of Arderne's original instrument, the *tendiculum*. I will discuss the continuing survival and relevance of medieval texts to surgical instruction in early modern England.

### ***Learning from Disaster: Surgical Mishaps and Pedagogy***

**Heidi Hausse, Auburn University**

Early modern surgery was messy. It could entail screaming and flailing, dreadful smells, the splatter of fluids, and even hairpulling. And that was when a procedure went well. But what about instances when things went wrong during or after an operation? Most early modern authors who published surgical treatises in the vernacular claimed that sharing their knowledge and experience would improve the instruction and education of young aspiring barber-surgeons and surgeons. As they entered the publishing fray in the sixteenth and seventeenth centuries, "vernacular surgeons"—those authors who had learned their craft primarily through apprenticeship and actually *practiced* surgery—navigated many challenges to contributing to a written body of medical knowledge that had traditionally been produced by the university-educated. They had perhaps an even greater incentive than learned authors to emphasize their successes as practitioners and downplay their mistakes to assure readers they were trustworthy and capable authorities. Why and in what contexts, then, did vernacular surgeons write about their misadventures? This paper points to examples of surgical mishaps in vernacular treatises that circulated in the Holy Roman Empire. It shows that when stories of disaster pop up in surgical literature, they have the potential to shed light on how surgeons "learned to do" on several levels. They can offer a glimpse of a practitioner processing a dramatic encounter in a way that informs his future approach to operations and patients—suggesting how surgeons learned from their mistakes, and how the act of writing could play a part in that learning process. At the same time, these moments also reveal how surgeons could repurpose a negative experience to instruct *others*—turning a mishap into a "teachable moment" for fellow surgeons, future patients, and the reader.

### ***Jan de Doot's Self-surgery: Lithotomy, Surgical Passion, and First-hand Experience***

**Gideon Manning, Cedars-Sinai Medical Center**

"A sick man cutting out a stone from the front by himself" is the title of a chapter in the second edition of Nicholas Tulp's *Observationes medicae* (book IV, observ. 31). Here Tulp describes a lithotomy performed in 1651 by the blacksmith Jan de Doot (Dood) to remove his own bladder stone. An instance of the *apparatus minor* earlier described by Celsus, de Doot's self-surgery was one of the few images that Tulp included in the frontispiece, and the text itself incorporates an illustration of both the egg-size stone de Boot removed and the knife he made for the occasion. How are we to understand the use of curiosities and case histories in surgical education, especially when the successful surgeon was untrained, performed the surgery himself, and the description appears in a Latin work such as Tulp's? This paper briefly considers the Leiden University education Tulp received and the Dutch genre of *observationes* to account for the

presence of de Doot's operation in Tulp's work. But the paper's primary focus will be on those factors that enabled a patient and sufferer like de Doot to serve as his own surgeon. Unlike the celebrated cases of physicians and surgeons who experimented on themselves—John Hunter being a prime example—by looking at de Doot, this paper will ask what his case history, actions, success, and the subsequent fame and mythology surrounding his surgery reveals about surgical training and education, how a surgeon could acquire the skills needed to perform an operation, and the function of instruments and visual images in the surgical and popular imagination. The paper will also resist the value of dispassion sometimes associated with surgical training, pointing out that it was anything but dispassion that led de Doot to perform his own lithotomy.

### ***Learning Surgery Through Cases in Early Modern Italian Hospitals***

**Maria Pia Donato, CNRS/IHMC**

The aim of my paper is to question the relationship of theoretical and practical knowledge in surgeons' education focusing on hospital lessons on cases and case literature such as collected observations.

Early modern surgical training was fundamentally a matter of observing and acquiring a very gradual hands-on experience, including for apprentices in hospitals. In the late 17<sup>th</sup> century, however, the pressure from governments and collegiate bodies alike to improve surgeons' instruction increased throughout Europe. Emphasis remained on practice, but on a more theory-laden practice than mere attendance at the master's side. New curricula and teaching facilities were introduced in various countries. Even in those areas, like Italy, where a tradition of academic surgery persisted, the parallel teaching of surgery in hospitals also underwent a process of stabilization. Lectures on surgical theory, practice and operations were established on a more regular basis. Likewise, "lessons on cases" were organised in hospitals like Santa Maria Nuova in Florence and Santo Spirito in Rome, as discussing a case publicly became a standard exercise for aspiring surgeons.

Drawing on archival and printed sources, I will argue that these lessons mostly involved discussing live or hypothetical cases and were dispensed in the lecture hall, rather than at the bedside. Cases might otherwise be discussed in "academies", that is, students' meetings reminiscent of medieval disputes. Furthermore; emphasis on cases enhanced the increasing success of case narratives in the form of observations and similar genres. In fact, I will also argue, printed collection of observations shed light on the changing contours of teaching through cases, its doctrinal background and primary concerns, as it (slowly and unevenly) moved from classroom to wards.

### ***Learning To Bleed Through Bloodletting Figures***

**Jack Hartnell, University of East Anglia**

Over the course of the fourteenth and fifteenth centuries, various European communities - both medical and non-medical - created books that contained so-called 'Bloodletting Figures', schematic images of the human body that purported to direct phlebotomical practice. This paper will trace the origins of these figures and consider how their highly varied material qualities and evolving visual strategies builds up a picture of complex use, focusing in particular on their ability to teach bloodletting knowledge and the social power of venesection.

### ***Visualizing Knowledge and Surgical Training in Early Modern London***

**Elaine Leong, University College London**

Early modern London booksellers' shelves were well stocked with a range of surgical print from anatomical treatises to general surgical manuals purporting to present the 'whole art' or 'proved practise' of surgery. These offered instruction in a range of areas from anatomy to wound treatment to the use of instruments to recipes for drugs. The formation of the Company of Barber and Surgeons in 1540 coincided with a rapid period of development in vernacular instructional print and an active production period for practical surgical manuals. A homegrown push to create materials for the teaching of surgery outside or in addition to traditional master/apprentice training introduced new kinds of printed pedagogical materials. This talk examines two visual objects — Thomas Gemini *A table instructive whan and how a man may cōnyngly let bloude* (c. 1546) and Edward Edwards' *The analysis of chyrurgery* (1637) – to explore how book producers adapted existing visual vocabulary and visualisation devices, usually associated with university learning, to convey practical surgical knowledge.

### ***Books about Surgery and Books for Surgeons in Early Modern Spain***

**Sophie-Bérangère Singlard, Aix Marseille Université, CAER**

The publication of many printed treatises about surgery written in vernacular shows a will to transmit at a rather large scale a certain knowledge on surgery in early modern Spain. My aim in this paper is to compare the ways in which different books written in Spanish and published in the XVIth and XVIIth centuries deal with a transmission of knowledge about surgery. I intend to focus on the ways in which the authors define -and defend- surgery, so I will also look into the authors' identity and the position from which they talked about it. Some of the books I have selected aim at training surgeons and others just want to provide some basic knowledge to be able to cure. I will examine the composition of the books and their didactic content in order to understand better to which public the books were intended for and how they were made to be a tool to learn. I intend to put into perspective the publication of these books with the preoccupation shown by King Philip II to have better trained medical doctors and surgeons, and with changes made in exams and rules to become health professionals in Spain at the time. The will to create a Chair of Surgery at the University of Salamanca coming from King Philip II dates back to the mid-sixteenth century. The University Statutes of 1594 record which books were used for these classes so it will be helpful to see what the University training was based upon and to compare it to the approach of surgery shown in the books in vernacular.

### ***Picturing Surgical Bodies in Baroque Rome: Guglielmo Riva's Printed Tables as Teaching Tools***

**Silvia De Renzi, Open University**

By the mid-seventeenth century Rome's many hospitals provided medical and surgical education, fostering exchange across occupational divides. Contemporary descriptions represent would-be surgeons learning on the wards and attending more formal lectures on adjacent rooms. Like in many European cities, a steady production of surgical books catered for the literate, but Rome boasted an exceptional art scene, which is known to have shaped the production of Pietro da Cortona's anatomical tables. So far we do not know how this rich visual culture may have affected more ordinary training and how surgical education deployed images. A striking set of tables associated with Guglielmo Riva and surviving in at least four European libraries allows me to start to find out. With a medical degree, wide-ranging anatomical interests and a successful career, Riva epitomises the early modern learned surgeon: having trained himself in a hospital, he was committed to teaching in wards as well as at home. The tables comprise 37 plates which vary

by layout, conventions and topics, reflecting his many concerns. The largest group represent common surgical conditions arranged in panels. Some images share a now familiar iconographic repertoire; others do not. The most striking show gaping bodies out of which matter protrudes or leaks out. Mixing the exceptional with the ordinary, congenital deformities jostle with the effects of diseases. I analyse the lay out and visual strategies of these vignettes to explore how they may have functioned as didactic aids and show that ‘static’ images are complemented by ‘procedural’ ones representing surgery or the progression of diseases. Framing these pictures by their pedagogical use also allows me to complement studies of illustrations of highly individualised cases within collections of observations. These ‘decontextualised’ images rather represented generic instances of pathological conditions suited to learners’ needs.

### ***The License to Cut: Catholic Missionaries Learning and Practicing Surgery in Early Modern Rome and Beyond***

**Brendan Röder, Ludwig-Maximilians-Universität München**

The proposed paper analyses surgical training for Catholic missionaries in 17<sup>th</sup>-century Rome and how these skills played out during the missions. In historiography, there is an established idea that surgery was generally forbidden to clergymen and that medical practice by missionaries was at best a peripheral and disorganized phenomenon. In contrast, I will argue that there was a systematic policy to train missionaries in theory and practice of surgery. I will use the example of Franciscan friars bound for Ethiopia who were first sent to the papal hospital of Santo Spirito in Sassia where they took part in treating wounds, bloodletting, cupping and trepanation. While they were not officially awarded degrees, they underwent examinations and received certificates for their training. Since canon law indeed restricted actions that implied “cutting and burning” for clerics, missionaries required special licenses by the Curia for their hands-on training. The ensuing legal negotiations shed light on what was considered “good” surgical practice and on the underlying understanding of the body and its parts.

Moving beyond Rome, missionaries’ travel accounts and correspondence allow us to reconstruct not only what instruments they took on their journeys but to gain an understanding of how the acquired skills were put to use on the ground. Significantly, an essential part of their self-description was denigrate local healing practices as unskilled “cutting and burning”. This allows us to connect missionary narratives back to canon law norms as well as to earlier European discussions over good and bad surgery and the role of cutting and burning. Overall, the aim of the paper is to put missionaries and their little known connections to surgical skills on the map of wider histories of surgical training and knowledge.

### ***Surgery in the Early Modern Hispanic World: The Case of Pedro Gago de Vadillo***

**Mariana Sánchez, Université Paris Cité**

The subject of this study is the surgical knowledge in the Hispanic world of the seventeenth century, which is the period of the reign of the last Habsburgs of Spain, that is, between the death of Philip II in 1598 and that of Charles II in 1700. It is a period in which historiography had seen a scientific decadence, especially in the field of surgery, in which a certain immobility was noted compared to the previous century, which also came from the denigration of surgical knowledge by physicians during the seventeenth century.

I am interested here in a case of a surgeon trained in Spain, but that, at the time of writing his manuscript, was in American territory, so he had experience on both sides of the Atlantic in the Hispanic world and put his knowledge to the test of his experience in this vast territory.

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Pedro Gago de Vadillo who first practiced in the Hospital of Guadalupe in Spain and then went to Peru (Guamanga, Castro Virreyna and Lima), where he wrote his work *Discursos de verdadera cirugía* published in Madrid in 1632, which had a reedition in 1692 in Pamplona and another one, the one we are using, done in Madrid in 1732. In his work, this surgeon talks about his experience in treating recent wounds by closing them and not leaving them open and adding ointments. His experience of more than 20 years in the Viceroyalty of Peru, both in hospitals and in mines, allowed him to see the advantages of closing wounds, when there is no missing tissue, and not adding substances that corrupt the wound and cause the death of patients.

***Body, Honour, Health, and Hand-Work: Crafting Surgery in Print and in the City***

**Tillmann Taape, Warburg Institute London**

This paper explores the construction of expertise and professional identity in some of the earliest printed texts on surgery, in their urban artisanal context. Hieronymus Brunschwig's *Buch der Chirurgia* (Book of surgery, 1497) and Hans von Gersdorff's *Feldtbuoch der Wundartznei* (Field book of wound-doctoring, 1517) were both written by practising surgeons without university educations who lived, worked, and published in Strasbourg, a free imperial city of the Holy Roman Empire. I read both books as a response to a crisis of knowledge and professional identity, specifically in an urban setting dominated by artisanal culture and sensibilities. In the German lands more than elsewhere in Europe, surgeons' social status was extremely variable, and they often found themselves marginalised, sometimes because of their direct contact with the human body. Reading Brunschwig and Gersdorff's books alongside the Strasbourg archives, I show how the two surgeons responded to these ambiguities of their trade. I argue that they combined their reading of learned medieval texts with their experience as municipal "wound inspectors" and hospital practitioners to carve out an honourable identity of the surgeon as a caretaker of artisanal bodies, individual and collective. Rather than dishonouring citizens with his unclean touch, the surgeon ensured the integrity of the citizen – "his body, his honour, his health, and his hand-work," as Brunschwig puts it. This raises questions about the relationship between printed books, medicine, and the governance and social life of the city.

***Learning and Teaching Specialized Surgical Practice in the Holy Roman Empire: Families, Workshops, Hospitals and Illustrated Manuscripts, 16<sup>th</sup> and 17<sup>th</sup> century***

**Annemarie Kinzelbach**

This paper provides new aspects of handicraft surgery and the ways practitioners became surgical specialists in early modern Germany. Though patchy, a number of aspects of guild and female practitioners have been published. My introduction, therefore, will shortly outline the role of local governments, of families and of artisans' networks. Sources providing information on a normative level of regulations can be found in most towns and territories. Moreover, scarce materials such as autobiographies or books of masters containing biographies hint at itineraries necessary to complete an education. In contrast, the educational processes and the practices involved remain vague. Analyses of rare manuscripts authored by (barber-) surgeons promise substantial contributions to bridging this gap. My results will be based on Caspar Stromayr's manuscript written during the 1550s and 1560s and its connection to a specialized surgical hospital, the *Schneidhaus* in Augsburg. From the same hospital, details can be gained from account-books supplemented by conflicts in 1590 and in 1630. Concluding with hypotheses resulting from analyses of a hitherto unknown manuscript in this hospital, this paper will illuminate transformation and continuity in the education of (handicraft) surgeons in the Holy Roman Empire.

### ***A Barber-surgeon and His Patients in Early 17<sup>th</sup>-century Germany***

**Michael Stolberg, Universität Würzburg**

Far into the 17<sup>th</sup> century, surgical and medical practice were quite strictly divided in the German-speaking territories. Even if they had studied surgery in Italy, as some did, learned physicians only exceptionally dealt with surgical cases in their practice. Such cases were the domain of the much more numerous barber-surgeons. They were artisans, who learned surgery as a craft, as apprentices to a master surgeon. They played a very important role in the health care of the population but we so far know very little about their everyday practice, about the patients who consulted them, about the kinds of ailments and injuries they treated, about the types of treatment they applied. In my paper, I will seek to throw some light on these issues, drawing on a source I recently discovered. It is the practice journal of an unidentified barber-surgeon who documented about 950 cases he treated in around the town of Münster in Northern Germany between 1602 and 1614. The handwriting is clear but the highly idiosyncratic and variable spelling, especially of the few Latin terms he used, suggest a limited formal education and a training that was based on oral communication. Unfortunately, he usually offers only a short and rough description, at best, of his actual treatment. He routinely did note his diagnosis, however, and, in the case of injuries, frequently added some words on what caused it. The journal thus provides important insights into the kinds of ailments an ordinary barber-surgeon was confronted with, on a day-to-day basis – ulcers, boils, furuncles as well as ailments of the mouth and throat but also numerous fractures, stabbings, and some serious cranial traumas – and into the skills he would need to possess in order to treat them. It is equally revealing regarding the kinds of cases that played hardly any role in his practice, such as obstetrical and gynecological cases and dentistry.

### ***How to Become a Forensic Expert. Learning by Doing, Surgeons and Legal Medicine in Early Modern France***

**Cathy McClive, Florida State University**

The issue of surgeons' forensic medical training underpins the complex relationship between, knowledge, privilege, and expertise in old regime legal medicine. Surgical corporation records document the complex and highly localized economies of expertise largely built on privilege, venality, and reputation, which dictated corporate distribution of forensic medical offices across the long eighteenth century. Only rarely do they speak to the question of specialized knowledge in forensic medicine. They are largely silent on the issue of official training in forensic medicine. How did surgeons learn the skills required to act as medical witnesses in civil and criminal cases in early modern France? Did master-surgeons who held medico-legal office possess greater skill, knowledge, and expertise in reading corporeal signs of injury and death than their peers? If so, was this the result of formal receive specialist training or examinations testing their forensic knowledge, or were they simply granted their positions as a result of privilege and local reputation and obliged to learn by doing? How did they become forensic experts? This paper draws on printed guides to surgical report-writing, surgical corporation records, and forensic reports produced by medico-legal officers in civil and criminal cases to address the relationship between surgical training, learning by doing in office, and the concept of forensic expertise in multiple geographical locations in provincial France.

## ***Surgical Textbooks Meet Legal Records: Instructing and Witnessing the Practice of Surgery in Early Modern Spain***

**Carolyn Schmitz, King's College London**

In Spain, as in other European contexts, the long 17<sup>th</sup> century was a thriving age for the publication of surgery texts written in the vernacular. As guides for surgical practice, many of them served to instruct young surgeons in the various fields of their profession. Between the late 16<sup>th</sup> and early 18<sup>th</sup> century, the most prominent examples, like Juan Frago's *Cirugía Universal* (1587) and Juan Calvo's *Primera y segunda parte de la cirugía universal del cuerpo humano* (1580), maintained their success throughout the period, counting each with more than dozen reeditions. Building on their popularity, this paper turns to the question of perception and aims to make a first attempt to see how these texts were appropriated and put into practice, in particular, by common practitioners.

Given that lower ranked yet numerous practitioners like rural surgeons, barbers and phlebotomists rarely produced or left behind any writings by themselves, in order to recapture their experiences, this paper draws on legal records against individuals accused of trespassing their realm of expertise. Produced by diverse courts of justice (criminal law courts, the Inquisition, and royal appeal courts), these judicial proceedings hold rare information on their practice, including material evidence, such as original licenses, recipes listing ingredients used in the preparation of ointments and plasters, as well as patient testimonies describing the surgical procedure.

Now, bringing together courts records and textbooks, this approach hopes to shed light into two directions: first, to assess how much of the knowledge written and circulated in books found their way into the daily practice of common practitioners; second, to gain a more profound understanding of how surgical practice on the ground looked like by gathering evidence of techniques that extended the standard knowledge printed in manuals.

## ***« La liberté de pouvoir m'instruire » : François Humbert and Surgeons' Apprenticeship Tales in 18<sup>th</sup>-Century France***

**Juliette Rigaud, ENS/ED540**

Cette intervention traite du regard sur l'apprentissage chirurgical des chirurgiens français du 18<sup>e</sup> siècle, et leur approche du rapport entre pratique manuelle et théorie chirurgicale.

La chirurgie, partie « opératoire » de la médecine, privilégie les compétences manuelles ; cependant la question des relations entre théorie et pratique reste encore peu problématisée pour l'époque moderne. Les chercheurs s'accordent à dire que ces relations varient selon les traditions géographiques et les (très) diverses situations sociales des chirurgiens.

Je défends dans cette intervention que les relations entre théorie et pratique constituent un enjeu d'image majeur pour les chirurgiens en France au 18<sup>e</sup> siècle, qui connaissent alors une forte mobilité sociale, et qu'ils s'en sont emparés en construisant dans leurs écrits un modèle idéal de l'apprentissage chirurgical. Je m'appuie pour cette étude sur une autobiographique inédite de François Humbert (1776-1850), modeste chirurgien orthopédique formé dans un hôpital militaire révolutionnaire, et établi dans la Meuse après avoir complété ses études à Paris ; ce texte sera étudié en regard d'un corpus de 42 éloges prononcés à l'Académie de Chirurgie de Paris entre 1736 et 1793.

Dans un premier temps, je montrerai que l'élite des chirurgiens parisiens, au 18<sup>e</sup> siècle, a cherché à modéliser une image idéale de l'apprentissage chirurgical à travers divers topos (vocation, épreuve de la première dissection), qui correspond au type de « l'artiste » identifié par P. Bertucci. J'étudierai ensuite comment cette image a été assimilée par François Humbert, confirmant une grande proximité idéologique entre élites de la chirurgie parisienne et modestes provinciaux (T.

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Gelfand), mais aussi comment, dépassant cette image, Humbert envisage l'apprentissage chirurgical comme un âpre combat, assimilé au combat révolutionnaire, pour « la liberté » de s'instruire contre le manque d'argent et le « despotisme » de son maître. L'acte d'écrire est alors confirmé comme moyen de l'ascension sociale.

### ***Eighteenth-Century French Newspapers as Sites of Surgical Knowledge Production***

**Meghan K. Roberts, Bowdoin College**

Newspapers occupy pride of place in Enlightenment historiography, but they have been underappreciated as a genre of medical writing. I propose a paper analyzing news stories by surgeons and about surgery as important sites of knowledge production, focusing particularly on correspondence and printed feuds.

Provincial newspapers called *affiches* were dialogic: readers posed questions to other members of the reading public and shared their own thoughts. Surgeons participated actively in this culture, often publishing letters asking for advice on how to proceed with difficult cases (such as if and when to amputate or how to handle an overdue). Clearly, at least some surgeons preferred to learn in public, sharing their queries and reading responses to them in their local newspaper rather than writing a private letter or seeking advice behind the scenes. In doing so, they helped ensure that the diffusion of knowledge – a much-valored practice of the Enlightenment – benefitted a far larger public than a private correspondence would have.

Surgical disputes frequently erupted in the pages of newspapers, especially over questions of who deserved credit for improvement. This, too, constituted an important locus of knowledge production, as the surgeons shared their latest innovations and virulently criticized what they saw as faulty instruments and techniques. Such disputes forced surgeons to refine their claims and consider alternatives; at the same time, they garnered a great deal of attention and were highly instructive for readers. Because they were based on the author's considerable teaching experience and could even be mediated by royal academies, these feuds also reveal connections between different institutions and different publics.

In short, I propose a paper that looks at how surgeons made news and made new surgeons in one fell swoop by taking advantage of the full range of print sources available to them, including their local papers.

Illustration: *Interior with a surgeon and his apprentice attending to a patient*, peinture à l'huile, Jan Josef Horemans, 1722. Crédits : Wellcome Collection. Attribution 4.0 International (CC BY 4.0)