

Introduction: To supply the scandalous want of that obvious part

The nose is the most prominent part of the most prominent part of the body. Concern over the violated or deformed nose and its impact on the life of the individual was shared by surgeons and the wider community in early modern Britain, and should perhaps have led to axiomatic support for medical interventions that could restore the injured or even missing nose to its expected form and function. Such a procedure was meticulously detailed by the Bolognese surgeon Gaspare Tagliacozzi (1545–1599) in *De curtorum chirurgia per insitionem* ('On the surgery of mutilations through grafting', (Venice: 1597)). Tagliacozzi's rhinoplasty procedure lifted a flap of skin from the patient's upper arm to reconstruct the nose, and is now so well known it forms the logo of the American Association of Plastic Surgeons, with Tagliacozzi heralded as the 'father' of plastic surgery. But histories of plastic surgery maintain that after Tagliacozzi's death his procedure disappeared from medical knowledge for the following two centuries. This is incorrect. It is likely that Tagliacozzi's procedure was never practised in early modern Britain, but it was a subject of medical and popular debate, and his book remained available. Knowledge of the operation was also accompanied by medical misunderstanding and poetic satires that said that the noses were constructed from skin or flesh taken, or even bought, from another person, and that they would ultimately drop off. This popular iteration became a diversely applied metaphor that trickled from Britain to the rest of the world, drawing rhinoplasty into the history of transplantation, affecting Tagliacozzi's and nasal surgery's reputations into the twentieth century, and endowing nose reconstruction with a cultural burden far beyond expectations.

This study hinges on the key transhistorical question of how groups and individuals negotiate the balance between the scientifically possible and the socially permissible, and how this relationship is understood in a specific period. The book therefore has two key concerns: firstly, excavating knowledge of nose reconstruction in early modern Britain, and secondly, understanding the sociocultural and socioeconomic implications of the procedure itself *and* its representation as allotransplantation. While modern plastic surgery has received ample and excellent consideration in this light, this is less the case for earlier histories, where narratives of technical progression dominate.¹ The assumed disappearance of Taliacotian rhinoplasty has resulted in the exclusion of the early modern period from histories of plastic surgery, despite a substantial body of evidence from scholars such as Margaret Pelling and Sandra Cavallo on the wide variety of medicalised interventions in the face offered by barbers, surgeons, physicians, and other practitioners across early modern Europe.² As Martha Teach Gnudi and Jerome Pierce Webster showed in their unsurpassed 1950 biography of Tagliacozzi, far from completely disappearing from medical knowledge, Tagliacozzi's procedure was cited approvingly across Europe over the following two centuries.³ More recently, François Delaporte has attributed the neglect of delayed auto- or allografts in favour of the practicality and speed of binding freshly cut noses back onto their owners to its 'high baroque style [of] medicine... the expression of a virtuosity as unattainable as it is useless'.⁴ Paolo Savoia and Mariacarla Gadebusch Bondio have further contextualised Tagliacozzi's practice and philosophy alongside other sixteenth-century and preceding surgeons like Heinrich von Pfolssprundt (fifteenth century), Gabriele Falloppio (1523–62), Girolamo Mercuriale (1530–1606), and Giovanni Tommaso Minadoi (1545–1618).⁵ This work, and my centring on Britain, have determined my own focus on the seventeenth and eighteenth centuries, which are simultaneously a 'gap' in histories of plastic surgery, and the heyday of Tagliacozzi's popular mythology.

In Britain, surgeons like Alexander Read (1580–1641) and Sergeant Surgeon Charles Bernard (1652–1710) advocated the procedure, and an English translation of book two of *De curtorum chirurgia* was attached to Read's posthumous collected works, possibly by Bernard's brother, physician Francis Bernard: *Chirurgorum comes: or, the Whole Practice of Chirurgery* (London: 1687 and 1696). I therefore trace the owners of

these books and the extent of medical knowledge of the procedure in seventeenth- and eighteenth-century Britain, investigate the networks through which it may have travelled further, and reconsider possible reasons for its alleged disappearance. I will state frankly that, although there are cases of partially and even wholly severed noses being reattached, I have found no smoking gun (or rather, bloodied knife) to confirm that the Taliacotian operation or an allograft reconstruction was performed in Britain in this period. There are testimonies of autograft operations elsewhere in Europe. The most suggestive evidence for the allograft is, somewhat ironically, the story of the sympathetic graft, since it might have been inspired by a transplant rejection. This is therefore a study of medical shadows: missed opportunities, stigma, and misunderstandings, but not least the traces of Tagliacozzi's method that persisted throughout this period into the nineteenth-century revival of plastic surgery. Medical culture is, after all, as much in the practices and ideas that are disavowed as it is in the operators and operations that are celebrated.

Tracing book histories of rhinoplasty also enables a historiographical examination of plastic surgery more broadly. Histories of the field have long maintained that following Tagliacozzi's death, his rhinoplasty method was neglected, and then quickly lost. Any knowledge of the procedure in Britain was limited to that which was promulgated by satires such as Samuel Butler's *Hudibras*, and thus rendered medically null and void.⁶ The first new rhinoplasty cases from India were reported at the very end of the eighteenth century, and European attempts are said to have recommenced in the first decade of the nineteenth century, led by London surgeon Joseph Constantine Carpue (1764–1846). Among many others, M. Felix Freshwater evocatively described Tagliacozzi's methods as 'sealed as if in a sarcophagus. They were not to be unearthed for over two centuries', and even Webster – who with Gnudi included numerous posthumous citations of Tagliacozzi, and the translation printed in *Chirurgorum comes*, in their biography – wrote that his methods had 'died out' in the two centuries separating him from Carpue.⁷

The performance of rhinoplasty in the nineteenth century by men such as Carpue, Robert Liston, and American surgeon Jonathan Mason Warren was framed at the time as a dramatic near-invention of plastic surgery in modern medicine, after a 'dark age' of ignorance, superstition,

and affiliation with the violence of duelling and rhinotomy in Renaissance Europe, then Asia and the Middle East. Similarly, Tagliacozzi – still generally referred to in Britain through the Latinised form, ‘Taliacotius’ – was praised for rescuing rhinoplasty from secretive ‘empirics’ like the Brancas, ‘to finally ensure its entry in the field of science’ through academic medicine.⁸ New Zealand-born Sir Harold Delf Gillies (1882–1960), who led the indubitably immense developments in plastic surgery at the Queen’s Hospital, Sidcup, during World War I, conceded that the ‘principles laid down by the fathers of surgery are found still to be of general application. There is hardly an operation – hardly a single flap – in use to-day that has not been suggested a hundred years ago.’ Nevertheless, he said, the obscurity of procedures and rarity of cases had necessitated the development of the field, again, ‘*de novo*’.⁹ This false narrative was recounted in histories of the profession before and after Gillies, and served much the same discursive purpose as the later focus on World War I as the crucible of today’s plastic surgery – distancing the field from modern associations of frivolity and femininity by emphasising reconstructive over æsthetic surgeries, and grounding it in service to valiant young men unquestionably deserving of all possible help.¹⁰ Reflecting on Read’s own copy of *De curtorum chirurgia* in 1932, his biographer Walter Menzies remarked that ‘I have shown this book to several eminent surgeons and they have gazed with admiration not unminged with incredulity when I have proved to them that at least the methods of the much-vaunted “neo-plastic surgery”, about which so much was heard during the War, were known over three hundred years ago and even then it was not new.’¹¹ Webster served as a surgeon in both world wars and specialised in plastic surgery, in which field he became an inspector and highly influential professor at Columbia University. His biography with Gnudi is deeply invested in Tagliacozzi as a noble pioneer of the field, and giving the surgeon – as a contemporary advertisement praised – ‘a fresh view of the rich heritage of tradition behind his calling’.¹² Plastic surgeon Maxwell Maltz even went on to publish a melodramatic novelisation of Tagliacozzi’s life and career battling the ‘twin fogs of ignorance and superstition’, the Church, quackery, and even an attempted seduction by a male friend.¹³ Webster’s identification with Tagliacozzi as an illustrious forebear is obvious: on 2 March 1945, the 400th anniversary of Tagliacozzi’s baptism, Webster hosted a dinner party for hospital attendants, residents, and other plastic surgeons at his home. After dinner, the lights dimmed and a curtain was pulled back, to

reveal Webster dressed and posing as Tagliacozzi in the ornate portrait of him by Tiburzio Passerotti.¹⁴ Tagliacozzi and his expensive book, 'rescued' from the prejudices of his time, have subsequently assumed a key position in the sense that historians of plastic surgery have of the nobility and historicity of their field – and frequently their book collections.

This historiographical construction has also served to split twentieth and twenty-first-century sociocultural concerns about plastic surgery from those that may have occupied the earlier periods – 'our' questions and problems with the malleable body of postmodernity are irrevocably split from and can provide no service to, nor learn anything from, whatever issues thwarted the use of Taliacotian rhinoplasty in the early modern period. Yet, as Jonathan Sawday shows, even Donna Haraway's human-machine hybrid, the 'cyborg', has forerunners in the early modern period of mechanical animals and iatromechanic anatomies, and can illuminate conceptions of body modification in each era.¹⁵ While the levels of body work available to the early modern and postmodern individual are certainly very different, and reasons for concern distinct, the presence of heterogeneous anxieties transverges the boundaries of such periodisation, demanding greater historicisation in social studies of plastic surgery. Rhinoplasty thus offers a unique historical case study through which to apply insights from contemporary sociology to consider the shifting relationship between aesthetic and reconstructive surgery in this period, and the limitations of acceptable body work.

Rhinoplasty had a greater impact on early modern British culture as an idea than as a practiced surgical procedure. I depart from classical histories of plastic surgery by engaging seriously with non-medical readers and representations of Tagliacozzi and nasal reconstruction as crucial constituents – rather than mere reflections – of rhinoplasty's history. As Suzannah Biernoff argues, where histories of transplantation create a legitimising and progressive narrative of the work of current surgeons, less flattering cultural accounts of swapped body parts 'unsettle the conviction that transplantation is a shared "dream of humankind"'.¹⁶ I take up the allograft and autograft procedures' relation to three linked discourses in the seventeenth and eighteenth centuries: corporal alienability and the attempted commoditisation of another's flesh, shame and the nose's association with the pox (what is generally now understood as syphilis), and what might be understood as 'body

work' in early modern Britain. Drawing on Marcel Mauss and especially Pierre Bourdieu, examination of body work in contemporary sociology includes the culturally determined limits of what individuals can do to their own bodies, and what work others may do on them.¹⁷ In this sense it represents a slightly narrower analytical framework than Mary E. Fissell and Kathy Brown's important call for attention to 'bodywork' in the early modern period as a 'remit to consider all work that focused on the body'.¹⁸ Considering the special capacity of the nose to signal shame, particularly sexual shame, will add nuance to our understanding of the level of shame attached to the pox in the seventeenth century, and the effect of this emotion on surgical and other body work during the period.

This book is a further contribution to the booming 'somatic turn' of history. The face has, however, been somewhat absent from histories of the body, although the face as a source of identity and a social artefact has of course been a site of intense fascination and scrutiny. Histories of facial injury and disfigurement, and the position of the face within histories of disability, are also growing.¹⁹ This book contributes to these histories of facial difference by focusing on the damaged nose in early modern Britain, arguing for its primacy in representations of facial disfigurement generally, and its richness as a site upon which diverse cultural anxieties accumulated. It cannot be an exhaustive catalogue of damaged or restored noses, but offers models for reading them in wider examples.

Cultural studies of cosmetic surgery have foregrounded the ways in which normative gender, racial, and further social expectations influence bodily modifications, and engage with the performative nature of gender itself.²⁰ Gender, and especially masculinity, is a key consideration in the present study: the restriction of surgical knowledge to men and the fashioning of a professional surgical identity influenced the ways surgeons engaged with a controversial procedure such as rhinoplasty, and how women excluded from this knowledge could engage with the technology. Lady Hester Pulter, who offers the only sustained female-authored engagement with rhinoplasty, reveals an understanding based on broader circulation of the incorrect allograft procedure, rather than Tagliacozzi's text. She also engages with the procedure privately in manuscript verse, and demonstrates within the poem a complexly gendered understanding of the political, sexual, and corporal proprieties of the

operation. As Suzanna Fraser argues, female patients and the relationship between plastic surgery and normative femininity have been an inevitable focus in modern studies due to 'the pronounced asymmetry in cosmetic surgery practice, in that the great majority of surgeons are male and the great majority of participants female'.²¹ Increasingly, however, sociological studies of men undergoing cosmetic procedures are interrogating the selection of individual procedures for inclusion in these statistics, and arguing that feminist critiques of plastic surgery that neglect male patients are inadvertently reinscribing old associations of women as the 'embodied' sex.²² It was women who were most often attacked for attempting to modify their bodies in the early modern period, too; however, all of the patients receiving new noses in satirical allograft stories, and the vast majority of 'real' cases, are men. Further, they are not the fashionable fops who were more readily dismissed as effeminate for their use of womanish body tricks. Reconstruction of the nose was instead tied to a socially and economically empowering appearance of health and virility, opening up a space in these sources for investigation into the relationship between disease, corporal self-fashioning, and masculinity in this period. A *New York Times* advertisement for a Christie's sale that included a copy of *De curtorum chirurgia* touted its origins in an era 'When Real Men Had the Nose Jobs' – thus classing modern male rhinoplasty patients as *not* 'real men' – and 'techniques for repairing noses and ears lost to swordplay were zealously guarded by barber-surgeons'.²³ Even the surgeons are 'zealous' and butch. Although Tagliacozzi and his supporters stressed the use of the techniques for 'martial injuries', I argue that this was in part a response to the procedure's unfortunate association with the pox.²⁴ In the United States, rhinoplasty is the single most common cosmetic surgical operation for men, accounting for 24.4 per cent of male cosmetic surgical procedures.²⁵ The *New York Times*' article's surprise at the association of rhinoplasty with 'real men' thus reflects anxieties around embodiment and hegemonic masculinities today. This is an important area of growing research in the medical and social sciences, which will benefit from historicisation through study of the early modern and intervening periods.²⁶

References to Taliacotian rhinoplasty appear in a startlingly wide selection of non-medical texts, ranging from the bawdy of well-known works like *Hudibras* (1662–1677), William Congreve's *Love for Love*

(1704), and several by the prolific satirist Edward 'Ned' Ward (1667–1731), to the unpublished manuscript poetry of Lady Pulter. They continue into the nineteenth century, with surprising figures from Lord Byron to Edmund Burke. These popular interpretations included the widespread story that '*Taliacotius* will a main'd [*sic*] face Close / To anothers flesh, and thence make a new nose!'²⁷ Butler irrevocably identified this flesh as 'the brawny part of [a] porter's bum.'²⁸ Tagliacozzi in fact advocated an 'autograft' (a graft taken from the patient him- or herself, which was actually achieved as a skin flap), but in this widespread legend he was associated with a 'homograft' or 'allograft' (a graft taken from someone else). Engaging in more detail with this sheds fascinating light on early modern conceptions of the body. The graft transplanted to the new nose is always depicted as remaining part of the original body: it will shrivel and die when its donor does. This was attributed to the pseudo-medical doctrine of 'sympathy', which posited a form of physical communication between like elements at a distance, including parts of the body. The death of the source body thus caused the 'death' of the grafted nose, and its separation from the new face. Serious medical discussions of nasal and wider skin-flap surgeries repeated misunderstandings of rhinoplasty based on these rumours, and *The Lancet* included Butler's account alongside discussions of Tagliacozzi into the twentieth century. The attachment of the satirical nose story to the already controversial doctrine of sympathy was a significant blow for the latter's serious proponents, and would also prove a troubling ghost in the eighteenth century for the rise of sympathy as an authentic moral sentiment.

The story therefore also forms an important component in a history of transplantation that relies on people's changing ideas about the alienability of body parts, including for commercial exchange. As Margrit Shildrick observes, sociocultural understandings of the heart and its relation to selfhood stand in tension with 'the biomedical need to represent the organ as a mere pump, as an exchangeable depersonalised mass that can unproblematically take its place in what is lightly called "spare part surgery"'.²⁹ Early modern scholars contended seriously with the question of whose 'soul' inhabited the grafted flesh, and the allograft narrative was used as an example to strengthen and sanctify the link between the individual and their body. In this sense, the narrative forms

a prehistory of still-persistent beliefs in the power of transplants to carry qualities of their owner, leading the recipient to suddenly display new behaviours, tastes, prejudices, or other characteristics.³⁰ The history of transplantation is marked by watersheds in the de-identification of a piece of the body from the individual from which it came, a topic currently the subject of intense ethical debate as facial transplants become increasingly common and extensive.³¹

Aside from Pulter's offer to give Sir William Davenant a piece of her leg for free to rebuild his nose, the suppliers of allografts in the rhinoplasty stories are exclusively paid men. Because the piece of flesh was paid for, the circulation of this narrative provides an as yet unexamined archive through which to explore anxieties surrounding the commodification of living human bodies. This allows me to historicise current debate over the sale and donation of human body parts and services (reproductive, sexual, etc.) in late capitalism. Constructions of organ or blood donation as the 'gift of life', whether involving the donor directly or their surviving family as proxy, stand in difficult tension with the depersonalising and distancing discourses of the body as a set of exchangeable and expendable parts.³² While organ donation is encouraged, the sale of body products is highly contentious and in most cases illegal.³³ The World Health Organization has advocated 100 per cent voluntary, non-remunerated blood donation since 1975, yet paid provision of blood products is still prevalent in many countries.³⁴ Exchanges of living human blood were not in great demand in early modern England, although at the close of the seventeenth century the Royal Society was beginning to experiment with blood transfusions and skin transplants between dogs – neither were very successful. Richard Lower (1631–1691) of Oxford and Jean Baptiste Denis (1625–1704) in Paris both performed transfusions of blood from a lamb to a human, with varying success. Human blood was never suggested for the procedure, but other bodily products were marketed for various purposes during the period. I read the representation of medical sympathy and the economic body in allograft rejection texts as exposing the tension intrinsic to an individual's relationship to his or her own body, which carries further relevance to modern bioethical concerns around the limits of corporal identity. The body's liability to 'sins of the flesh' stood between each individual and salvation, while its vulnerability to disease could

lead people to fear their lack of control and self-containment. The attempted commoditisation of living flesh thus represented a particularly fraught transaction.

The nose that was worth notice carried a variety of negative associations in early modern British culture. These were especially related to sexuality, disease, physiognomy, and drunkenness. The sexual associations of the nose were exacerbated by its relationship to the pox, since both the disease itself and its standard mercury treatment could cause significant cartilage damage and a 'saddle' nose to the patient, or their future children. As Jonathan Gil Harris has shown, spots were the primary signifiers of pox at the beginning of the seventeenth century.³⁵ As the century progressed, this focus shifted to the nose, where it then remained. The shame of syphilis' damage to the nose was compounded by the fact that injuries to the nose, either accidental or punitive, had been constructed since antiquity and in many cultures as *inhonesta vulnera* – dishonouring wounds – and in seventeenth-century Europe were particularly associated with sexual misdemeanours. I consider the extent to which the sexual stigmatisation of the poxed affected their access to social capital, in light of queer economics' insight into the extent to which this can be regulated and restricted on the basis of sexual behaviours and identities.³⁶

Widespread confusion about the history, transmission, and pathology of the disease variously described in Britain as the pox, great pox, *morbus gallicus*, French or Neapolitan disease (or other geographical terms), *lues venera*, venereal disease/diseases, or syphilis, and separate from or a later stage of the clap (gonorrhoea), was a key feature of its cultural identity. It was predominantly understood to have appeared suddenly in Europe at the end of the fifteenth century and spread rapidly across the continent. There is extensive recent scholarship on syphilis in early modern Europe, and this book is not intended as a study of the disease and its representation. Rather, examining how it may have affected the development of a particular surgical field confirms previous scholarship attesting to an increased level of shame attached to the disease in the seventeenth and eighteenth centuries.³⁷ While the term 'syphilis' was sometimes employed by medical writers of the period, this cannot be easily aligned with the disease as understood in modern bacteriology; for example, Daniel Turner's *Syphilis. A Practical Dissertation on the Venereal Disease* (1717) treats it as the

‘confirmed’ or second stage of a pox that can result from incorrect treatment of a clap.³⁸ Terminology was also understood to respond to differences in the individual’s social capital, producing distinctions between a nobleman’s ‘*Sarpigo*; in a Knight the *Grincomes*; in a Gentleman the *Neopolitan* scabb; and in a Servingman or Artificer the plaine Pox’.³⁹ Likewise, Pulter asserts that a loss of nose and suspicion of pox would be immeasurably more damning for her than the confirmation of it had been for the elite, male Davenant. I will predominantly follow early modern writers in using the term ‘pox’, except where using modern knowledge of syphilis to understand symptoms described in early modern sources, including how the disease became so closely associated with damage to the nose. Syphilis is caused by the spirochæte *Treponema pallidum*, and can be either congenital or acquired. In its primary manifestation, the disease appears in a chancre at the site of infection, and this was observed by early modern residents like Ward who reasoned that ‘The parts that Sin’d the most, most Torment felt’.⁴⁰ Even today it is occasionally referred to as the ‘great imitator’ for its ability to pass as other diseases.⁴¹ Despite this ambiguity, the pox was identified as a sexually transmitted disease, and attracted increasing shame over the seventeenth century. The legible syphilitic was read as a sexual and social transgressor, and their access to social capital restricted accordingly. Providing a poxed patient with a new nose was therefore cast as a shameful means of enabling the transgressive individual to pass for healthy, respectable, and valuable.

‘Plastic surgery’ is an anachronistic term that requires some explication. There was no equivalent term in the early modern period for the range of procedures now understood to fall within this area. Charles Bernard, in his discussion of Tagliacozzi, borrowed the latter’s own title in referring to ‘those Operations which the *Greeks* call’d *Κολοβώματα*, or *Curtorum Chirurgia*’.⁴² Tagliacozzi glossed *curtus* in *De curtorum chirurgia per insitionem* as meaning both ‘short’ and ‘mutilated or deformed’, and thus an apt parallel to Galen’s use of *Κολοβώματα* for ‘deformities of the lips, ears, and nose’.⁴³ The present application of ‘plastic’ surgery rests on its etymological source in the ancient Greek *πλαστικός*, meaning ‘that which may be moulded’, and my use is a deliberate attempt to return the facial surgery discussed in this book to the history of the field.⁴⁴ The term also broaches the divide between ‘aesthetic’ and ‘reconstructive’ surgery: aesthetic surgery is often stigmatised as unnecessary,

with at most a benefit to the patient's mental or emotional well-being, against the medicalised realm of reconstructive surgery. The American Society of Plastic Surgeons describes reconstructive surgery as procedures 'performed on *abnormal* structures of the body', while aesthetic operations are any modifications of anatomical structures that appear 'normal'; however, as Diane Naugler highlights, such distinctions necessitate careful scrutiny of the definition of the normal.⁴⁵ Disability activists also criticise any obligation towards 'normalising' surgeries, with the UK disfigurement advocacy group Changing Faces calling for 'face equality' that embraces and respects variation, and greater awareness among both medical practitioners and the wider public of the unnecessarily disabling effects of facial difference.⁴⁶ While Tagliacozzi argued that his procedure was reconstructive, attacks often framed the operation as aesthetic. The considered use of 'plastic' thus bridges this divide, and indeed embraces the ambiguity that was a prominent feature of the surgery's early modern life. It is also in accordance with such principles of face equality and disability studies' resistance to normative assumptions about the body that I have attempted to avoid using terms like 'fixing' for the procedures under discussion, emphasising instead their role in changing appearance. I of course take responsibility for any slips.

'Rhinoplasty' is also technically anachronistic. The first recorded use of 'rhinoplasty' in the *OED* is from 1828. Athanasius Kircher (1601–1680) gestured towards this terminology in his account of the procedure, in which he referred to Tagliacozzi as a 'Rhinurgeon'.⁴⁷ In describing 'Plastic surgery to reconstruct, repair, or alter the appearance of the nose', however, it does seem the most fitting term.⁴⁸

Structure of the book

Chapter 1 engages with the fashioning and legibility of the body in early modern British culture. This discussion focuses on the face, and introduces the special role of the nose in early modern culture as grounds for my exploration of rhinoplasty in the period. It examines surgical responses to facial injuries, especially broken noses, and other services as a test to the limits of body work in early modern Britain. Popular texts show a distinct concern for individuals' abilities to pass as members of socially superior groups (the healthy, the virtuous) by manipulating their bodies in significant ways. It is thus, in Erving Goffman's classic

formulation, that they are able to negotiate the otherwise stigmatising marks of a 'spoiled identity'.⁴⁹ The politics of passing not only impact upon the individual's relationship with the group(s) between which they move, but also make manifest cultural anxieties around the legitimacy and arbitrariness of these distinctions. Successful passing provides the individual with enhanced access to forms of capital outlined by Bourdieu (social, economic, symbolic, and cultural).⁵⁰ This concern was evident in rhinoplasty narratives during the early modern period, but in no way unique to them. Women bore the brunt of these accusations, as satirists derided them as commercialised bodies, indistinguishable from their beautifying commodities. Fashionable men were mocked by contemporaries for effeminately modifying their bodies in similar ways, but the reconstruction of the nose was instead tied to a mask of healthy masculinity. The chapter therefore examines representations of male body work in Thomas Duffet's *The Amorous Old Woman, or 'Tis Well If It Take* (1674) and Thomas D'Urfey's *The Fond Husband, or the Plotting Sisters* (1676), alongside the real-world manipulation of body evidence by men such as Henry Bennet, First Earl of Arlington. This facilitates investigation into the relationship between corporal self-fashioning and masculinity in the early modern period, and its place within transhistorical considerations of masculinity and plastic surgery.

Chapter 2 details the medical approach to nose surgery in published early modern texts, and especially the reconstructive procedure set out by Tagliacozzi. *De curtorum chirurgia* provided a detailed account of how the reconstruction of a damaged or missing nose, lip, or ear could be performed using a skin flap lifted from the patient's own arm, but it was the reconstruction of the nose that really caught the attention of early modern Europe. Rhinoplasty had been performed in India for centuries, with a flap of skin cut from the forehead or cheek, and folded over to form the new nose. Tagliacozzi is likely to have learned about rhinoplasty from the Sicilian Branca family, whose innovations included taking the flap of skin from the patient's upper arm to create less facial scarring. Although he had not invented the procedure, Tagliacozzi was the first to describe it in detail to European surgeons and became synonymous with the operation. He was attacked prior to the publication of *De curtorum chirurgia*, and therefore engaged explicitly with his critics in that text and earlier publications. Both he and his supporters

employed a range of strategies, including the careful selection of patient narratives that emphasise masculine military endeavour and feminine virtue (the victims of attempted rape). The chapter subsequently maps how the procedure and its historiography were reported and responded to into the nineteenth century as the 'Indian method' of rhinoplasty was employed in England by surgeons such as Carpue, and thereafter through the rest of Britain, Europe, America, and Australia. I show how it continued to inform the practice, prompting a renaissance in Tagliacozzi's reputation within Victorian science and shaping the early historiography of plastic surgery.

The third chapter uses book provenance studies, auction and library catalogues, and reading networks to explore the further circulation of the technique in medical society across early modern Britain. This chapter includes analysis of evidence of ownership, readership, or discussion of individual copies of relevant medical texts, especially the three editions of *De curtorum chirurgia*, *Chirurgorum comes*, and the second edition of *De decoratione* ('On decoration. Frankfurt: 1587) by Girolamo Mercuriale (1530–1606), which included a letter from Tagliacozzi describing the operation. Copies can be traced to numerous individual surgeons, physicians, and other educated men, as well as a number of university and medical libraries that would have exposed the procedure to an interested readership. Among the demonstrated owners were, for example, Sergeant Charles Bernard, who wrote approvingly of Tagliacozzi's procedure in a letter attached to William Wotton's *Reflections Upon Ancient and Modern Learning* (London: 1697). Bernard owned copies of both *De curtorum chirurgia* and *Chirurgorum comes*. I also consider in detail the position of Alexander Read, the surgeon to whose complete works the translation of *De curtorum chirurgia* was posthumously appended, for his attitudes towards plastic surgery techniques and the treatment of stigmatised (especially poxed) patients more broadly. Charles' brother, Francis, also owned copies of Tagliacozzi's book, and I propose him as the anonymous translator and editor responsible for the inclusion of *De curtorum chirurgia* in *Chirurgorum comes*. I also examine the diary and surgical treatises of James Yonge (1647–1721), a Plymouth naval surgeon who publicised the use of a skin flap in amputations, for his strategic differentiation of his procedure from Taliacotian skin flaps. Detailed scrutiny of Yonge, Read, the Bernards, and other medical figures as they engaged with Taliacotian

rhinoplasty will serve to map the extent of the procedure's real presence in early modern medical knowledge, and their reasons for excluding it from widespread practice.

Chapter 4 considers the overwhelmingly dominant popular understanding of Tagliacozzi's method. The story of the 'sympathetic snout' had its roots in Tagliacozzi's own lifetime, but developed significantly over the seventeenth century in poems, plays, and pseudo-scientific texts. Its inclusion in the first book of Butler's hit poem, *Hudibras*, cemented its domination of Tagliacozzi's legend:

So learned Taliacotius from
The brawny part of porter's bum,
Cut supplemental noses which
Would last as long as parent breech,
But when the date of nock was out,
Off dropped the sympathetic snout.⁵¹

This remained the popular image of Tagliacozzi into the early twentieth century: a man who took the 'flesh' for his 'supplemental noses' from a porter's (or other service figure's) 'bum'. When the donor died (the 'date of nock'), the nose would also putrefy and drop off, owing to a medical doctrine of sympathy that posited communication between like matter. This doctrine was promoted by medical writers such as Robert Fludd (1574–1637), Johannes Baptista van Helmont (1579–1644), and Sir Kenelm Digby (1603–1665), and enabled doctors to treat their patients by focussing on a sample of blood, or on the weapon that had wounded them, usually through application of a sympathetic powder or weapon-salve. Sympathy thus explained the actions of *any* body part remote from its owner, including the death of the transplanted nose. Sympathy had always been a controversial doctrine, but in the early eighteenth century it was increasingly relegated to quackery. Moreover, the prominence of the nose story brought sympathy into the sphere of satire, as this system of physical supercommunication hyperbolised the communicative potential of the emotion. The sympathetic snout persisted as a surprisingly flexible metaphor into the nineteenth century, satirising notions of autonomy and producing troubling echoes for sympathy as an important interpersonal emotion.

Chapter 5 engages with the commodification of living human flesh so disturbingly proposed within the stories of allograft rhinoplasty.

Within the sympathetic snout narrative, the nose was constructed from flesh purchased from a man who was socially and economically inferior to the primary patient. In early accounts this was a slave who gained manumission, and later, as the story was domesticated for British economic conditions and concerns, a cash-in-hand servant. In emphasising the failure of the flesh graft to be successfully commodified and transferred to a new owner, the accounts served to illustrate the inalienability of the living human body. The discussions within these texts have significant discursive overlap with early modern accounts of prostitution that constructed that trade as a sale of 'the deerest piece of flesh in the whole world.'⁵² But because the bodies in the purchased-nose-graft texts were exclusively male, their examination allows me to continue to focus on the commoditisation of the *male* 'body economic' in the early modern period. This was most vividly enacted in a 1710 essay by Joseph Addison and Richard Steele in *The Tatler*, which creatively imagines Tagliacozzi and his followers as canny vendors of fashionable noses for poxed gentlemen. I employ work on the alienability and inalienability of gifts and commodities by economic theorists such as Marcel Mauss, Margaret Radin, and Annette B. Weiner to read the attempted commoditisation of the transplanted flesh and other bodily products.⁵³ The only British exception to the purchased graft story is contained in a manuscript poem by Lady Hester Pulter, in which she offers her own flesh to the Royalist pox victim Sir William Davenant for the replacement of his nose. As a first-person account of a noble, female, gifting individual, Pulter's poem represents a striking deviation from other extant narratives of the transplanted flesh, and I consider in detail her use of the conceit as a performative expression of Royalist hospitality. The misunderstanding of Taliacotian rhinoplasty in the poem reveals Pulter's lack of exposure to *De curtorum chirurgia* at the expense of the more widely circulated allograft rumours. Building on the evidence for book ownership in earlier chapters, this attests to the forms of restricted medical knowledge afforded to women who were otherwise able to engage with wider healthcare regimes, medications, and operations.

I conclude with a discussion of two of the most famously disfigured noses in British literature and their relationship to the strands of analysis pursued throughout this book. In both Henry Fielding's *Amelia* (1751–1752) and Laurence Sterne's *The Life and Opinions of Tristram Shandy, Gentleman* (1759–1766), the eponymous character's nose is

crushed in an accident. In Amelia, whose nose is 'beat all to pieces' in a carriage accident, Fielding was attempting to create an unimpeachable heroine whose forbearance in the face of such a stigmatised injury is testimony to her good character, and the catalyst for her husband's affection. The ridicule with which critics greeted Amelia's injury, including tying it to Taliacotian rhinoplasty, attests to the continued significance of the damaged nose in this period. Similarly, the breaking of Tristram's nose by Dr Slop's forceps is echoed in the novel by his accidental circumcision and cruelly inverted through the tale of the large-nosed Slawkenbergius. Unlike Fielding, Sterne openly ridicules the stigmatisation of nasal injuries by casting the philosophies on which it was based as naive and ostensibly outdated. Though he mentions Tagliacozzi, it is only briefly, and this and further evidence from his library suggests that he was not particularly familiar with *De curtorum chirurgia*, relying instead on the many other reports. It is one of Sterne's medical critics, John Ferriar, whose essay on the nose in Sterne's book is most fully informed about Tagliacozzi's procedure and its historiography. Ferriar's essay, alongside Fielding's and Sterne's novels, helps to elucidate how the reception of Tagliacozzi, and wider themes attached to autograft and allograft rhinoplasty persisted, but also how they shifted in ways that would allow for the successful revival of rhinoplasty at the end of the century.

Notes

- 1 Notable studies on the historical relationship in this field include Sander L. Gilman's work on the nineteenth and twentieth centuries in *Making the Body Beautiful* and *Creating Beauty*.
- 2 Pelling, 'Appearance and Reality'; Cavallo, *Artisans of the Body*.
- 3 Gnudi and Webster, *Gaspare Tagliacozzi*.
- 4 Delaporte, *Figures of Medicine*, p. 54.
- 5 Savoia, *Cosmesi e chirurgia*; Bondio, *Medizinische Ästhetik*. With thanks to Trish Skinner for translation assistance.
- 6 For the standard history of the procedure as disappearing between Tagliacozzi and the end of the eighteenth century see e.g. Zeis, *Zeis Index*; Garrison, *History of Medicine*; Gilman, *Making the Body Beautiful*; Symons, 'A Most Hideous Object'; Pain, 'A Nose by Any Other Name'; Santoni-Rugiu and Sykes, *History of Plastic Surgery*; Hamilton, *History of Organ Transplantation*; Mendelson, *In Your Face*.

- 7 Freshwater, 'Joseph Constantine Carpue', p. 748, citing a letter from Webster to John Fulton (Chairman of the History of Medicine at Yale), 16 October 1956.
- 8 Charles Daremberg (1870) in Gendron, 'Bariatric and Cosmetic Surgery', p. 507.
- 9 Gillies, *Plastic Surgery*, p. 3.
- 10 In a recent example, maxillofacial surgeon Jim McCaul dedicates his memoir 'to maxillofacial patients, from soldiers of the Great War to the present day and beyond': front matter.
- 11 Menzies, 'Alexander Read', p. 66.
- 12 Physician and author of historical medical novels Frank G. Slaughter, quoted in an advertisement for *The Life and Times of Gaspere Tagliacozzi: 'Back Matter'*.
- 13 Maltz, *The Time is Now*, p. 69.
- 14 Webster, 'Some Portraits of Gaspere Tagliacozzi', p. 423. The portrait is now located at the Istituto Ortopedico Rizzoli, Bologna.
- 15 Sawday, 'Forms Such as Never were in Nature'.
- 16 Biernoff, 'Theatres of Surgery'.
- 17 Gimlin, 'What Is "Body Work"?'.
- 18 Fissell, 'Introduction', p. 17.
- 19 Significant contributions include: Stagg, 'Representing Physical Difference'; Gilman, *Making the Body Beautiful*; Shuttleton, *Smallpox and the Literary Imagination*; Eco, *On Ugliness*; Garland-Thomson, *Staring*; Schweik, *Ugly Laws*; Baker, *Plain Ugly*; Biernoff, 'The Rhetoric of Disfigurement' and *Portraits of Violence*; Talley, *Saving Face*; Gehrhardt, *Men with Broken Faces*; Skinner, *Living with Disfigurement in Early Medieval Europe*; Skinner and Cock (eds), *Approaching Facial Difference*.
- 20 Davis, *Dubious Equalities and Embodied Differences*; Haiken, *Venus Envy*; Shapiro, *Gender Circuits*.
- 21 Fraser, *Cosmetic Surgery, Gender and Culture*, p. 1.
- 22 Holliday and Cairnei, 'Man Made Plastic', pp 60–61.
- 23 *New York Times*, 'When Real Men Had the Nose Jobs'.
- 24 Tagliacozzi, *De curtorum chirurgia* (1996), p. viii. Unless specified, all quotations are from Thomas' excellent translation, which is reasonably accessible to further readers. These passages have been checked against the original Latin in the Wellcome Library copy of the authorised first edition on Early European Books (website): Tagliacozzi, *De curtorum chirurgia* (1597).
- 25 The American Society of Plastic Surgeons records 52,393 rhinoplasty procedures performed on men in 2017; the next most popular was eyelid surgery/blepharoplasty, at 32,281 procedures (15 per cent). On women,

- 166,531 rhinoplasty procedures were performed (11.5 per cent of all female cosmetic surgeries), behind breast augmentation (20.7 per cent), liposuction (15 per cent), and blepharoplasty (12.2 per cent). Men accounted for 24 per cent of all rhinoplasty operations: American Society of Plastic Surgeons, *2017 Complete Plastic Surgery Statistics Report*.
- 26 Among the copious recent work on this issue, those looking specifically at masculinity and plastic surgery today include Ricciardelli and White, 'Modifying the Body'; De Visser, Smith, and McDonnell, 'That's not Masculine'; Gill, Henwood, and McLean, 'Body Projects'.
- 27 Holyday, *Survey of the World* (1661), sig. F3^r; original emphasis.
- 28 Butler, *Hudibras* (1967), l.i.280–284.
- 29 Shildrick, 'Imagining the Heart', p. 234.
- 30 See for example Russell Vines (director), *Heartbreak Science*.
- 31 Biernoff, 'Theatres of Surgery'; Alberti, 'From Face/Off to the Face Race'; Tasigiorgos, Kollar, *et al.*, 'Face Transplantation'.
- 32 Shildrick, 'Imagining the Heart'; Titmuss, *Gift Relationship*; Fox and Swazey, *Spare Parts*.
- 33 Radin, *Contested Commodities*; Healy, *Last Best Gifts*.
- 34 Resolution 28.72: World Health Organization, *Towards 100% Voluntary Blood Donation*, p. 15. Such policy is the subject of ongoing debate: Lacetera, Macis, and Slonim, 'Economic Rewards to Motivate Blood Donors'.
- 35 Harris, 'Po(X) Marks the Spot'.
- 36 Jacobsen and Zeller, 'Introduction', p. 2.
- 37 See for example Quétel, *History of Syphilis*; Merians (ed.), *Secret Malady*; Arrizabalaga, Henderson, and French, *Great Pox*; Cunningham and Grell, *Four Horsemen of the Apocalypse*; Healy, *Fictions of Disease*; Harris, *Sick Economies*; Siena (ed.), *Sins of the Flesh* and 'Strange Medical Silence'; McGough, *Gender, Sexuality and Syphilis*. Noelle Gallagher has recently provided further valuable discussion of noses and the pox in eighteenth-century literature: *Itch, Clap, Pox*, chapter 4.
- 38 Turner, *Syphilis*, sig. A6^v.
- 39 Jones, *Adrasta*, sig. C2^r, original emphasis.
- 40 Sutton, 'Syphilis', p. 210; Ward (attributed), *Insinuating Bawd*, sig. D2^r.
- 41 Hutchinson, 'Address on Syphilis as an Imitator'; Swanson and Welch, 'Great Imitator Strikes Again'.
- 42 Bernard, in Wotton, *Reflections*, sig. Aa2^v, original emphases.
- 43 Tagliacozzi, *De curtorum chirurgia* (1996), p. 54.
- 44 'plastic, n. and adj.', *OED Online*, Oxford University Press. <http://oed.com/view/Entry/145291?rskey=oWK41b&result=1&isAdvanced=false>, accessed 18 December 2009.
- 45 Naugler, 'Crossing the Cosmetic/Reconstructive Divide', p. 226.

- 46 Changing Faces, 'About Face Equality'.
- 47 Gnudi and Webster, *Gaspare Tagliacozzi*, p. 294.
- 48 'rhinoplasty, n.', *OED Online*, Oxford University Press. <http://oed.com/view/Entry/243669?redirectedFrom=rhinoplasty>, accessed 18 December 2009.
- 49 Goffman, *Stigma*; Ginsberg, 'The Politics of Passing'. Gilman also reads modern Jewish engagement with rhinoplasty as an aspect of passing: *Creating Beauty*.
- 50 Bourdieu, 'The Forms of Capital'.
- 51 Butler, *Hudibras* (1967), I.i.279–284.
- 52 Garfield, *Wandering Whore*, sig. i.A3^v.
- 53 Mauss, *The Gift*; Radin, *Contested Commodities*; Weiner, *Inalienable Possessions*.