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ANATOMY OF DISCOURSES: BODY POLITICS IN ANDAHAZI'S *THE ANATOMIST*

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Abstract

History of medicine seems to be a journey deep into the body and its diseases. This journey is not determined solely by disinterested scientific curiosity; it was and still is surrounded by a web of cultural, political, economic and religious agendas. Accordingly, the first part of the essay will map out the journey into the body and point out how the objectivity of scientific approaches that we today take for granted is a myth constructed around the eighteenth century, and how the medicalised body is never devoid of cultural baggage. With the aim to illustrate how the medical discourses depend on other discourses to perpetuate themselves as well as undermine the authority of those they depend upon, the second part of this essay will analyse Federico Andahazi's *The Anatomist*, which employs a wide range of Renaissance discourses to parody religious, legal, scientific and sexual 'grand narratives.'

Key Words: *History of medicine, anatomy, Federico Andahazi, The Anatomist, Mateo Colombo*

**SÖYLEMLERİN ANATOMİSİ: ANDAHAZİ'NİN *ANATOMİST* ROMANINDA BEDEN
POLİTİKALARI**

Özet

Tıp tarihi beden ve onun hastalıklarının derinliklerine bir yolculuktur. Bu yolculuğun sadece bilimsel merak tarafından yönlendirildiği söylenemez. Romanın belirlenmesinde kültürel, siyasi, ekonomik ve dini söylemlerin payı büyüktür. Buradan hareketle, yazının ilk bölümü beden derinliklerine yapılan yolculuğun tarihsel gelişimini izlerken aynı zamanda da bu gün objektifliğini sorgusuz sualsiz kabul ettiğimiz çağdaş bilimsel yaklaşımların aslında kökeni 18. yüzyıla dayanan bir söylemden ibaret olduğunu göstermeyi amaçlar. Yazının ikinci bölümünde ise tıbbi söylemlerin, varlıklarını sürdürebilmek için, nasıl hem başka söylemlere ihtiyaç duyduklarını hem de bu söylemlerin otoritesini zayıflattıklarını göstermek amacıyla Federico Andahazi'nin bir çok Rönesans söylemini kullanarak dini, hukuki, bilimsel ve cinsel 'büyük anlatılar' parodisi olarak kaleme aldığı *Anatomist* adlı romanı incelenecektir.

Anahtar Kelimeler: *Tıp tarihi, anatomi, Federico Andahazi, Anatomist, Mateo Colombo*

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History of medicine seems to be a journey deep into the body and its diseases. It started from quite outside the body and moved further in, down to its genes. This journey is not determined solely by disinterested scientific curiosity; it was and still is surrounded by a web of cultural, political, economic and religious agendas. As the journey proceeds further, the grip of power on the human body will seem to get tighter. Accordingly, the purpose of this essay is to illustrate how the objectivity of scientific approaches that we today take for granted is a myth constructed around the eighteenth century, and how the medicalised body is never devoid of cultural baggage. The first part of the essay will map out the journey into the body and point out how the medical discourses, as a part of discursive strategies, depend on other discourses to perpetuate themselves as well as undermine the authority of those they depend upon. Having done this, the second part will focus on Federico Andahazi's *The Anatomist*, which employs a wide range of Renaissance discourses and weaves them into a witty tale. Under the disguise of a historical document, *The Anatomist* is a parody of religious, legal, scientific and sexual 'grand narratives.' Thus, it seems necessary to trace the journey into the human body and its diseases before analysing Andahazi's parody of these discourses any further.

Ancient communities believed that diseases are caused by evil spirits or demonic powers; therefore, as Roy Porter points out in *Blood and Guts*, earliest doctors have multi-layered identities as "healer, sorcerer, seer, teacher and priest" (Porter, 2002: 21). In other words, from the earliest times, medicine has been associated with politics and religion as well as occult powers. Healing is not only a matter of disinterested cure but also a form of political and religious power exerted on the body. However, around fifth century B.C., Greek medicine began to be secularised¹ with Hippocratic doctors who assumed a professional identity by distancing themselves from root gatherers and diviners. Their natural theory of humours explained health and illness. "The body was subject to rhythms of development and change which were determined by key fluids (humours) constrained within the skin envelope. Health or illness resulted from their shifting balance" (Porter, 2002: 26). These humours are four bodily fluids— yellow bile, blood, phlegm and black bile— which were respectively associated with four elements—fire, air, water and earth. Thus, humours have simultaneous physical and metaphysical connotations. Even though humoral theory is quite mystical and archetypal, it nevertheless kept its validity as late as the Renaissance.

Western medicine gained a more anatomical aspect with Galen,² in the second century A.D. Determined to give medicine "the theoretical basis it required" (Porter, 2002: 32), Galen claimed that a physician should not merely be a practical healer; he must also master philosophy, logic, ethics, and physics.³ He attacked Hippocratic medicine for its lack of a theoretical basis, but more importantly for its lack of anatomical knowledge. As Porter suggests, Galen underlined that he was a man of

¹ This does not mean that medicine lost its political and religious aspects. The composite image of priest-physician survived well into the Middle Ages.

² The Greek physician left Pergamon, his hometown, for Rome in 126 and gained his great fame in the Roman Empire.

³ Aristotle's theories on human physiology and existence, such as the nature of male and female species, their generative organs, their reproduction etc., provided Galen with the theoretical basis on human anatomy. For detailed information on this influence see Laqueur, 1990: 28-34.

Aristotle's theories, together with other philosophical theories on metaphysics that comment on body and soul, were valid not only in ancient Greece but also in medieval and Renaissance Europe.

science as he was skilled in performing dissections. However, due to Greek taboos on the dead, dissection of human bodies was not possible.⁴ Thus, Galen's skill is practiced on ape, sheep, pig, goat and elephant cadavers. Galen built his theories of human skeletal, nervous, and genital anatomy on the assumption that human anatomy is identical with animal anatomy (Anderson, 2010: 18). Interestingly, most of Galen's mistakes which arise from this idea were kept for ages and Galenic anatomy continued to be the sole authority for over a thousand years.

However, his theories travelled to the East before they were rediscovered in Europe.⁵ Professional medicine became an area of scholarly study during the twelfth and thirteenth centuries. As Scholasticism⁶ was the dominant way of thought and teaching in the medieval universities, medical education in these universities was "acquisition of rational knowledge within a philosophical framework" (Porter, 2002: 34); in other words, attending lectures on set texts, argumentation and oral examination. The only practical knowledge the future physicians had would be in the form of briefly observing a cadaver. The scholar would read from an authoritative text in a pulpit while the surgeon⁷ performed the dissection. Thus, dissection was secondary to what the text says; dissected bodies were present only to illustrate the authoritative text.

In fact, dissection of human bodies did not become a common practice until the Renaissance. As Porter suggests, dissection was "not a part of Hippocratic medicine... nor was it the basis of traditional medicine in India or China" (Porter, 2002: 53). Egyptian medicine was familiar with human innards through embalming.⁸ As Anderson suggests, Dissecting human bodies for scientific inspection was not permitted in Islam and neither was it common procedure in Christianity until the late middle ages (Anderson, 2010: 18).⁹ In 1482 Pope's bull permitted that dissection of human bodies is possible, as long as the body belonged to an executed criminal. However, that does not mean that there were no human dissections before that date. The first recorded public dissection in Europe was in Bologna in 1315. But it was after the 1482 bull, dissection of human bodies became a common procedure in anatomy theatres and increased immensely during the Renaissance as it came to be regarded an essential grounding by learned physicians.¹⁰ This change was brought about with an ambitious Renaissance anatomist, Andreas Vesalius. It seems appropriate to suggest that with Vesalius, the

⁴ For further information on human corpse as a taboo see Von Staden, 1992: 223-241.

⁵ When the Roman Empire was Christianised, medicine became the monopoly of monks and clerics, the only learned men in the West. Thus, during the early Middle Ages classical medicine was developed in the Islamic world where Galen's work was further systematized. Indeed most of the classical texts were translated from Arabic sources after the establishment of universities in Europe during the High Middle Ages.

⁶ Scholasticism, as a Medieval worldview, claimed that all natural knowledge is a reflection or a proof of the teachings of the Scriptures. To prove Bible is infallible, Scholasticism undertook a process of applying logic to theological questions and drawing answers from authoritative texts. For concise information on Scholasticism, see *Western Civilizations*, 2002: 370-72.

⁷ Although it is an ancient practice, surgery as we understand today became what it is only two centuries ago. Throughout the ages it was regarded as an inferior branch associated with craftsmanship rather than scholarship. Hence, the newly established universities in the middle ages excluded surgery from the academic curriculum. It was inferior to physiology and shared the same guild with barbers until 1730s-40s. Until the discovery of anaesthetics in 1840s and antiseptics in 1870s, surgery was only limited to minor operations. For further information see Porter, 2002: 109-134.

⁸ Accordingly, first human dissection took place in the third century B.C. in Alexandria. And there are reports of the dissection of not only dead bodies but also living slaves. The first dissection was carried out by Herophilus whose discoveries that arteries are filled not with air but blood, and that the source of nerves is in brain disproved earlier authorities.

⁹ However, Sawday explains a widespread medieval tradition of 'sacred anatomy,' that is the dissection of the bodies of nobles and saints for religious purposes. 98-100.

¹⁰ For a detailed survey on the history of dissection see Ghosh, 2015: 153-169.

journey furthered deep into the body. But before plunging deep into this body and Vesalius' theories, discussing the Renaissance views on the human body may prove useful in illustrating how the changes in the understanding of human anatomy were not solely connected to medicine but also to the cultural politics of the Renaissance.

Renaissance body was not yet like a mechanical machine but a newfound land waiting to be discovered and named. While Christopher Columbus was making discoveries in the New World and naming them, anatomists were doing the same in their journey into the body. The body was a territory which expressed, in miniature, the divine workmanship of God and corresponded to the macrocosm. It was complex and chaotic and still mystic. Much of Renaissance jargon—not only medical but also literary and political—uses the ideas of the body as a newfound land and the body as a microcosm.¹¹ A well-known example from literary discourse would be the opening lines of John Donne's 'Holy Sonnet V:': "*I am a little world made cunningly/ of elements, and angelic sprite.*" The sonnet then extends both metaphors into an argument over the persona's sinful soul.

The imperialist motives in finding new worlds were also valid for the human body. The aim was to colonise the human body, to reveal all its secrets so that it can be harnessed to the service of its user. It was important that one understood the body thoroughly in order to achieve its utmost utility, as people's bodies were "*part of a complex economy of a system of production, distribution and consumption...*" (Sawday, 1995: 26). Just like Christopher Columbus who claimed to bring ocular evidence of the West Indies as opposed to the former tales about these places, Renaissance anatomists after Vesalius claimed to convey physical evidence to 'rectify' Galenic errors. Vesalius presented accurate descriptions and illustrations of the skeleton, muscles and nervous system. Mateo Colombo and Gabriel Fallopius explained the female genitalia; studies of Colombo and Servetus enabled William Harvey to discover the pulmonary system. In their arguments, all the anatomists take ultimate care to emphasise that their theories are based on the evidence gathered by close and accurate observation of the 'real body.'

However, this does not mean that Galen's authority collapsed. Renaissance anatomists, including Vesalius himself, relied heavily on Galenic concepts. However innovative the observations of early modern anatomists were, what they discovered was still based largely on earlier classical and theological authorities. Vesalius himself called Galen as "*the prince of physicians, and preceptor of all;*" (cited in Laqueur, 1990: 265) Harvey built his argument on blood circulation heavily on Aristotle's teleological idea of nature and perfection of circular motion (circle and sphere were considered to be perfect and even divine shapes);¹² and the theories regarding female genitalia will be explained later. Thus, the anatomists emphasised seeing with their own eyes but what they see was based, as Laqueur suggests, on "*cultural politics of representation and illusion, not on evidence about organs, ducts or blood vessels*" (Laqueur, 1990: 66).

The Renaissance body was shaped in full theatricality of the anatomy theatres of the age. Anatomical dissections during the middle ages were limited for the eyes of

¹¹ For a further discussion of the colonised body leading into the idea of mechanistic body see Sawday, 1995: 22-32.

¹² Harvey explained blood circulation as such; "We may call this motion circular in the same way in which Aristotle says that the air and the rain imitate the circular motion of heavens" (cited in Sawday, 1995: 23).

the scholars only and they were nothing more than the demonstration of what was already known within the framework of authoritative texts of Galen and Aristotle. During the Renaissance, dissection became a public spectacle. It was during this period that extravagant architectural constructions, very much in the form of ancient Greek theatres, were erected for public dissections. They were circular buildings with the dissection table and surrounding benches for the audience to watch the on-going show. Crowds that filled the benches of the anatomy theatre were not solely students of medicine but the educated elite, members of the court, wealthy merchants, artists, sculptors, even princes themselves.¹³ Public notices were posted to indicate the day and time at which anatomical demonstrations would take place. The anatomy theatre, as Sawday suggests, was “*the index of the intellectual advancement of the community and an advertisement for the city’s flourishing cultural and artistic life*” (Sawday, 1995: 42).

Thus, human anatomy and anatomical dissections became a fashionable concept during the Renaissance. Having a look at the titles of some of the early modern works on various subjects would illustrate this fashion: *Anatomy of Wit* (1578), *Anatomy of Abuses* (1583), *Anatomy of Absurdity* (1589), *Anatomy of Melancholy* (1621) are just a few. One of the reasons of this fascination was very much related to pleasure. There is a close affinity between art objects and dissected humans in these anatomy books. They sometimes are depicted as classical torsos, statues coming to life, or reproductions of famous paintings. Besides aesthetic pleasure, fascination often takes the form of border-line erotic pleasure. Dead human body stands as a silent object open and surrendering to the touch of the anatomist and the gaze of the audience. Representations of the theatres in Renaissance anatomy books give erotically charged presentations of both male and female figures that lay on the dissection table. This eroticised image of the cadaver mingles scientific curiosity with voyeurism. There is yet a more morbid type of pleasure implied in these anatomical representations, the convention of self-dissection. Many figures in anatomy charts are pictured as self-dissecting, or self-flaying, some as presenting their abdomen to the reader. Apart from eliciting the type of pleasure one would get from watching a horror movie, the “*rhetoric of self-dissection*” has another very important function as Sawday explains. These figures were shown as alive and participating in the process of dissection, bearing witness to the truth of the text, the knowledge of their anatomists.¹⁴

Another reason for this fascination with anatomy was related to pain and horror. There were numerous licit and illicit ways of obtaining bodies. The legal way was getting the bodies of executed criminals. A couple of bodies per year were granted to universities and the guild of surgeons and barbers. This was not enough for the dissection tables and a great number of bodies on anatomy tables were obtained through illicit channels such as robbing graves, paying grave robbers or anyone who

¹³ The anatomy theatre is a Renaissance concept in line with the fashion of interest in learning. Renaissance noblemen were accomplished intellectuals not only in arts but also in science. With the move toward secular intellectualism, the number of patrons of thought, literature and art increased. The artists of the period were also accomplished in anatomy and sciences. Similarly, most anatomists were also skilled in painting and documented the anatomical charts themselves. Leonardo da Vinci was the epitome of the composite Renaissance image of artist, scientist and craftsman.

¹⁴ Moreover, by placing the body out of the anatomy theatre and presenting total cooperation on the part of the cadaver, these illustrations aim to lessen the penal associations that surround the cadaver. These associations will be discussed below. For a thorough discussion of the rhetoric of self-dissection see Sawday, 1995:110-129.

brings bodies.¹⁵ Thus, the growing demand opened up new sources for supplying bodies and precautions of the family members to protect their dead (Anderson, 2010: 21). Nevertheless, the bodies of the executed criminals made up most of the anatomised bodies, at least of those which are publicly anatomised (Ghosh, 2015: 159). The 1752 murder act even made dissection a specific form of punishment subsequent to execution. The aim was to evoke horror at the violation of the body and denial of burial. Anatomists thus became related to executioners with the dissection they perform. Just like the executioner, they became the representatives of the sovereign power:

His trade with the dead, his existence as the corporeal representative of the final stages of the law at its most extreme and rigorous, and the fact that he was de facto the last incarnation of sovereign power over the body, all conspired to construct a finely poised network of taboos and jurisdictions around his person. (Sawday, 1995: 81)

And again due to these taboos and the mythical rumours about his trade, namely the idea that classical anatomists were also vivisectionists,¹⁶ anatomists can easily be associated with sorcery and witchcraft.

The fascination with the practice of anatomy increased the scientists' familiarity with body parts. As the unknown territories were discovered and named, they seemed less chaotic and the geographical-body gradually gave way to the machine-body. The human body began to be considered as clockwork, an automaton waiting to be reinvented. Under the proposition of machine as the model for the body lies the mechanical philosophy of the seventeenth century.¹⁷ René Descartes' ideas comprise the epitome of this philosophy. Drew Leder, in "A Tale of Two Bodies," claims that under Cartesian dualism lies Descartes' "*preoccupation with immortality*." (Leder, 1998: 117) She points out that Descartes aimed to transcend the mortal body and control the process of decay in nature. This in fact was the view that dominated the age.¹⁸ With the great achievements of scientific revolution, philosophers and scientists believed that they could understand and control nature. Descartes, in *Discourse on Method*, underlines this claim:

it is possible to attain knowledge which is very useful in life, and that, instead of that speculative philosophy which is taught in Schools, we may find a practical philosophy by means of which, knowing the force and action of fire, water, air, the stars, heavens, and all other bodies that environ us, as distinctly as we know the different craft of our artisans, we can in the same way employ them in all those uses to which they were adapted, and thus render ourselves the masters and possessors of nature (cited in Leder, 1998: 119).

¹⁵ Some body-dealers went as far as murdering people to supply the anatomists. For further information see Ghosh, 2015: 160.

¹⁶ For further information on anatomists being vivisectionists see Von Staden, 1992: 223-241.

¹⁷ Of course, one cannot ignore the great impact of Renaissance interest on the mechanistic view of the universe and the scientific revolution of the seventeenth century on this mechanical philosophy.

¹⁸ Drew Leder also claims that Cartesian dualism formed the basis for the modern outlook on the body.

Similarly, if the body was a 'mere mechanical contrivance' it was possible to investigate its organised structure and understand its rules of operation to its smallest detail. Thus, the new theory emphasised a hydraulic understanding of the body's pipes, vessels and tubes. The investigations focused on numbering, weighing and measuring by using physics, mathematics and later on chemistry.

Body-machine and its measurable aspects triggered inventions; thermometer and pulse watch were developed, weighing of the body for monitoring health became important. The emphasis on body machine gained a new dimension in the eighteenth century. It was referred to as vitalism. The emphasis shifted on the physiological study of the living not dissected body; however, this new conception of body-as-machine did not decrease but rather increased the imperialist demands on the body. As its organisation can be understood to its smallest detail, it can be categorised and controlled for utmost utility. Increasing knowledge on the body brought greater power over it.

The increase in anatomical knowledge and experimental investigations also changed the ideas about disease. Emphasis shifted from the theory that 'disease is an abnormal condition of the whole organism,' to a theory that considered diseases as located in specific organs and later on as lesion of specific tissues (Porter, 2002: 73). This changing concept of diseases led, in the nineteenth century, to the development of clinical medicine. Foucault in *The Birth of the Clinic* maps out this change. He argues that towards the end of the eighteenth century a new way of seeing the body and its diseases emerged. The body began to be seen as an observable and measurable object and this was enabled by the empirical 'clinical gaze.' Illnesses were no more defined according to their symptoms which are based on surface phenomena such as coughs, fevers, apoplexies etc..., but according to their conditions, that is their exact space in the body such as liver conditions, heart conditions and so on (Foucault, 1975: 3-10). Foucault explains the clinical gaze that enables this new understanding of diseases as:

...a perceptual act sustained by a logic of operations; it is analytic because restores the genesis of composition; but it is pure of all intervention insofar as this genesis is only the syntax of the language spoken by things themselves in an original silence. The gaze of observation and things it perceives communicate through the same Logos, which, in the latter, is a genesis of totalities, and, in the former, a logic of operations. (Foucault, 1975: 109)

In other words, the medical gaze concentrates on individual signs on the body and assembles them into a diagnosis. The effect of the medical gaze is that the physician takes what he sees as real or common sense and in time the internalised medical gaze appears as the natural or normative way of seeing the human body.

This concentration on 'empirical' signs instead of 'subjective' symptoms for diagnosis developed the idea that diseases are real entities therefore diseased states are different from normal ones (Porter, 2002: 77-8). This led to the strict distinction of normal and pathological conditions.¹⁹ Technological sophistication enabled closer

¹⁹ For the political aspects of this distinction see Foucault, 1979: 103-114.

investigation both of the body and of the disease. Hospital was important for observation of 'normal' and 'pathological' states and laboratory was important for further experimentation. Finally, it was experimentation that enabled resolving the controversy as to what cause disease. With the help of advanced microscopy, Pasteur developed the 'Germ theory,' which points out that disease is caused by invasion of the body by microscopic living organisms. He proved the ancient Miasma²⁰ theory by demonstrating that particular microbes actually caused particular disease.

With developing technology not only germs were isolated but the body was broken into its smallest blocks: cell theory was developed in 1838; investigation of proteins and enzymes in 1900 enabled a wider understanding of the human organism; research in endocrinology in 1922 brought greater control over diseases such as diabetes and DNA was isolated in 1953 which led to gene theories and ideas of gene manipulation and cloning (Porter, 2002: 86-98). Thus, medicine moved from an effort of understanding the mechanism of the body, to the manipulation and reconstruction of its parts. However, the political grip on the human body seems to be tighter than ever. Gene technology on the one hand, cosmetic surgery on the other raises serious ethical questions as they have already been commercialised and become a part of various political discourses. The correction of faulty genes, artificial fertilization, and human cloning raises serious religious and ethical criticism. Similarly, reconstructive surgery enabled the replacement of many body parts; however, the cosmetic dimension of this type of surgery causes serious feminist debates on the anatomisation of female body and its reduction to a fetish and raises ideological questions on creating a uniform image of the beautiful, healthy and powerful body for mass consumption.²¹

Having traced the historical development of medical discourses so far, this paper will now focus specifically on the discourses of the early modern era since Federico Andahazi builds *The Anatomist* on the discovery of an actual Renaissance anatomist, Mateo Realdo Colombo. Colombo in Book XI of his *De re Anatomica* (1559), explains a tiny organ he observed in women. The organ which he names as the *Amor Veneris* is no other than the clitoris. Andahazi's Colombo, the renowned Chair of Anatomy and Surgery in the University of Padua, accidentally discovers the organ while treating a cataleptic patient and when he wants to make his discovery public, he is brought in front of the Superior Tribunal of the Holy Office with the charges of heresy, witchcraft and Satanism. Colombo of the novel lays his learned defence in nineteen sections borrowing heavily from mechanistic theory, Aristotle's explanation of male and female involvement in reproduction as well as religious Scriptures on women especially Eve, her creation, and the first sin. Colombo's discovery is deemed by the Tribunal as the anatomical proof of religious Scriptures but at the same time a dangerous weapon, "a true instrument of power over the volatile female will" (Andahazi, 1999: 201). He is saved from certain death only by a miraculous call from the Pope himself asking Colombo to become his personal physician and save him from dying of old age. Even though the reference to clitoris in the actual *De re Anatomica* is very brief²² and even though historical Mateo Colombo has ground breaking

²⁰ Miasma theory has its roots in ancient cult of Apollo. According to this theory, disease originated in effluvia and other emanations from soil and air. Heat causes rotting in dead organisms which produced bad airs (Porter, 2002: 90).

²¹ For further information on feminist arguments about cosmetic surgery see Morgan, 1998: 325-347.

²² Since Colombo's book was published posthumously, the Papal charges directed against him and his discovery in the novel are purely fictive.

discoveries in terms of kidneys and more importantly of blood circulation, Andahazi chooses to deploy and capitalize upon the most controversial of these anatomical innovations that will best serve his novel to become a reworking of postmodern theories on the constructedness of our bodies. Andahazi builds the story on Foucauldian idea of discourse and power. As an example of historiographic metafiction, *The Anatomist* freely fuses 'the factual' with the 'fictional' to indicate the interchangeability of the two. The whole novel is a parody of the so-called authoritativeness of the dominant political, judicial, philosophical, scientific, and religious discourses of the Renaissance. Andahazi employs major Renaissance arguments and exact quotations from Colombo's book not to increase the factuality of his text, but rather the textuality of facts. It is difficult to guess where history ends and 'his story' begins.

The footnotes Andahazi uses give an air of 'factuality' and 'research' to the work of fiction. It indeed is the situation as this novel is also a product of careful research; however, these footnotes become a part of the parody and help to blur the distinction between fact and fiction. The chapter in which Colombo explains his treatment of the patient and the newly discovered organ includes almost exact quotations from the actual *De re Anatomica*,²³ extra-textual footnotes about twentieth-century scholarly essays on Colombo's work, and authorial comments on the tone and the word choice of the anatomist. However, the circumstances under which the discovery is made, namely the patient and her treatment, are purely fictive. The form and arrangement of chapters also serve to the same end. The chapter headings are undermined by their contents or by each other. Titles with religious overtones are juxtaposed with titles such as 'La Puttana' (the whore) or 'The Whore-maker' to indicate how precarious and open to subversion all those seemingly serious issues are.

In addition to religious and legal discourses of the Renaissance, the form and the content of the novel employs and parodies several Classical and early modern discourses mapped out in the first part of this essay. For instance, the foreword echoes the Renaissance understanding of the body as a geographical territory²⁴ by making direct comparison between Mateo Colombo's discovery and that of his namesake Christopher Columbus (Andahazi, 1999: 13-15). Just like Columbus, the anatomist is discovering the uncharted territory; and like him, Mateo Colombo takes the liberty to name his 'new colony' (Andahazi, 1999: 17). And both discoverers freely benefit from their colonies. After all, as the foreword of the novel claims: "*The new science [be it geography or anatomy] is good as long as it helps to bring gold*" (Andahazi, 1999: 14).

The story begins and ends with 'Trinity.' With all due implications of the Holy Trinity, it in fact is a love triangle. It involves a Paduan anatomist, a Venetian whore and a saintly rich widow from Florence. Infatuated with Mona Sofia—the most notorious and brutally capitalist whore of Venice—Mateo Colombo desperately seeks a way to win the heart of this woman who seems impregnable to affection. Being the Renaissance scholar that he is, Colombo devotes all his energy to find the scientific method that controls the will and desire of women. As all experiments seem to have failed, he makes an accidental discovery while curing Ines who has bequeathed

²³ For translations from *De Re Anatomica* see Stringer and Becker, 2010: 130–133.

²⁴ see page 4 above.

everything she had to a monastery and living the life of a nun with her two daughters. The widow, who seems to be on the verge of death in her stiff cataleptic state, is in fact, suffering from an enlarged and sensitive clitoris, the size of a small penis. Colombo's relieving treatment cures Ines but leaves her in love with the anatomist, completing the triangle. Thus, what lies underneath all the arguments based on patriarchal ideologies, Holy Scriptures and ancient philosophies is a love triangle, a passion of unrequited love:

The compass north that had led Mateo Colombo to his discovery was not a theological premise, as he had claimed, nor the ambition for philosophical knowledge which he had cited in support of his claim, nor even a desire to revolutionize anatomy, as to his sorrow, he had indeed succeeded in doing... The starting point of his discovery is nothing other than thwarted love (Andahazi, 1999: 59-60).

The fact that it is sensual infatuation that motivated the discovery undermines the airs of greatness and glory that surrounds Colombo's discovery; likewise, the financial gifts Colombo received from Ines destabilises any claim for disinterested scientific knowledge. Hence, verifying the above-quoted claim from the foreword.

Similarly, the titles in part four are extremely ironic; working to parody the authority of Papacy and its Scholastic ideals. The chapters picture Pope and the body of the church as aged, dying and grotesquely pathetic. The second chapter in this part is titled 'The Feast of the Holy Innocents.' The feast announced in the chapter heading turns out to be not a religious festival but a banquet in which the innocents themselves are literally served as dishes for his Holiness. The grotesque image of an aged Pope sucking the breasts of young women and feeding on the blood of young girls shatters all airs of papal grandeur. Colombo's argument that these practices are said to be advised by the authorities since the ancient times, and prescribed—in this case—as humoral medicine to replenish the decaying kinetic fluids of the aging Pope underlines the affinity between Renaissance science and mystic superstition. Likewise, the chapter title, 'Heaven with Both Hands,' depicts Colombo enjoying the power in his hands. Once he becomes the personal physician of the Pope, he turns into a "*shrewd politician*," "*a crafty businessman*" (Andahazi, 1999: 218) who clings onto power with both hands. "*But his happiness [is] not yet complete*" (Andahazi, 1999: 218) as his ultimate goal is still unfulfilled. He can control the Pope but he cannot have power over Mona Sofia. Moreover, all the power he enjoys will suddenly be toppled with the Pope's death. The religious connotations of 'The Last Supper' allude to Colombo's fall from religious favour and underline the precariousness of power. One of the final chapters is 'The Resurrection of the Flesh.' Biblical implications of this title associate Ines with the Saviour. Ines rebels and is reborn from the ashes of patriarchal discourse. She is now the new and subversive discourse that challenges patriarchal authority and is dedicated to the salvation of women. The nature and implications of her rebellion will be discussed below.

While the chapter headings satirise the claims for dignity, grandeur and factuality of the authorities, *The Anatomist* also aims to point out the discursivity of seemingly concrete entities and institutions. The novel puts the human body—in its most physical state—at the centre; however, as we see nothing is just physical in this

story. It starts and ends with Colombo's pet crow feeding on flesh. But what is that flesh? It is not just meat; there is a whole historical background to it. To repeat the Foucauldian paradigm in Sara Mills' terms: "*body is the site where discourses are enacted and resisted.*" (Mills, 2003: 81) It is governed by ideological discourses, yet it has a say in shaping these discourses and often has the power to resist these ideologies. This crow seems to represent discourse as it is simultaneously a part of the story and floats above it. It has a master but he never fully controls the crow, finally, it feeds on the master just like discourses feed on other discourses to perpetuate themselves. Similarly, his master Mateo Colombo is the author and the victim of a radical discovery which could subvert, even overturn the dominant patriarchal discourses on body and female sexuality. To be able to grasp why Mateo Colombo's discovery was so potentially disruptive, we need to understand the prevalent theories about sex, especially female sex, during the Renaissance as the twentieth century concept of sexuality has its roots in a later period: "*Sometime in the eighteenth century, sex as we know it was invented*" (Laqueur, 1990: 149) suggests Thomas Laqueur in his book *Making Sex*. What then was the concept of sexuality before this 'invention' and what in particular was it in the Renaissance?

As discussed earlier, Renaissance culture derived its medical discourses of anatomy from classical antiquity. Authorities of ancient Rome and Greece, such as Nemesius, Galen, Hippocrates, and Herophilus were still the ultimate sources on the subject after thousands of years. Among these figures Galen's ideas about the anatomical structure of the male and female reproductive organs, like most of his theories, kept their validity up until the eighteenth century. Laqueur summarises Galen's theory as follows:

Women were essentially men in whom a lack of vital heat -- of perfection-- had resulted in the retention, inside, of structures that in the male are visible without... In this world the vagina is imagined as an interior penis, the labia as foreskin, the uterus as scrotum, and the ovaries as testicles. (Laqueur, 1990: 4)

Major Renaissance scientists in Europe such as Vesalius, Berengario, and Columbus illuminated their theories in the light of rediscovered ancient texts. And in spite of its claim for originality "*the new anatomy displayed... the 'fact' that the vagina really is a penis, and the uterus a scrotum*" (Laqueur, 1990: 79). The pictures and diagrams of anatomy books of major Renaissance scientists illustrated the 'fact' without question.²⁵

Laqueur suggests that in this one-sex world derived from antiquity the discussion of sex was always social and political rather than biological, and the Renaissance was no exception. What was seen in the dissected body was determined by what was believed to be true: that is, that woman was a lesser man. Therefore, there were no biological distinctions between male and female reproductive organs and their linguistic representation. Thus female organs did not have names of their own, neither in ancient Greek, Latin nor in any European language, before the eighteenth century. Laqueur suggests that a language acknowledging their distinct characteristics did not need to exist because, as "*the female body was a less hot, less*

²⁵ For Renaissance illustrations see Laqueur, 1990: 78-89.

perfect, and hence less potent version of the canonical body, then distinct organic, much less genital, landmarks mattered far less than the metaphysical hierarchies they illustrated” (Laqueur, 1990: 34-35).

Thus, Mateo Colombo explains his discovery by using male terminology, as there is no other way of articulating his discovery but within the domain of the mainstream discourses on sex. Due to its shape and function, he calls this small organ *“the female penis”* (Andahazi, 1999: 140). Not only the clitoris resembles the penis but also produces semen like penis.²⁶ In spite of the resemblance, Colombo knows that this ‘female penis’ is different. He realises that his discovery is so radically different than what has been thought about female physiology so far. When he encountered Ines’ ‘problem,’ he was aware that he was *“witnessing the most incredible discovery ever made within the mysterious female anatomy”* (Andahazi, 1999: 139) and that *“something glorious had just taken place in his life”* (Andahazi, 1999: 143). He is also aware of the power that this discovery has: *“I am led to believe that whosoever controls this tiny organ will control her disposition and will... her readiness and obedience appear to have neither measure nor limit.”* (Andahazi, 1999: 141-2). Thus, like a true coloniser, he first snatched a small fortune from Ines by exploiting his discovery and then decides to include his findings in his book. But, before he can have an opportunity to try his hand on Mona Sofia, Colombo ironically becomes the victim of his colony. When his discovery, through the personal grudge of the dean, draws the attention of the inquisition, Colombo comes on the verge of execution. If ever brought to the attention of the authorities in 1559, Mateo Colombo’s discovery may have been considered as a challenge to the one-sex model. However, in the fictive defence of the novel, the discovery is quickly assimilated within the dominant discourse of one-sex. We see how Colombo’s argument adopts the dominant ideology to defend his theory. The charges against him as well as his defence turn into a parody of law and scholarly argumentation.

The charges pressed against the anatomist illustrate the thin line between science, anatomy and sorcery.²⁷ The dean starts his accusation by claiming that *“today the devil wears the gown of science”* (Andahazi, 1999: 166). The depositions of the witnesses prove his claim. The prostitute on whom he tested his medical potions went as far to call Colombo *“the devil himself”* (Andahazi, 1999: 19). Similarly the huntsman’s deposition associates the anatomist with sorcery due to his relationship with crows and demonic beasts (Andahazi, 1999: 160-1). And the deposition of the peasant woman indicates the relationship between Colombo’s profession and his dark practices. She explains that Colombo took her to the *“cellars of the university and there, surrounded by corpses, the anatomist asked her to undress and lie down on a cold slab of marble”* (Andahazi, 1999: 163) as if she is lying on a dissection table. The scene is a mixture of the dark temple of the devil with the scientific anatomy theatre. The presence of the dead bodies reinforces the ambiguous scene. As discussed earlier in this essay,²⁸ the anatomical dissections have titillating affiliations with both erotic and morbid kinds of pleasure. And similarly, earlier in the novel the erotic functions of the cellar was

²⁶ The passages in the novel that describe clitoris are almost exact quotations from the actual *De Re Anatomica*. For translations from *De Re Anatomica* see Stringer and Becker, 2010: 130–133.

²⁷ See pages 5 and 6 above.

²⁸ See page 5 above.

emphasised with a satirical anecdote on how harlots and country wenches enter the university among dead bodies waiting to be ‘resurrected’ by their lover, and how the practice of anatomy is ironically associated with necrophilia (Andahazi, 1999: 53).

Colombo’s defence against these accusations also takes the form of parody. We see how the anatomist takes utmost care to build his new discovery on the firm basis of ancient and Christian authorities, how he reshapes his discovery according to culturally inscribed body politics. He begins his defence by a well-known motto of all early modern scientists that his works and studies in anatomy are to decipher the work of the almighty and he is interested in how his creation works, not why it is created (Andahazi, 1999: 178). And he uses early modern concept of mechanistic body as the starting point for an elaborate argument driven from ancient and Christian authorities. With the help of Plato, Aristotle, St. Gregory and several other authorities, Colombo assimilates his discovery and presents it as the proof of Holy Scriptures. Ironically, earlier in the novel Andahazi lets a famous whore-maker employ Colombo’s most frequently quoted source—namely the Aristotelian principles on essential and material natures of male and female—for his own theories on the education of whores. Just like Colombo, the whore-maker Massimo Troglio bases his theories on the Greek canon, especially on Hippocrates and Aristotle (Andahazi, 1999: 79-81). Andahazi empties the master narratives, before presenting them as the dominant discourses.

Even discussed within the framework of dominant discourses, Colombo’s discovery jeopardises the authority of these power strategies, hence it was permanently censored, and he was convicted to silence. The sentence accepted that if Mateo Colombo’s discovery “*were proven to be true, we would have before our very eyes, at long last, the anatomical proof of the creation of Woman as told in the Holy Scriptures*” (Andahazi, 1999: 205). However, ironically the anatomical proof of religious discourses proves to be too dangerous to disclose as the Tribunal is terrified with its possible outcomes:

What would happen if Mateo Colombo’s findings fell into the hands of the enemies of the Church? What calamities would Christendom have to face if the female object of sin fell into the hands of the Devil’s hordes or, worse still, if the daughters of Eve realised that between their legs they carried the keys to Heaven and Hell? (Andahazi, 1999: 202).

However, Colombo unveils what he was sentenced to keep a secret to Ines, the agent of his discovery. And in the end Ines, the only woman who knows the secret, single-handedly poses a great threat and almost fulfils what the authorities were afraid of. Ironically, Ines is the figure of the ideal woman defined in the canonical discourses: meek, submissive, devoid of sensual passion, and devoted to God. Just like Mona Sofia, Ines is the instrument and effect of power. They were victimised by the dominant discourse however, they have the power to resist and subvert the very discourse that controls them by the only means left open for them within the ideology—that is their sexuality. And once Ines takes control of her clitoris with a dramatic act, she becomes a serious threat. Andahazi presents her self-inflicted clitoridectomy, as physically cutting the ties that enslaved her to patriarchal order. Ines defies male power not only by becoming a whore but also by her aim to teach this practice to all women and organise them against the oppressive ideology. She starts the ‘cult’ of amor veneris that aims at

female bonding. Accordingly, as all defiant women were labelled as witches, she is branded and burnt as a witch. Andahazi implies that she stands as a proof of the subversiveness of Colombo's discovery. However, this is the point where the novelist falls back on the discourses he has been undermining. As suggested in both Ines' and Mona Sofia's cases the only way the novel suggests for women to gain their so-called independence is by denying their own pleasure and in a sense their own body. Thus, what Andahazi offers as subversion is indeed reinforcement of age-old chauvinistic discourses on which Colombo's claim—that his discovery is the proof of women's weakness—rests. In other words, just as the anatomist's great innovation, Andahazi's ingenious parody is not devoid of culturally inscribed body politics. Thousands of years of medical development transforms the body and its diseases from mystical to objective phenomena that can be broken down to their building blocks and analysed. Yet, that transformation has always been entangled in religious, cultural and political discourses; maybe more so as the claim to objectivity increased. Being the converging point of occult and objective, the Renaissance seems to offer opportunities for underlining how the medicalised body is never devoid of cultural baggage. Accordingly, by deploying the 'tiniest' of Mateo Colombo's anatomical innovations, Andahazi creates his witty and hilarious parody of religious, legal, scientific and sexual 'grand narratives.' And in spite of its shortcomings on gender politics, the novel works as a testimony to the discursivity of the so-called objective knowledge.

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