Richard Selzer states in his essay “The Knife” that a surgeon’s scalpel “is not for pressing. It is for drawing across the field of skin” (92). As an author, Selzer wields his words as he does his scalpel when conducting surgery: he takes his audience into the operating room, allows us to watch as he and his knife drive “deeper and deeper into the person beneath” (92). His observations are at once enlightening and gruesome. His tone is clinical as he informs us that “[b]eneath the fat lies the fascia, the tough fibrous sheet encasing the muscles. It must be sliced” (93). He then takes us into “the cavity of the abdomen,” which he describes with reverence as “a primitive place. One expects to find drawings of buffalo on the walls” (93-4). Selzer is aware of the ramifications of such intimate intrusion and reveals “[t]he sense of trespass” that he feels with the first incision made into a patient’s body (93).

But Selzer also redefines the man above the operating table, explaining the metaphorical transformation he undergoes in performing surgery: the scalpel becomes “an unbridled war-horse,” and he, merely its “rider reining to capture a pace” (100). Selzer successfully blurs the line between surgeon and artist: “Thus does the surgeon curb in order to create, restraining the scalpel . . . giving [the operation] form and purpose” (101). In a society in which the hand of the surgeon is widely being replaced by the robotic limb of a machine, Selzer’s respectful venture into a patient’s body—that “sweetchly vulnerable” place—restores humanity and art to the medical profession, which is becoming increasingly impersonal and automated (94).

Before comparing the role of the surgeon to that of an artist we must first understand the term “artist” in its relationship to human anatomy. Pablo Picasso revolutionized the definition of a masterpiece through his creation of Cubism. He “rejected the [idea] that art should copy nature, or that [he] should adopt the traditional techniques of perspective” (Rewald). His subjects were instead “dissected,” reduced to “a multitude of small facets,” and then reinvented in a way that “emphasize[d] the two-dimensionality of the canvas”
while still evoking a sense of the “whole” figure (Rewald). His painting *Woman in an Armchair* (1913) exemplifies the concept of Cubism. At first glance, this work seems to portray everything *except* a woman in an armchair. The inattentive eye would simply see a series of rectangles painted different shades of brown and grey, along with the vague outlines of a woman’s torso and thighs. But closer attention to detail reveals these shapes to be the many facets of a woman’s body—specifically, the body of Eva Gouel, a woman with whom the artist fell in love shortly before cancer took her life (Richardson). The shapes seem to have been positioned intuitively: the head and hair are above the woman’s breasts, and what could be regarded as her hips and legs are placed in the lower portion of the canvas. Shading offers further detail; Eva’s hair is the darkest portion of her body, while her hips and breasts are filled in with lighter shades of brown. Thus does Picasso highlight both her strength and femininity without portraying her “authentic” physical form.

The true beauty of the painting, however, is not derived from the woman’s dark, robust features, but rather from the irregularity of her portrait and the story behind Picasso’s admiration for the woman herself. The artist sought to immortalize Eva through a physical representation of both her spirit and her physique: Eva appears pensive, face turned away from the canvas, undeterred by her lack of bodily shape. The exposed navel, the bare skin, and the sense of melancholy evoked by Eva’s blank face allow the painting’s audience to see beyond the collection of simple forms, to recognize the creative surgery that has taken place. Using only adoration, body parts, and his very own surgical scalpel—his paint brush—Picasso made Eva Gouel, once human, into *Woman in an Armchair*.

Both Picasso and Selzer enact a creative surgical reconstruction of the human body in their respective works. Why, then, is Selzer not considered an artist? Perhaps the problem is not the creator, but the medium. In his essay, Selzer portrays both the patient and his maladies as entirely alive: “a tumor squats, toadish, fungoid” within a patient’s stomach; “[t]he flesh of the patient retaliates” to the surgeon’s incision “with hemorrhage, and the blood chases the knife” (104). At the sight of this striking “fine wake of red,” Selzer admits that “a stillness settles in [his] heart . . . the quietude of resolve layered over fear” (92). Far from the freedom granted by a blank canvas, all surgical procedures demand that the doctor be free from error, that he abide by the
biological rules that govern human life. The surgeon cannot shape a man according to his own will, as an artist can; his patient’s body is not a lifeless, empty surface. So the identity of the surgeon, as well as his inconsistency with the typical concept of an “artist,” is determined largely by the corporeality of his medium. The primary problem arises not when we are unable to see the parallels between Picasso and Selzer’s artistry; rather, it arises when we deny the surgeon all artistic value by placing his scalpel in the hands of a machine, leaving him a mere overseer of surgery performed by mechanical apparatus.

In his article “Two Hundred Years of Surgery,” Dr. Atul Gawande surveys the medical advances that are placing “mankind’s abilities to heal the sick” in hands not belonging to a member of mankind (1716). Prior to the advent of anesthesia, the relationship between patient and doctor was defined by pain. Patients had to endure “[t]he horror of great darkness, and the sense of desertion by God and man,” while “[t]he limits of patients’ tolerance for pain forced surgeons to choose slashing speed over precision” (George Wilson qtd. in Gawande 1718; Gawande 1718). As a result, every surgery became a game of life and death, played by both the surgeon and his fully-conscious patient. Moreover, the patient’s consciousness meant that the surgeon had to endure his response: “the sounds of patients thrashing and screaming filled operating rooms” (1718). The danger of these procedures, coupled with the intimacy inherent in a relationship formed by one party’s sensibility to pain and the other’s necessary infliction of it, placed an immense responsibility in the hands of the surgeon.

According to Gawande, the advent of anesthesia revolutionized medicine. What many fail to recognize, however, is that it did not revolutionize the surgeon; rather, it diminished his importance. It ushered in an age of machines whose precision he could not match. Gawande cites the publication of Henry Jacob Bigelow’s 1846 report “Insensibility during Surgical Operations Produced by Inhalation” as “the moment that changed not just the future of surgery but of medicine as a whole,” normalizing anesthesia-aided surgery as an “essential tool” for everyday life (1717, 1721). A surgeon could now enter a human body without eliciting a response; surgery was no longer between a patient and a physician, but between a physician and a “stomach,” “gall-bladder,” or “ulcer” (Selzer 95). Anesthesia ensured that doctors would now operate on organs, not people. Medicine suddenly lost
sight of the importance of a relationship with the patient in its quest for the least invasive, most precise, and, consequently, most mechanized and reproducible procedure.

Like Gawande, Lewis Thomas undertakes a historical investigation of medicine in his essay “Leech, Leech, Et Cetera,” exploring the changing terms that we use to define our physicians and the way these changes in terminology reflect our perception of their roles. He wonders why, for so many centuries, “leech” was used as a name for “doctor,” while it also meant “worm” (119). Though the homophone may suggest contempt for doctors, Thomas informs us that the root for leech—*leg*, meaning “to collect”—implied “knowledge and wisdom” (120). Thomas recalls the days when the surgeon was viewed as “the teacher, the healer, the collector of science, the old leech,” the magician who held human life in his hands (121). “Medicine was once the most respected of all the professions,” Thomas reminds us, but now, he laments, the “dehumanizing” of medicine has reduced doctors to “applied scientists”—“[t]he old art of medicine has been lost” (121).

What, then, do we make of Selzer and his very human approach to surgery? He claims that “the surgeon is like a poet, [and] the scars you have made on countless bodies are like verses into the fashioning of which you have poured your soul” (94). He devotes a paragraph to describing his patient, Abe Kaufman (on whom, by the way, he uses *local* anesthesia). Even with the screams of patients replaced by the modern “hush in the [operating] room,” Selzer confesses that “the surgeon [can be] rendered impotent by his own empathy and compassion. The surgeon cannot weep. When he cuts the flesh . . . the surgeon struggles not to feel” (95, 101). The surgeon must distance himself to, theoretically, become all scalpel; but of course, the surgeon is human. Thomas writes to remember a time when surgeons were artists; Selzer writes to *recover* that artistry.

It may be obvious to view the surgeon-artist as a less desirable alternative to the precision and accuracy promised by medical machines. But there is a balance between surgeon and artist, machine and human—Selzer proves this. The surgeon, by virtue of his ability to deconstruct and reassemble a human being, may recognize the resemblance between his work and that of Picasso. With his scalpel, the surgeon is granted the role of the artist: to configure, as he sees fit, the viscera of a human being. But his patient’s pulsating blood, the
gleaming membrane protecting his organs, and the “pink sweep of the stomach” rein in the artist’s will (94). Both art and knife represent the free spirits of creation and impulse, respectively. But once we realize that a surgeon must restrain his performance of the “art” inherent in his craft, we recognize the true beauty of surgery. A surgical procedure is a painting defined by the boundaries of human anatomy; these boundaries do not limit artistic creation, but rather challenge it. The surgeon’s medium not only allows for his artistry, but also raises him to a level above the “artist,” for he has not only achieved a work of art, but saved a life, all the while challenged by rules imposed by the living human organism.

In his writing, Thomas describes the changes in the medical industry that are replacing his “real job, caring for sick people … with the quite different occupation of looking after machines” (125). Gawande also predicts that “[s]urgical work will probably even become fully automated”—and though he exclaims that “[t]he possibilities are tantalizing,” even he reveals a sense of uneasiness: “[a] century into the future, a surgeon will tell the tale—that is, if the world still makes such people” (1722). Both foresee a future in which there is no space left for surgeons like Selzer, no place for humanity in the operating room. Some complain that doctors “do not really listen,” but why would they, when patients place their trust not in medics, but machines (Thomas 121)? We, as patients, should view technology not as an alternative to a physician, but simply as his instrument, with which, when presented with the opportunity to venture into his patient, he equips himself to preserve life.

Finally, the existence of the surgeon-as-artist brings me to consider a more conceptual question: why must we separate science from the arts? We associate freedom and creativity with beauty, and rigidity and regulations with the sciences; perhaps this forces us to separate the two. But what if we were to consider the laws that govern the natural sciences in the way that a surgeon considers the anatomy of the human body—as a challenge to his art? The only thing preventing us from seeing beauty in science may well be the “challenges” posed, whether by anatomy, gravity, or thermodynamics. If we come to view successful chemical reactions as works of art despite the laws of chemical bonding, then maybe oxidation will be seen as a thing more beautiful than the masterpieces we hang on our walls. Similarly, if surgery is seen as an act of creation, performed by an artist assisted by technology, then
maybe our conception of the modern “applied scientist” will surpass that of the “old leech”; maybe we will come to recognize him as a true artist.

WORKS CITED


Picasso, Pablo. Woman in an Armchair (Eva). 1913. Oil on canvas.


