

Surgery was not an easy choice. It was known to be a hideously unpleasant procedure and a gamble besides. 'In this great and dangerous Operation, life and death doe so wrestle together, that no man can tell which will have the victory,' warned one treatise for surgeons, and patients were recommended to make their peace with God before undergoing it.³⁸ Yet, in spite of the risk, the operation was always in demand, because of the 'scarce credible' pain caused by the stone.³⁹ Pepys chose as his surgeon Thomas Hollier of St Thomas's and Bart's, a staunch Cromwellian who had been operating for thirty years and had besides stitched up the wounds of many commonwealth fighters. The operation was not to take place in what was called the 'cutting ward' of the hospital, however. Pepys was to be a private patient and was happy enough to find himself an ideal arrangement. His cousin Jane, née Pepys and now Turner, his friend since the boyhood visits to her father at Abbeystead, offered to nurse him in her house in Salisbury Court. Her husband was a successful lawyer, she had one or two small children, and she was an active, cheerful and generous woman. Unhesitatingly she put herself and her house at his disposal. Her offer meant he would be near his anxious parents. Pepys's father went about mobilizing as many members of the family as he could to pray for Sam during his ordeal; the prayers of one maternal aunt, a 'poor, religious, well-naming, good humble soul', 'did do me good among the many good souls that did by my father's desires pray for me when I was cut of the stone, and which God did hear'.⁴⁰ No doubt Elizabeth prayed too; at least one hopes so.

Patients were advised to have the operation in the spring. Both cold and heat were considered unfavourable, and the surgeon hoped to have bright sunlight to help him to see what he was doing. Pepys duly settled on the end of March. The preparations took some time. The sick person was advised to cultivate a calm frame of mind and to avoid anger or sadness; he should feel confidence in the surgeon, even affection (all this modern-sounding advice comes from contemporary manuals). And surgeons were encouraged to give their patients an honest account of what they were to undergo. Wine was not allowed during the preparatory weeks, only sweet drinks made from almond, cucumber and melon, and a diet of fresh meat, chicken, pigeon, eggs, batter, barley and water-gruel. In the days before the operation Pepys would have been given warm baths – possibly an unprecedented

experience – and kept in a warm bed. His belly would be rubbed with unguents, he would be bled in the arm and given gentie purges, until the final day, when he was left in peace and simply served with a good meal.

The operation was performed in the patient's bedroom. On the day of the surgery a lightly boiled egg was recommended, and a talk with a religious adviser. For Sam, whether he ate the egg or spoke with a clergyman, the day was 26 March. He had a last bath, was dried, told to take a turn or two about the room and offered a specially prescribed drink made of liquorice, marshmallow, cinnamon, milk, rosewater and the whites of fifteen eggs – six ounces to be swallowed with an ounce of syrup of althea and other herbs, a large dose for a nervous man to swallow.⁴¹ After this he was asked to position himself on a table, possibly covered with a straw-filled bag into which he could be settled while the process of binding him up began. Some surgeons thought it wise to say a few reassuring words at this point, because the binding was terrifying to many patients. They were trussed like chickens, their legs up, a web of long linen strips wound round legs, neck and arms that was intended to hold them still and keep their limbs out of the surgeon's way. The instructions for the binding alone take up several pages of one manual; and when it was done the patient was further bound to the table. He was shaved around his privy parts, and a number of strong men were positioned to hold him fast: 'two whereof may hold him by the knees, and feet, and two by the Arme-holes, and hands . . . The hands are also sometimes tyed to the knees, with a particular rowler, or the knees by themselves, by the help of a pulley fastened into the table.'⁴² Meanwhile the surgeon lubricated his instruments with warm water and oil or milk of almonds: the catheter, the probe, the itinerarium, the specular, the pincers, small hooks and so forth; he also had powder to stop bleeding, sponges and cordial waters to hand. There were no anaesthetics, and alcohol was certainly not allowed to a patient undergoing surgery to the bladder.

The surgeon got to work. First he inserted a thin silver instrument, the itinerarium, through the penis into the bladder to help position the stone. Then he made the incision, about three inches long and a finger's breadth from the line running between scrotum and anus, and into the neck of the bladder, or just below it. The patient's face was

sponged as the incision was made. The stone was sought, found and grasped with pincers; the more speedily it could be got out the better. Once out, the wound was not stitched – it was thought best to let it drain and cicatrize itself – but simply washed and covered with a dressing, or even kept open at first with a small roll of soft cloth known as a tent, dipped in egg white. A plaster of egg yolk, rose vinegar and anointing oils was then applied.⁴³

Pepys, no doubt by now fainting with shock and pain, was unbound and moved to his warmed bed. A cold syrup of lemon juice, radishes and marshmallow was ready for him to drink.⁴⁴ The first dressing was left for twelve hours, and the thighs were kept tied to help the wound heal naturally. There was no question of getting out of bed for a week. Broth, cinnamon water and soothing drinks were given during the first day of recovery; and when he felt like something more an austere vegetable diet of succory (chicory), endive and spinach was recommended. There was further anointing of his belly with oils; oil of earthworms was kept in readiness against possible convulsions, and a purge given if necessary, but only after two weeks. Fever, insomnia and pain were all to be expected, and above all, you would think, acute anxiety. Was the bladder healing? How soon might he expect it to function normally again? If he moved, would he tear the just healing wound open? Had the surgeon missed the prostate, something the manual worried about? Pepys was the type of patient who is likely to have read it for himself. We know that he sought information and anatomical explanations from the doctors who attended him, as he recalled when he saw a corpse dissected at the Surgeons' Hall in 1663, and took a particular interest in the bladder and kidneys.⁴⁵

Recovery, for those who did not succumb to secondary infection, was expected to take thirty to forty days. Pepys made it in thirty-five. It was a triumph. By his own account he was himself again by 1 May: exactly two years later he wrote in his Diary for 1 May 1660: 'This day I do count myself to have had full two years of perfect cure for the stone.' Hollier could be proud of his work, especially considering the size of Pepys's stone, described as 'very great' by his medical colleagues; it was as big as a tennis ball, according to Evelyn, who saw it later. Real tennis, the only kind then played, uses very slightly smaller balls than modern lawn tennis, but still with a diameter of about 2¼ inches; this stone must have been exceedingly awkward to

get hold of and extract through a three-inch incision.⁴⁶ Fortunately Hollier was at the height of his powers as a lithotomist; that year alone he operated successfully on thirty patients. The following year, 1659, was not so good; his first four died, presumably because his instruments had picked up some infectious matter that no warm water or milk of almonds could clear.

Pepys's joy was great, and he declared his intention of celebrating the anniversary of the operation with a dinner for the rest of his life, a plan that proved over-ambitious, but showed how seriously he felt that without the operation he could have expected nothing but sickness and poverty. He also preserved the stone carefully and, when he could afford it, had a special 'Stone-case' made for it, costing twenty-five shillings, in which he displayed it to others who might be considering the operation.⁴⁷ His mother, who suffered from the same trouble, although less severely, was lucky enough to void a stone spontaneously two years later; she disposed of hers by tossing it into the fireplace.⁴⁸ Nothing marks the difference in their characters more clearly: the tough old woman, incurious, sluttish even, and her neat, purposeful son, intent on understanding, mastering, classifying and teaching. For Sam, with his curiosity and optimism, his stone was something to be investigated, treated, boxed, labelled and shown to anyone interested, and doubtless to some who were not.

He came out of his ordeal with a revival of confidence and energy, and set about putting his life on a new footing. He had kept his two jobs, and both his employers were in high favour, which promised well for his own future. They were also out of town, conveniently enough, while he was recovering and re-establishing himself. Downing was in the Hague as Cromwell's ambassador and part of his intelligence service, and Montagu was at sea, blockading Dunkirk in alliance with the French. While there Montagu invited Cardinal Mazarin to a magnificent banquet aboard the *Naseby* and gave him a tour of the ship. Mazarin was delighted and impressed not only by the ship but also by the young English general, and in particular by his personal devotion to Cromwell; he described him as 'un des gentilhommes du monde le plus franc et mieux intentionné et le plus attaché à la personne de M. le Protecteur'. His attachment was well known; it was also mutual. Cromwell signed himself to Montagu,