"Doleful ditties" and Stories of Survival — Narrative Approaches to Breast Cancer in Frances Burney, Maria Edgeworth and Susan Sontag

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Abstract:
The article looks at two early nineteenth-century narratives concerned with breast cancer and reads them in the context of Susan Sontag's twentieth-century analysis of the cultural and linguistic over-determination of illness. Frances Burney's "mastectomy letter" (1812) is an early example of a patient's narrative which uses the discursive conventions of sentimental fiction to achieve female empowerment. By contrast, Maria Edgeworth moralizes illness in her novel Belinda (1801) and uses it as a cultural metaphor. While Edgeworth's and Burney's narratives share the historical moment of a shift in illness attitudes and in the technologies of medical diagnosis in the early nineteenth century, Susan Sontag, in her essay Illness as Metaphor (1978), analyses the articulation of an idea of individual illness as a hostile burdening of the individual person with guilt and responsibility. From a transhistorical perspective, all three texts provide further insights into the generic and gendered differences of illness experience and meanings.

1 In a recent collection of critical essays on *The Voice of Breast Cancer in Medicine and Bioethics* (2006), Susan Sherwin illustrates the contradictory perspectives on breast cancer in American society by drawing up an extensive list of "common thinking" about the disease, which she supplements with the critical alternatives less widely shared. Here are a few examples from her list:

> Breast cancer is curable if detected early. Breast cancer can be lethal no matter when it is diagnosed. (Lerner 2000, 2001)
> Breast cancer is primarily genetic. Breast cancer is primarily environmental. (Rothman 1998; Steingraber 1998; Eisenstein 2001)
> Breast cancer begins in a specific location and spreads cells from that site in a gradual, orderly fashion to expanding circles of surrounding tissue; if caught early, it can be fully removed by excising all affected tissue. Breast cancer is systemic; its cells spread through the body before any particular tumor can be located. (Lerner 2001, 3-4)

The dominant knowledge represented by the anonymous statements is related, Sherwin argues, to the use of two war metaphors in the public discourse on breast cancer: the disease as the enemy, with whom we are at war, and the woman's body as battlefield. While Sherwin's observation about the link between war metaphors and illness is not new[1], her argument highlights the limits of the public discourse on breast cancer. After having long been regarded

[1] In her book on patient narratives, *Reconstructing Illness, Studies in Pathography* (1993), Anne Hunsaker Hawkins describes warship metaphors as belonging to one of the possible myths of illness around which patient narratives are organized — and as one that is very much in tune with Western medicine. This connection between war and the rise of modern medicine is also established in medical histories, see Daniel de Moulin, *A Short History of Breast Cancer* (51) and Peter Stanley, *For Fear of Pain* (97-129).

as belonging to the private domain, often adding shame to a woman's painful experience of illness by the need to keep it secret, breast cancer emerged into the public domain in the context of the 1970s second wave of feminism. The feminist slogan that the personal is political has effectively politicised breast cancer, and has also influenced European campaigns for better methods of treatment for women and for giving them an informed choice with respect to those methods of treatment (Schmidt 2000). In the media, the discussion of breast cancer tends, however, to be restricted to certain aspects of representation, which favour "heroic tales of personal confrontations with breast cancer. Generally, such stories are structured around an optimistic formula of hope and strength, though occasional reports of tragic outcomes serve as reminders that the battle is not yet won" (Sherwin 7). The dominant public discourse on breast cancer, then, rests on the common metaphorical framework of war, reinforcing the shared perspectives of the American cancer establishment (medicine, science, commerce). As a result, the choice of the individual woman's approach to her illness is limited by the force of this institutional perspective, which restricts, or even excludes, a diversity of research approaches to cancer.

2 Taking Sherwin's critical analysis of the recent public discourse on breast cancer as my starting point, I wish to put into dialogue three different kinds of narrative approaches to breast cancer: Frances Burney's "mastectomy letter" (1812) as a personal (and also semi-public) letter which describes a patient's perspective, Maria Edgeworth's *Belinda* (1801) as a novel which (mis-)represents breast cancer for moral purposes, and Susan Sontag's *Illness as Metaphor* (1978) as an essay which analyses the cultural meanings attached to illness, while also being part of a personal strategy of coming to terms with it.[2] In order to illustrate the complexities of narrative voice in Burney's letter, I will compare it to the "eye-witness" account of a mastectomy in the Edinburgh physician John Brown's story "Rab and his Friends" (1863). Before describing the theoretical frame of illness representation, I wish to draw on for placing these three narratives in a transhistorical dialogue, I will briefly introduce two related concepts that are important for my analysis: second personhood and relational subjectivity.

[2] Lisa Diedrich, too, has read Sontag's essay as "paradoxically, a depersonalized personal narrative of illness" (54). In comparing Sontag's rationalist and depersonalized approach with Eve Kosofsky Sedgwick's performative and affective engagement with breast cancer, she gives preference to Sedgwick's relational strategy as the one more adequate to a postmodern illness experience that "queer[s] the experience of patienthood" (65). While Sontag's work does not challenge the binaries of health and illness, her approach is, however, seen as "effective in challenging the normalizing judgements attached to the experience of illness" (64). Since Diedrich's article has focused on criticism for Sontag's complicity with the dominant "biomedical approach," I will put my emphasis instead on the (mis)readings and rewritings of her essay, including her own in *AIDS and its Metaphors*, that have proved productive of new/adapted metaphors as well as providing dialogic positions for illness experience.

3 The concept of "second personhood" has been introduced into narrative theory by Mieke Bal in order to register a mistrust in narratives which mask their voices and conceal the subjects about which they speak. The distrust in third person narrative, which assumes a tone of objectivity that renders the subject of enunciation invisible, leads Bal to ask how the second person, which is often implied and referred to in narrative, can be addressed as the object and/or subject of knowledge. Her example for illustrating the importance of making the second person explicit is ethnographic writing. As a kind of academic writing which promotes a self-reflexive awareness of the "other" it constructs as second person, ethnographic writing provides Bal's model for an analysis of shifting subject positions which she defines as "second personhood." Furthermore, she draws on the work of the philosopher Lorraine Code, who has criticised the Cartesian conception of knowledge with its emphasis on the first person, on isolated individualism, as a self-contradictory notion. While the Cartesian *cogito ergo sum* is "*itself* a mininarrative in the *first person*," the epistemological notion of objective truth and impersonal knowledge that it sustains "is bound up with the narratological notion of 'third-person narrative'" (Bal 171; emphasis in the original). Code proposes to mediate between the positions of a self-contradictory objectivity, on the one hand, and relativism, on the other, by highlighting the importance of narrative structures for establishing forms of knowledge. The paradigm she advocates for the construction of knowledge is based on a model of friendship, setting relational subjectivity against an isolated, autonomous subject.[3] Particularly in the context of illness and medical ethics this preference for relational models of subjectivity seems more adequate than sticking with the ideal of autonomy which, in the words of David Callahan, "'shrivel[s] our sense of obligation' toward one another and impoverishes health care by taking as the norm 'physicians who, far from treating us paternalistically, treat us impersonally and distantly, respecting our autonomy *but nothing else*" (emphasis in the original; qtd. in Code 79).[4]

4 The concept of second personhood in Bal's subject-oriented narratology indicates the derivative status of personhood. Also, it draws attention to the reversible relationship of complementarity between first- and second-person pronouns, highlighting deixis as an important function of language and narrative. It is these two aspects, especially, that make

[3] Code argues for a shift in emphasis towards communality rather than for a rejection of the idea of autonomy, since "[t]heorists who start from communality and interdependence can accommodate the requirements of autonomy better than theorists for whom autonomous existence is the 'original position' can accommodate the requirements of community" (79).

[4] Sherwin, in her analysis of public discourses on breast cancer, also introduces her concept of "relational autonomy" which measures "the social and political conditions" under which a woman's choices for treatment can be made. Even more pointedly, in the context of mental illness relational subjectivity becomes an issue. In the application of performance theory to dementia care this has been explored by Anne Davis Basting 2000 and 2005, see also Annette Leibing 2006.

Bal's approach to narrative both inclusionary and able to expose power relations. In my analysis of the three texts I will draw on this relational narratology in order to examine the subject positions involved. Additionally, I will use a form of transhistorical comparison to put the texts into a dialogue in order to expose the ways in which the ill person is conceived in these narratives, and how illness as second personhood emerges between interacting first and third person voices.

Illness Experience — Patient Narrative: A Twentieth-Century Literary and Autobiographical Genre

5 Frances Burney's detailed account of the mastectomy she underwent in Paris in 1811 is a singular document that is referred to as one of the rare historical precursors of the genre of illness narrative emerging in the late twentieth century (Hawkins xiv). Anne Hunsaker Hawkins describes the advent of the genre, which she terms "pathography" and defines as the patient's narrative of his or her illness experience, as coinciding with a moment of both scientific triumph and crisis in technological medicine, drawing attention to the "human factor," and to the perceived lack of the ill person's voice. She describes different kinds of myths (the battle, the journey, death and rebirth, healthy-mindedness) on which pathographies draw in order to come to terms with the destructive experience of illness. She attributes therapeutic function to pathography, regards it as the "missing part" which complements the medical case study, draws attention to its relation to autobiography and life writing, and hails it also as a new kind of literary genre: "In some sense, the pathography is our modern adventure story. Life becomes filled with risk and danger as the ill person is transported out of the familiar everyday world into the realm of a body that no longer functions and an institution as bizarre as only a hospital can be [. . .]" (1).

6 While Hawkins also draws attention to the ideological implications of the myths around or against which pathographies are written, her literary enthusiasm about the form is, perhaps, surprising. The autobiography critic Thomas Couser comes to a very different conclusion at the end of his extensive analysis of personal breast cancer narratives, when he writes: "It is to be hoped that one day, having served its purpose, the form will be obsolete, like the slave narrative, and that the narratives will be of interest largely to historians trying to reconstruct women's experience in late twentieth-century America" (*Recovering Bodies* 77). He sees the link between narratives of breast cancer and slave narratives in their similarly political motivation, written "in the hope of abolishing a threatening condition that their narrators were fortunate enough to escape" (37). Couser describes the emergence of breast

cancer narrative as an autobiographical subgenre during the 1970s as a consequence of the women's movement. While mortality rates are higher among poor and black women, those who narrate their illnesses are generally white women of the middle- and upper classes, so that "[a]utobiographical accounts tend to describe best-case scenarios" (38). Also, by generic definition, breast cancer narratives as well as autobiography in general are written in the comic mode: "it ends 'happily,' with some significant recovery" (39). Yet even though structurally the plots of these narratives are comic, the narratives are underwritten by a subtext of anxieties. Despite "sometimes being extravagantly affirmative" (40) the texts are haunted by a specific type of lingering fear due to the uncertainty of the cure's permanence.

7 Couser agrees with the general suspicion of narrative which is prevalent in Sherwin's dismissal of the media's love for "heroic tales of personal confrontation with breast cancer," and which has been formulated by disability theorist Lennard J. Davis in *Enforcing Normalcy*: "by narrativizing an impairment, one tends to sentimentalize it and link it to the bourgeois sensibility of individualism and the drama of an individual story" (4). Couser, however, modifies this claim by arguing that some examples of the subgenre of disability autobiography may realize their counterdiscursive potential by their ability to "resist or undermine objectification by some presumptive medical or medicalizing authority" ("Signifiying Bodies" 117). Reading Frances Burney's letter, I will argue that she resists objectification in her narrative of a painful operation by turning against medical authority those very sentimental conventions she employs in her novels, as well as by opening up a number of dialogic "voices."

Frances Burney: "A Mastectomy" — Survival Strategies and the Autobiographical Letter

8 Burney's "mastectomy letter" is also an early example of a narrative intervention into medical history from a female patient's perspective. Written in 1812, it is a pathographic narrative which coincides with the shift in the treatment of illnesses from analogical classifying practices to clinical diagnosis in the nineteenth century described by Foucault in *The Birth of the Clinic*. The objectifying gaze of the physician reads bodies for the signs they reveal, sometimes against the patient's narrative of symptoms. These signs are transformed into a narrative account of the etiology and progress of the disease in medical case histories, for which a notation system is established in the early nineteenth century (Epstein, *Conditions* 32). Burney attaches the medical report, which briefly recounts the operation and details her recovery from it, to her letter. It serves as a further reassurance to

herself and to her sister Esther in England, to whom she addresses the letter with detailed instructions about the distribution of "this doleful ditty" (Burney 612), that "all has ended happily" (615), One of the medical explanations for breast cancer in the eighteenth century linked it to the cessation of menstruation, dating back to the Hippocratic belief in a "consensus" existing between the uterus and the breasts (de Moulin 37). The observation that more women develop breast cancer after menopause resulted "in a complicated 'biological' blame tied not to the women themselves [. . .] but to female anatomy" (Epstein, *Pen* 79). Burney's repeated insistence on the "happy ending" of her story illustrates her awareness of a moral triumph over cancer and its attendant sufferings. In this respect, Burney's letter fits with the individual "heroic" mode of illness narrative criticized by disability theory.

9 However, in her letter Burney does not remain "patiently heroic." Rather, she uses narrative conventions associated with female writing and with privacy — autobiography, the letter, sentimental fiction — to analyse, and sometimes to direct, the subject positions shaping her illness experience. As a narrative of survival and recovery from illness, Burney's semi-public retreat from silence can be read as a strategy of female empowerment, which shows many of the plot structures of pathographies, like the statement of an initial awareness of symptoms, followed by consultations with female friends, with her husband, and the final decision to see a doctor. Also, by making her illness experience known to others, it serves as a "warning" to other women, "should any similar sensations excite similar alarm" (Burney 598) — an act which is "itself a courageous acknowledgement that one's body is no longer intact" (Couser, Recovering Bodies 43). In the process of narrative transformation, in her writing about a dangerous, painful, and traumatic event, she redirects conventions of domestic writing in order to gain some measure of control over the situation. In her consultations with some of the best-known surgeons in Paris, Antoine Dubois, obstetrician and surgeon as well as doctor to the Empress Marie-Louise, and Dominique-Jean Larrey, military surgeon to Napoleon, she familiarizes the fearful situation by casting them in the roles of sentimental villain and hero, respectively (Wiltshire, "Burney's Face" 258). With regard to their specializations, it is interesting that the military surgeon Larrey is cast in the role of the trustworthy though unworldly hero, while the courtly Dubois acts as "commander in chief" (Burney 610) at the operation scene in which the letter culminates. During the preparations for the operation, Burney directs the pity usually reserved for the patient towards her husband, General d'Arblay, in her decision to shield him from the pain of witnessing it. Through this strategy of substitution by which she gains agency through depersonalization — "as if I were directing

some third person" (608) — she manages to control her own fear and to counteract her powerlessness as a patient.[5]

10 Moreover, Burney's letter is interesting in terms of its management of "voice." Burney's contemporary status as a well-known novelist, her instructions to her sister for its distribution among friends and family as well as its careful manuscript transcription for later publication mark its semi-public status, which is matched by her mingling of public and private discourses in order to make sense of her illness experience: to the sentimental constellation the discourse of law is added, when she casts herself in the role of the criminal who is sentenced to the unavoidable trial of the operation, her doctors becoming her judges. The framework of criminal law is transformed into that of a military invasion, when Burney describes the actual operation as the moment at which her room is invaded by "7 Men in black" (610). The oscillation between public and private discourses becomes most urgent and painful when she tries to gain knowledge of the surgeons' activities. Initially, she literally struggles to regain her voice, when the surprising entry of the seven surgeons has left her speechless, but Dubois' order to remove her supporting nurses reactivates her: "This order recovered my Voice — No, I cried, let them stay! qu'elles restent

> Yet — when the dreadful steel was plunged into my breast — cutting through veins — arteries — flesh — nerves — I needed no injunctions not to restrain my cries. I began a scream that lasted unintermittingly during the whole time of the incision — I almost marvel that it rings not in my ears still! So excruciating was the agony. (612)

11 "Voice" has discursive and physical meanings in Burney's letter, and the first person narrative voice oscillates between the private and the public in order to objectify her experience for her own therapeutic purposes as well as to make it emphatically present for others.[6] The complexities of the divided stance of Burney's narrative voice can be observed in the range of focus which her first person narrative allows, shifting from the detached interiority of the preparations, described by her as a third person stance, to the intense closeness of the first person perspective achieved by representing the enduring scream. A different kind of first person narrative of a mastectomy is that of the eye-witness in John Brown's story "Rab and his Friends" (1863). While Burney's text is situated both in the context of personal breast cancer narrative and in that of medical histories from the patient's

[5] For a more detailed analysis of the gendered discourse on pity and the strategic uses of subject positions related to it in Burney's work see my "Mitleid und Geschlecht im sentimentalen Diskurs: Das Subjekt als Aggressor und als Opfer bei Frances Burney."

[6] Julia Epstein has drawn attention to the divided narrative voice between "social self/proper lady" and "private self/angry lady" in Burney's writing; a detailed analysis of the divisions between the public and the private in the mastectomy letter is provided in her *The Iron Pen*, 53-83, see also my "Frances Burneys *Mastectomy Letter*: Die Krankengeschichte als Syntax der Schmerzerfahrung."

perspective (see Wiltshire, "Pathography"; Dorothy and Roy Porter 107-110), the Edinburgh physician John Brown's text, by contrast, is cited as a source in more traditional medical histories which privilege the surgeon's view.[7] At the center of the story is a mastectomy that took place in 1830 in the operating theatre at Minto Hospital in Edinburgh. The first person narrator is identified as John Brown's younger self, medical student and clerk at the hospital. He is an eye-witness to the operation conducted by the well-known surgeon James Syme (de Moulin 52). Before the operation takes place, Alison Graeme, accompanied by her husband James and their dog Rab, consults the narrator about a tumour in her right breast. "Ailie" is introduced by the narrator as a beautiful old woman who is "gentle, modest, sweet [. . .], clean and lovable" (11) with an "unforgettable face — pale, serious, lonely, delicate" (10). The hyperbole with which he describes her face provides the contrast to the "immoral" organ that defeats her by turning from a condition of purity — "that had once been so soft, so shapely, so white, so gracious and bountiful, so 'full of blessed conditions'" (11) — to one of disease: "hard as a stone, a centre of horrid pain, making that pale face, with its grey, lucid, reasonable eyes, and its sweet resolved mouth, express the full measure of suffering overcome" (11). The title of John Brown's story draws attention to the curious framing of this narrative of a mastectomy: Rab is the Graeme's large dog, whose perception, as an extension of the narrator's voice, shapes the story's main event, his mistress's operation.

12 In this narrative, the suffering female body does not suffice to evoke sympathy in the male world which surrounds it, but canine intervention is necessary to enable a human reaction. "Rab and his Friends" is a strange variation of what Thomas Laqueur has described as the "humanitarian narrative" of the early nineteenth century that "came to speak in extraordinarily detailed fashion about the pains and deaths of ordinary people" (177) in order to arouse compassionate action. Brown defines the pity of the medical students that crowd into the operating theatre to witness Ailie's operation in a direct appeal to the reader:

> Don't think them heartless; they are neither better nor worse than you or I: they get over their professional horrors, and into their proper work; and in them pity, as an *emotion*, ending in itself or at best in tears and a long-drawn breath, lessens, — while pity as a *motive*, is quickened, and gains power and purpose. (13-14; emphasis in the original)

In order to counteract this callousness of the public operating theatre and the (necessarily) pitiless gaze of the medical student, the privacy of the scene is highlighted by focusing on

[7] In his recent history of British surgery before the advent of anaesthesia, Peter Stanley uses Brown's story to highlight his motivation of gaining insights into "the depths of our common nature": "Victorian sentimentality and Presbyterian piety cannot mask the profound feeling of Brown's description of Allie's last hours, and of James's grief" (8). Regarding the gendered aspect of this "common nature" which Brown's story reveals and the perceptions it focuses on (namely, the surgeon's and the dog Rab's), Stanley's invoking this particular tale at the beginning of his study is revealing for the very "unsuspicious" approach he chooses for his subject.

Rab. While Ailie is sublimated into a superhuman and unworldly being, whose body does not register pain and who remains silent throughout the operation, Rab the dog is given a voice instead:

> The operation was at once begun; it was necessarily slow; and chloroform — one of God's best gifts to his suffering children — was then unknown. The surgeon did his work. The pale face showed its pain, but was still and silent. Rab's soul was working within him; he saw that something strange was going on, — blood flowing from his mistress, and the suffering; his ragged ear was up, and importunate; he growled and gave now and then a sharp impatient yelp; he would have liked to have done something to that man [. . .]. It is over: she is dressed, steps gently and decently down from the table, looks for James; then turning to the surgeon and the students, she curtsies, — and in a low, clear voice begs their pardon if she has behaved ill. The students — all of us — wept like children. (14-15)

Some days after the operation an infection develops and Ailie dies in a delirium in which she imagines holding a long-dead baby against her bandaged chest. Ailie's almost unbelievable silence, her "admirable self-restraint" (de Moulin 53) throughout the operation, contrasts with Burney's piercing scream. The situation of both women as well as the narratives in which they figure differ very much: Burney is an upper middle class woman who experiences her operation in the privacy of her bedroom, while Ailie is a working class woman displayed to an audience in a public operating theatre. Burney is a writer who controls her own narrative, which she opens up into a dialogue with her sister Esther, while her husband also is given a voice in her letter: after having spared him the pain of his physical presence at the operation, she includes him into her narrative of it (Burney 614). Ailie's husband James is present at her operation, but is mercifully distracted by having to keep his dog under control. While Ailie emerges from Brown's narrative as a saintly figure, she also remains completely silent. Any glimpses of her face, her body, or her — delirious — mind are controlled by the narrator's voice, who projects the disruption of the silence during the operating scene onto Ailie's dog. The dog's growls and yelps and the student's tears are nonverbal expressions of emotion in this narrative, which focuses on the interiority of the eye-witnesses, but remains distanced from the sick person. The second person addressed here is the reader, not Ailie, and John Brown's first person narrative is concerned with coming close to understanding the motivations of the professional eye-witness to Ailie's operation. The woman patient herself is perceived throughout from the outside. She gains her onlookers' compassion only when her polite behaviour after the operation and her superhuman endurance have almost depersonalised her.

13 Perhaps because of its fundamentally dialogic nature Burney's letter has actually initiated something of a transhistorical dialogue. It has been taken up in late twentieth-century

fiction: Helen Dunmore has written a reply to Burney's letter in her short story "Esther to Fanny." The narrator, a middle aged "orphaned" Esther who has witnessed her seventy-year-old mother's dying from an incurable cancer in a hospice, addresses her story to "Fanny." The narrator is fascinated by the historical distance between Fanny Burney's experience and her own. While Burney's narrative appeals to her as a university teacher of modern English literature, she dwells on the intriguing emotional relationship between the patient and her doctors, her own experience with her mother's illness and death creates a distinct feeling of ambivalence. She is not at all sure about her mother's actual responses to her treatment by the doctors or the staff at the hospice: "She was so polite that it was hard to tell" (130). Esther spells out her approval of Burney's scream, acknowledging it as a powerful emotional outlet, as a physical release against "false shame": "Esther to Fanny. I am glad that you screamed throughout the twenty minutes of your operation, except when you fainted. To restrain yourself might have seriously bad consequences, your doctors told you beforehand. What miracles of sense and feeling those men must have been!" (132). The short story employs the rarely used second person narrative voice in order to establish a dialogue with the historical other. By juxtaposing the historical letter with the narrator's own communication with her dying mother, the story also highlights the overdetermination of Burney's internal perspective. Burney provides a detailed analysis of the subject positions involved in her situation, she is explicit in her judgements and feelings. This communicative and emotional explicitness, or even excess, is welcomed by the narrator Esther, who encounters her mother's polite distance, the "unfeeling" surroundings of late twentieth-century medical institutions, the unmentioned "smell of death." Burney's excessively explicit language of feeling provides Dunmore's narrator with a second person for her dialogue of grief.

14 A very different use is made by Penelope Fitzgerald of this communicative excess, who acknowledges her indebtedness to Burney's letter for her "description of an operation without an anaesthetic" in her novel *The Blue Flower* (1995) about the Romantic poet Novalis's love for Sophie von Kühn. Von Kühn died in 1797, aged fifteen, after three operations failed to cure her of tuberculosis. After using Burney's letter for some of the details of the preparations for the operation, Fitzgerald closes the chapter by leaving the scream to the reader's imagination, carefully framing it through the nosey landlady's sensationalist precautions:

> Frau Winkler had discussed the expected visit of Professor Stark with all her neighbours within a certain radius, "in order that there should be no misunderstanding, when screams and cries are heard. They might imagine some dispute [. . .]." "A lodger, perhaps, strangling a landlady," agreed the Mandelsloh. (191-192) Frau Winkler,

> waiting below on the bottom stair, had been able to hear nothing, *but now her patience was rewarded*. (194; emphasis added)

Fitzgerald uses the suspense building up in Burney's narrative of the preparations for the operation as well as its detached stance and transforms them into the figure of the landlady as an eye-witness. By omitting the operation scene from narration, the reader is led closer to the patient's position, leaving the eye-witness position "below on the bottom stair." Fitzgerald's third person narrative moves closer to an understanding of the operation scene from the patient's perspective than Brown's first person witness narrative.

Maria Edgeworth: *Belinda* (1801) — Lady Delacour and the Secrets of Illness Narrative: The Aristocratic Memoir in the Bourgeois Novel

15 As I have shown, Burney's "mastectomy letter" is dialogic in many respects: as a letter to her sister, it is an intimate kind of female discourse that she opens up to other women in a similar situation. While establishing the gendered context in which the surgery itself takes place, she also opens up her narrative by including her husband, on the one hand through enacting control over the situation by pitying him, on the other hand by inserting his voice into her narrative. Moreover, due to the attention it has attracted amongst later writers, Burney's letter enables a transhistorical dialogue with rewritings of it in the late twentieth century. In its historical context, Burney's explicitness in addressing the moral, social and sexual issues raised by breast cancer situates her narrative between the secrecy for which Mary Astell was praised by her first biographer George Ballard in the mid-eighteenth century, and the silencing of Ailie in Brown's mid-nineteenth-century text. The philosopher Mary Astell died of breast cancer in 1731, after submitting to an operation at a very late stage (Perry 319). After emphasizing the heroic concealment and self-treatment of her illness, Ballard praises "her stoic patience, her lack of struggle or resistance, and her silent resignation in the face of pain" (Epstein, Pen 78).

16 Secrecy is also a central aspect of the representation of illness in Maria Edgeworth's novel *Belinda* (1801), in which Lady Delacour, a rakish society-woman, tells her history to *Belinda*, the novel's enlightened bourgeois heroine. In this way, the first-person of Lady Delacour's aristocratic memoir is incorporated into the third-person voice of the novel. This life-story culminates in a duel between herself and a hated social rival, in which Lady Delacour receives a wound to her breast. She refuses to have the wound examined by a doctor for fear that public knowledge of her "deformity" will undercut her celebrity. As Kathryn Kirkpatrick notes, "her diseased breast marks her disfigured domestic and maternal functions"

(xvi), thus imprinting a moral judgement on her body. The female duel, as a travesty of the male world and its ideas of honour, is presented as a ludicrous and comic event which is prevented from becoming deadly serious by the intervention of "an English mob." Again, public and private meaning of the event are in conflict, since the "comic duel ended tragically" (57) as it marks the beginning of Lady Delacour's illness. After having ignored her developing symptoms for two years, she misreads the painful inflammation of her breast as terminal: "it was in vain to doubt of the nature of my complaint" (*Belinda* 65). While her pain and her fears have assured her of the serious nature of her disease, she refuses to consult a physician. Instead, she takes her servant Marriott and Belinda into her confidence, burdening them with her secret. With the help of her devoted servant she has managed to address her energies to playing the role of the coquette, and to concealing her illness from the public as well as from her husband. She explains her refusal to have her body examined with her need for public admiration and her rejection of pity, analysing her own situation as that of a life of public performance and private emptiness:

> "I never will consult a physician — I would not for the universe have my situation known. You stare — you cannot enter into my feelings. Why, my dear, if I lose admiration, what have I left? Would you have me live upon pity? Consider, what a dreadful thing it must be to me, who have no friends, no family, to be confined to a sick room — a sick bed [. . .]." (Edgeworth 65)

17 Secrecy as a dominant motif of the novel in its connection with illness and the failure to communicate is examined in the chapter "The Mysterious Boudoir," which provides a turning point in the story of Lady Delacour's recovery as moral reform. When Lady Delacour becomes the victim of a carriage accident, the permanent pain in her breast gives the event additional seriousness. Her reaction to pain is described as an unnatural consequence of her attempt to keep her illness secret: "It was the constraint which she had put upon herself, by endeavouring not to scream, which threw her into convulsions" (127). Her attempts at ignoring the body and keeping pain secret are dismissed in the novel's moral subtext as the weakness of a society woman who lives only for her public image. Her mode of story-telling is not the autobiographical confessional, popularised by the rising middle classes in the eighteenth century, but the self-reflexive display of the public persona in the aristocratic memoir. Lady Delacour's "heroic" silencing of her pain is the counter-image of Burney's scream in the autobiographical narrative. The "mysterious boudoir" episode is also significant in showing the extent to which Lady Delacour's secrecy encourages misunderstandings. She locks up all the signs of her illness in her boudoir, like the laudanum she takes against her pain, while her husband mistakes the meaning of the locked closet for the sign of a concealed

lover. Belinda, however, takes the gentleman-physician Dr X into her confidence, and opens the boudoir door for him to let him see "that this cabinet was the retirement of disease, not of pleasure" (133). When Lady Delacour is finally convinced of the positive effects of opening the door of the "mysterious boudoir" to her husband, his reaction is not one of disgusted rejection, as assumed by her, but one of grief and love. The reconciliation with her estranged husband and daughter explicates one of the moral functions of illness in the novel, which links it to a privacy "diseased" due to secrecy and misunderstandings.[8]

18 Lady Delacour's self-diagnosis of a terminal illness is finally revealed as a "misreading" that is due to two moral "errors": errors of the body, and errors of the mind. Her illness turns out to be, at least partly, self-inflicted. Significantly, her reform is achieved when she submits her body to the male authority of the gentleman-physician, Dr X, while her mind is cured of religious excesses by an Anglican minister. Her cure is based on the rational balance of her mental and physical "diseases." Even though this cure as character reform is mediated through the figure of the rational heroine Belinda, who serves as female friend and confidante, as listener, model, and preacher, it becomes clear that Edgeworth's ideal of enlightened, non-sentimental womanhood is in tune with her acceptance of rational male authority. Lady Delacour's urge for independence, her attempts at staging her own public image, or her endeavours to stay in control of her body and her mind in defiance of public authority and the domestic authority of her husband, are all revealed as irrational whims which even prove harmful to her health. Her scope for agency is more and more diminished in the process of her reform when even her mistaken assumptions about her illness are shown to originate in the manipulations of a quack doctor:

> The surgeon and Dr X now explained to lord Delacour, that the unprincipled wretch to whom her ladyship had applied for assistance had persuaded her that she had a cancer, though in fact her complaint arose merely from the bruise which she had received. He knew too well how to make a wound hideous and painful, and so continue her delusion for his own advantage. Dr X observed, that if Lady Delacour would have permitted either the surgeon or him to have *examined* sooner into the real state of the case, it would have saved herself infinite pain, and them all anxiety. (Edgeworth 314)

19 A parallel reading of Burney's autobiographical account of her mastectomy with Maria Edgeworth's use of the threat of cancer for a moralist cure of the rakish Lady Delacour reveals a number of early nineteenth-century assumptions about illness and female agency. The strategies of information are gendered and indirect in both narratives. When Lady Delacour

[8] In keeping with the novel's reception history, which has favoured the unconventional Lady Delacour over "that stick and stone Belinda," in Maria Edgeworth's own words (qtd. in Montwieler 347), her recovery of a domestic character remains related to her public image, and her domestication is never complete, she is allowed to stage the novel's ending and is given literally the last word.

submits to the operation and to the examination of her body by the physicians, she becomes the object of a male discourse: the symptoms of her body as well as her conduct become the subject of Dr X's explanations and observations to her husband, Lord Delacour. The consulted physician talks to the female patient's husband, rather than to her. This is also true of Burney's account: Dubois consults with Burney's husband, Alexandre d'Arblay, rather than with her, when he first examines her and gives the opinion that an operation will ultimately be necessary to save her life. The language, however, is much more indirect than in the case of the outspoken fictional physician Dr X, and Burney has to infer the meaning concealed by both her husband and her physician: "I had not, therefore, much difficulty in telling myself what he endeavoured not to tell me — that a small operation would be necessary to avert evil consequences!" (Burney 600). In Edgeworth's fictional account, information strategies are ideally transparent, while the doctor's strategy of communicating with the husband instead of the female patient is represented as the proper way of procedure. In contrast with Burney's account of her physician's procedure, the only secrecy involved in the mismanaged illness of the fictional narrative is Lady Delacour's own, which leads to a number of misunderstandings and conflicts.

20 Even though Lady Delacour's mistrust of Dr X's counsel is finally dismissed as irrational by the novel's moral subtext, her scepticism highlights her awareness that the new medical practices of examination and diagnosis prevent her from assuming responsibility for her own body and diminish her ability to act for herself. Lady Delacour's aristocratic disdain for being "managed" (178) leads her to reject Dr X's warnings against a secret operation that he has left in writing for Belinda. Lady Delacour regards this written document as a means of his own legal protection, which proves his prudence. She is also aware of the (legal) practice of involving the husband in the process of examination, diagnosis and operation observed by experienced surgeons and physicians (178-9). Lady Delacour's motivation for keeping from her husband both the knowledge of her illness and that of a possible operation is ambiguous: She hides her physical deformity from him in order to avert the dreaded reaction of disgust and pity. Her secrecy also serves the different, though related, purpose to make her husband jealous. On the level of the public staging of power games that defines her relationship to her husband, she seemingly assumes control over him. The manipulations rebound when Lady Delacour becomes the victim of her own suspicions, while her scope for agency is more and more diminished, until she becomes the object of the doctor's gaze and the subject of Dr X's consultation with her husband.

21 The open confrontation and disdain for male authority that characterizes the fictional female aristocrat is curbed as part of her reform and cure. Burney's account of her own consultations with friends, family, and surgeons in the context of her illness and operation highlights, by contrast, the scope for agency that she retains, while apparently submitting to male authority. She achieves this by domesticating the medical context and giving her doctors the roles of sentimental hero (Larrey) and villain (Dubois) respectively. While she has to submit, like the character in Edgeworth's novel, to the surgeons' practice of informing the husband rather than the patient of the diagnosis, by revealing and counteracting her surgeon's strategies of indirection Burney manages to assert her right to be informed. In contrast to the fictional Lady Delacour's arbitrary position towards her husband, Burney's narrative of domestic happiness and mutual regard strengthens her position: Even though her husband is part of the consultation process and of the preparations, Burney prevents his witnessing the operation. Her strategies of management are means of asserting her agency and control in a situation which tends to reduce her as an individual subject. In the detailed account of her illness and of her operation she draws attention to the physicians' strategies of objectification, while showing the limits and possibilities of reasserting her subjectivity as a patient. Both Edgeworth's narrative of Lady Delacour's misreading of cancer and Burney's autobiographical account demonstrate the consequences of the surgeon's "gaze," and represent the new medical practices of examination and observation emerging in the late eighteenth century. While Edgeworth's novel privileges male rationality over a disease that originates in female fancy, Burney's letter analyses, criticizes and sentimentalises the positions of the male surgeons and the female patient for her own purposes of gaining control.

Susan Sontag: *Illness as Metaphor* — Essay-Writing "Against Illness"

22 The two narratives compared so far approach the topic of illness not only from different perspectives and different genres, they also differ in the degree of centrality they give it. While Lady Delacour's illness narrative is a subordinate part of Edgeworth's first English society novel, a novel of development that participates in the less radical versions of the tradition of enlightenment feminism, and is part of Edgeworth's didactic concern with female education, Burney's autobiographical account of her mastectomy participates in the sentimental tradition of self-analysis, and is, to a certain extent, a medical case history. They share the historical moment of a shift in illness attitudes and in the technologies of medical diagnosis. Susan Sontag's essay, *Illness as Metaphor* (1978), differs in perspective, genre as well as in the historical moment, but it shares with Edgeworth's novel the moral concern and

with Burney's narrative the autobiographical motivation. While Edgeworth's novel can be read as a moralist and rationalist intervention against illness and secrecy, Sontag's essay, similarly, has a moralist and political agenda. It is written against twentieth-century attempts to psychologize cancer, more specifically against theories of a "cancer personality" developed by American psychotherapists in the 1960s (Olson 166-67).

23 Sontag analyses the new kind of blame attached to the patient's character as well as to his or her behaviour as part of American consumer culture which promotes a secular return to Christianity's moralizing of illness as a deserved punishment. In the nineteenth century, the "closer fit between disease and 'victim'" (*Illness* 43) that is associated with Christian notions of illness resulted in a shift from the notion of illness as punishment to an "expression of the inner self," which is even more punitive and destructive for the patient: "With the modern diseases (once TB, now cancer), the romantic idea that the disease expresses character is invariably extended to assert that the character causes the disease — because it has not expressed itself" (*Illness* 46). Sontag writes against these mystifying connections between illness and patient: In drawing attention to the uses made of illness as a metaphor, she distinguishes the "most truthful way of regarding illness" as "one most purified of, most resistant to, metaphoric thinking" (3). She regards the resistance to normative notions of illness which the form of the analytic essay can provide as more effective than a personal narrative, dismissing the individualist approach to story-telling as strategically less useful for counteracting the stigma of illness in contemporary Western European culture:

> I didn't think it would be useful — and I wanted to be useful — to tell yet one more story in the first person of how someone learned that she or he had cancer, wept, struggled, was comforted, suffered, took courage [. . .] though mine was also that story. A narrative, it seemed to me, would be less useful than an idea. (*AIDS* 101)

With her analysis of metaphorical thinking about illness, Sontag attempts to relocate the individualised "guilt- and victim-approach" to the more specific historical frame of nineteenth- and twentieth-century fantasies about illness. While Sontag's essay has been most effective in challenging modern conceptions of illness, it remains within the "health/illness binary characteristic of modern medicine" (Diedrich 56). *Illness* as Metaphor has opened up a critical dialogue in disability theory as well as influenced personal narratives of breast cancer (Couser, *Recovering Bodies* 49). Her radical, but also strategic, dismissal of metaphor has been criticized by Anne Hunsaker Hawkins, who charges her with aligning herself with the medical ideal of a language fully purged of mythical and metaphorical thinking, while Hawkins herself distinguishes between enabling and disabling illness metaphors (Hawkins

22-23).[9] Sontag's own elaborate geographical metaphor with which she opens her essay "in mock exorcism of the seductiveness of metaphorical thinking" (Sontag, *AIDS* 93), has proved productive:

> Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizen of that other place. (Sontag, *Illness* 3)

In describing the postmodern illness experience as opposed to the modern sense of a binary opposition between illness and health, Arthur Frank adapts Sontag's notion of dual citizenship. He describes the "remission society" as one in which chronic illness has become survivable due to the progress of technological medicine, opening up a realm of "inbetween-ness": "To adapt Sontag's metaphor, members of the remission society do not use one passport or the other. Instead they are on permanent visa status, that visa requiring periodic renewal" (9).

24 Sontag's essay has proved dialogic in terms of the critical readings and rewritings it has provoked. It may also be placed in a transhistorical dialogue with Burney's letter and Edgeworth's novel. While Sontag eschews the closure of story-telling, and the metaphorical aspects of "success" or "failure" implied in the closure of autobiographical illness narratives, there are some interesting parallels between Sontag's approach and Burney's. The semi-public letter tells a story of "success," of survival and recovery, but it is also a "doleful ditty," a detached account of a painful operation bordering on a medical case history that is objective and lacks euphemism. In its performative use of sentimental discourse and military metaphors for shaping the relationship between (female) patient and (male) physicians it actively controls or asserts meaning rather than submitting to the illness metaphors' stigmatising force. Neither Burney's nor Edgeworth's texts fit neatly with Sontag's analysis of the "punitive or sentimental fantasies" about illness that turn into individual character studies in the nineteenth century. Burney's letter transcends the individual approach of the autobiographical patient's narrative by objectifying her pain, and by analysing the patient-physician relationship in her critical awareness of communicative strategies. Edgeworth's narrative of Lady Delacour's illness moralizes it and turns it into a character study, but it attempts a kind of de-mystification similar to the one that Sontag intends with her essay: The irrational connection

[9] Sontag concedes these distinctions in her rereading of *Illness as Metaphor* at the beginning of *AIDS and its Metaphors*: "Of course, one cannot think without metaphors. But that does not mean there aren't some metaphors we might well abstain from or try to retire. As, of course, all thinking is interpretation. But that does not mean it isn't sometimes correct to be 'against' interpretation" (93).

between secrecy and illness is criticized in Lady Delacour's narrative and revealed in its destructive effect in *Belinda*. The attitudes of illness expressed in these early nineteenth-century texts combine individual survival strategies and the desire for successful stories rather than "doleful ditties" with an appropriation of illness metaphors and with a disdain for secrecy. Sontag's late twentieth-century polemic against the harmful meaning of illness metaphors leads her, on the other hand, to a surprising trust in medical progress as a rational (male) activity which counterbalances her mistrust of narrative.

Works Cited