A SENTENCE OF DEATH HAD BEEN PASSED ON HER:
REPRESENTING THE EXPERIENCE OF BREAST CANCER IN BRITAIN THROUGH THE LONG NINETEENTH CENTURY

by

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PREFACE

Mary Wilson Carpenter begins *Health, Medicine, and Society in Victorian England* (2010) with the following thought: “The questions we ask, the subjects we choose to research, and the way we put together our findings about the past, all proceed from our position in the present” (1). Though I began this project two years before the publication of Carpenter’s text, these words accurately describe the way my own position connects with the many texts I have recovered. It seems only fair to identify that connection at the outset of the discussion and to detail the way this project has developed, particularly because this work centers on the recovery and prioritization of narratives and experiences.

Throughout the process of conceiving, researching, writing, and editing this dissertation, the question I was most commonly asked was a form of, “Was there even breast cancer in the nineteenth century?” This also took the form of questions like, “Did they call it breast cancer?” or “Did people really talk about it?” The answer to these questions, in all of their forms, is *yes*, as the chapters that follow will demonstrate, but first I want to consider the second most commonly asked question over these years of work: “How did you end up writing about something so depressing?” I’ve learned to laugh this off with a quick remark about my work growing less depressing after several years of interest in death, elegy, obituary, and theories of cultural memory and trauma. But there’s more to that answer, and I believe addressing it in a preface helps readers of this study to more fully understand this project, the position I bring to it, and the approach I’ve taken.

This interest in the topics of illness, dying, death, and memory comes, in its most basic form, from a number of interesting childhood experiences. My grandparents were actively involved as volunteers in hospice care throughout my early years. When I spent summers visiting and when we lived close to them, I often joined them on visits to patients, whether in their homes, the hospital, a nursing home, or a hospice ward. I regularly saw patients dying with AIDS and cancer as well as other terminal cases. We sang with them, read with them, talked with them, and after they died, we attended their funerals to grieve and to celebrate their lives. Sometimes we replaced family members who were absent, whether by choice or not, and at other times, we joined the family and friends who needed support during the final days of their loved one. Rather than being the scarring experience that many would be tempted to psychoanalyze, the time spent with the patients my grandparents helped has inspired in me a curiosity about death and memory and a desire to tell the stories of the dying.

My interest in the topic of breast cancer in the nineteenth century began with an interest in Victorian poet Christina Rossetti. As I continued research on elegies and obituaries for Victorian women writers from my master's thesis into my first year of doctoral work, I transcribed a series of letters between Rossetti's friend Lisa Wilson and brother William Michael Rossetti, who discussed an operation that had occurred in her final years. I became curious about her death from breast cancer and read Diane D'Amico's essay on the topic before my mentor suggested that I look for other women who also faced breast cancer in this period. This initial suggestion inspired a search that has not stopped for several years. From the first readings about Rossetti to other better-known cases like Fanny Burney, Sara Coleridge, and Alice James, I found new twists and more narratives at every turn. The beginnings of this archival research were like a floodgate, and once opened, I have found breast cancer to be present in so many places throughout the nineteenth century that I've had to become selective about which narratives to discuss in this project. After my first few months of research, I knew that this subject was one I *needed* to research and a topic about which I couldn't stop writing. Even in the moments when my dissertation topic raised questions about how I would situate myself as a scholar of nineteenth-century British literature, I couldn't leave these women and their narratives. Recalling his decision to write the narrative of a patient he saw in the early years of his practice, nineteenth-century doctor John Brown describes the story as "demanding to be told" (117). When I first read these words, sitting in the Humanities 1 reading room at the British Library, I felt that Brown was voicing my own feelings about the narratives included in this dissertation.

In this project, I recover and analyze nineteenth-century narratives of breast cancer in a variety of genres, including medical nonfiction, life writing, and fiction. This dissertation begins with an introductory chapter that situates the current project within theories about the history and narratives of breast cancer, medical history, gender and disability studies, medicine in print culture, and autobiography and life writing. In the chapters that follow, I consider three genres and approaches to breast cancer in the nineteenth century, selecting representative texts and cases for closer analysis. Along with a consideration of the ways breast cancer is represented in a specific genre, each of the chapters considers parallels between the experiences of nineteenth-century women and those of the past fifty years.

Chapter two considers the experiences of doctors treating patients with breast cancer through medical literature published in textbooks, advice books, and periodicals for both doctors and the general public. To provide necessary context, I begin with a brief overview of the development of medical knowledge and practice over the course of the nineteenth century. My readings of these texts center on the representation of women in medical literature and on the way the texts represent the breast cancer narratives of the doctors themselves, as they sought effective treatments and a more complete understanding of the illness. Additionally, I discuss how the medical texts reflect the power of knowledge about breast cancer and the ways it was often contained within the medical community.

In the third and fourth chapters, I discuss life writing about breast cancer from two perspectives. Chapter three addresses the perspective of the women patients facing breast cancer through the life writing found in their letters and diaries. From a larger body of primary texts recovered, I have selected for inclusion narratives by Frances Burney, Sara Coleridge, Lady Helen Dufferin, Alice James, and Princess Royal Victoria (later Empress Frederick). This chapter draws a connection between the life writing of nineteenth-century women and patients of the past few decades, as I explore the ways women claim agency in their experience with breast cancer through their strategic uses of speech, silence, and language. Chapter four discusses the experiences of the family and friends of women patients through post-mortem memoirs published about the women and their experiences with breast cancer. The texts include ones by the friends and family members of Jane Taylor, Emily Gosse, Annie Keary, Ellen O'Leary, and Christina Rossetti. Through these texts, I address the importance of community for women facing breast cancer as well as the emotional impact of the disease on their families and friends.

Chapter five connects the nonfiction forms from the previous chapters with fictional representations of breast cancer in novels and short stories and covers the ways that this nineteenth-century fiction links with fictional forms like television and films of the past few decades. I discuss Maria Edgeworth's *Belinda*, John Brown's "Rab and His Friends," and Katharine Tynan's "Willie" and *The House on the Bogs*. These fictional representations raise issues less apparent in the nonfiction forms of the previous chapters, namely the additional challenge faced by women of the lower classes who had breast cancer as they often struggled to afford treatment for the illness.

The epilogue brings together all of these genres in an exploration of how the experiences and narratives of breast cancer in the nineteenth century inform our own experiences in the past few decades. In addition to proposing a more inclusive understanding of the breast cancer narrative genre, I suggest several expansions of this work to include more variation in class status of women represented, more years of coverage, and/or more diversity in nationality and culture.

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CHAPTER ONE: INTRODUCTION

A silence the most profound ensued, which lasted for some minutes, during which, I imagine, they took their orders by signs, & made their examination—Oh what a horrible suspension!—I did not breathe—& M. Dubois tried vainly to find any pulse. This pause, at length, was broken by Dr. Larry, who, in a voice of solemn melancholy, said 'Qui me tiendra ce sein?—' No one answered; at least not verbally; but this aroused me from my passively submissive state, for I feared they imagined the whole breast infected—feared it too justly,—for, again through the Cambric, I saw the hand of M. Dubois held up, while his forefinger first described a straight line from top to bottom of the breast, secondly a Cross, & thirdly a Circle; intimating that the WHOLE was to be taken off.

—from Fanny Burney's Letter to her Family, 30 September 1811

Nearly every literary or medical history discussing breast cancer in the nineteenth century relies on the story of Frances "Fanny" Burney (1752-1840) to demonstrate the "typical" experience of women facing breast cancer in the period. Burney narrated her experiences in a letter she began six months after her mastectomy. Sent from Paris to her family in London, her letter is striking for its graphic detail and its atypical account for women of the nineteenth century. Because she was the wife of an officer in Napoleon's army, Burney's operation was performed in her home by one of the military surgeons. Her husband's military status had prevented Burney from leaving France during the Napoleonic Wars, so in 1811 she sought treatment for the tumor in her breast in France and wrote a letter about her experiences in order to update and inform her concerned family who remained in England. A significant number of women who received treatment for breast cancer in nineteenth-century Britain lived close enough to family and friends that such updates could be and were communicated orally, so Burney's account is anomalous. Also, Burney lived a remarkable 29 years after her mastectomy in a time when such an operation often failed to prevent recurrence or extend the patient's life beyond a few years at the longest.[1] Despite these differences, Burney's narrative has come to

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[1] In an 1896 medical textbook, Watson Cheyne describes the typical life expectancy with the earlier forms of mastectomy by saying, "The prolongation of life by the old operation is variously estimated at 8 to 13 months, but this is really longer than it should be by reason of the

represent a century of women's experiences with breast cancer since many of the other breast cancer narratives from the period have been all but forgotten.

In this project, I revise current histories of women's experiences with breast cancer in nineteenth-century Britain, including assumptions that women remained silent about the disease, through an interdisciplinary study relating medicine to three genres in the nineteenth century—medical nonfiction, personal nonfiction and life writing, and fiction—noting the ways those genres address and incorporate experiences with breast cancer. Though the three genres I have identified seem distinct, the chapters that follow demonstrate connections that bring them together under the larger genre category of breast cancer narratives. In *Recovering Bodies: Illness, Disability, and Life Writing*, Thomas Couser suggests that, though breast cancer narratives are "conditioned by the physical manifestations of the disease and the medical protocols of treatment," they are ultimately "women's responses to the disease, individually and collectively" (37). Because he focuses on the experiences of women patients with breast cancer, Couser describes the breast cancer narrative as "an autobiographical… subgenre" that emerged in the 1970s and 1980s (39). In this dissertation, I revise Couser's definition of the breast cancer narrative genre in two ways. First, I expand the idea of breast cancer narratives by including the voices of doctors in medical texts, family and friends preparing memoirs, and writers in fictional texts. For this reason, I read the genre of the breast cancer narrative concurrently with the traditional genres of medical nonfiction, life writing, and fiction. Second, I demonstrate that the genre of breast cancer narratives emerged much earlier than the 1970s and 1980s through my extensive use of nineteenth-century source material and my identification of a number of

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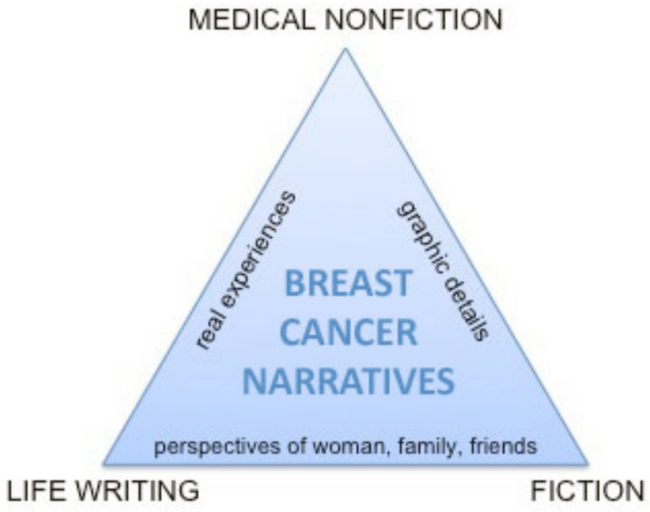
fact that some of the patients have lived several years and have thus raised the average. Excluding cases which have passed beyond the three- year limit, I do not think that the prolongation of life by the old imperfect operation is on an average more than from six to eight months" (29).

narrative trends that clearly emerged in these texts.

Read together, the genres of medical nonfiction, life writing, and fiction effectively demonstrate factors that inflect representations of breast cancer in the nineteenth century, including the details provided in the account, the narrative framework or organizational structure, and the language used to describe the illness, the treatment(s), the female patient, and the male doctor. Considering the rhetorical contexts of each genre, these alternative emphases are expected: the purposes and audiences of medical textbooks, life writing, and fiction are often drastically different, leading to the unique representations in each genre. Specifically, I chose the medical texts for the way they inform most current assumptions about nineteenth-century breast cancer and give graphic, medical perspectives on the illness. These texts also highlight nineteenth-century medical understandings of breast cancer. The life writing offers a stark contrast from the other side of the experience and demonstrates what is absent from most scholarship on breast cancer before the twentieth century. The fiction also provides a perspective that differs from the medical nonfiction by exploring the psyche of the patient, her friends, and/or her family but often includes more graphic details than the life writing. Still, in many cases, the narration of experiences with breast cancer crosses traditional genre boundaries, and the texts share many common strategies. The relationships and connections between the three genres are represented in the triangle diagram above.



Because genre informs how one interprets a text, the inclusion of the three different genres in this project allows me to analyze the experience of breast cancer in the nineteenth century from several different interpretive frameworks and perspectives. Throughout this project, not only do I read each text—whether medical nonfiction, life writing, or fiction—based on the traditional expectations of its genre, but I also read the texts based on frameworks for the breast cancer narrative genre. While scholarship on narratives of illness and disability informs my framework for reading these breast cancer narratives, I revise those strategies and develop some of my own in order to read the genre of the breast cancer narrative. Using such a genre-based reading strategy, this multi-genre dissertation can present a more complete picture than is available in current scholarship on the topic or is even possible in a single-genre study.

Though the three genres included in this project offer different perspectives and contexts, I bring them together with several key questions I ask of the texts throughout the dissertation. First, how did contextual elements (including rhetorical purposes, genre, narrator/subject, historical moment) shape the narratives of those dealing directly with breast cancer in the nineteenth century (doctors, patients, family and friends of patients) about their experiences with the disease? Also, how do relationships between bodies and texts influence the methods, style, and content of nineteenth-century breast cancer narratives as well as the experiences of those narrating the texts? Finally, how can the strategies of breast cancer narratives inform an interpretive framework for reading the (nineteenth-century) breast cancer narrative as a genre of its own? These three questions offer a series of connections that weave the chapters and the narratives in this project together and represent some of the larger concerns that have inspired me to embark on recovering and exploring nineteenth-century experiences with breast cancer.

The project recovers primary texts that relate to breast cancer in the period, some of which have been published with little (if any) discussion of the impact of breast cancer on the text. Many others, however, have been recovered from archives and libraries. In discussion of those texts, I put theories from three main fields of knowledge—gender studies, disability studies, and literature and medicine—into conversation with one another. In this introduction, I begin with a brief overview of the project and its importance for several fields and continue with a discussion of the key theories related to the various aspects of the project. While I include some general discussion of methods in this introduction, I describe the genre-specific methods used for reading and analyzing primary texts in the introductory sections of the individual chapters.

Though representations of breast cancer are common in twenty-first century Western culture, public discussions of the illness have only developed over the past forty years, as have the often-therapeutic and informative processes of publicly narrating or journaling an experience with breast cancer. Currently, scholarship on breast cancer narratives remains mostly confined to twentieth-century experiences, and those that address breast cancer in the nineteenth century rarely extend beyond the perspective of male doctors. The lack of scholarly coverage of nineteenth-century breast cancer is often (mis)understood as indicative of women's silence on the subject. As Marcy Jane Knopf-Newman explains about the experiences of Fanny Burney in 1811 and Alice James in 1891 in the introduction to *Beyond Slash, Burn, and Poison: Transforming Breast Cancer Stories into Action*, their narratives "set a precedent for characterizing [breast cancer] as something to fear, hide, and die of," and because they remained unpublished during the women's lifetimes, "discussions about the devastating effects of breast cancer also remained hidden" (4). After reviewing many texts about breast cancer in the nineteenth century, I would now disagree with Knopf-Newman's description of these texts as hidden. Instead, a number of the texts were published in the nineteenth century, and the recovered life writing demonstrates that women were well aware of the realities of breast cancer.

Unfortunately, Knopf-Newman is among the minority of scholars discussing breast cancer in the nineteenth century at all. Many others continue to assume that because the narratives have not been widely published, they must not exist. In order to revise this common assumption and recover alternative methods of representing breast cancer and women's networks outside dominant discourses and institutions like the masculinized practice of medicine, this study probes medical representations (artistic images, medical texts, and periodicals), life writing by the patient (letters and personal journals or diaries), life writing by others (memoirs and memorials in books and periodicals), and fiction (short stories and novels). In order to fully attend to the nuances in these materials, I supplement conventional literary analysis with other methods for recovery and reading a number of narratives not previously discussed or published. In particular, I have found Sharon Marcus's use of "just readings" most satisfying, and like Marcus, "I do not claim to plumb hidden depths but to account more fully for what texts present on their surface but critics have failed to notice" (75). These "just readings" incorporate the variety of meanings of the word *just*: "Just reading strives to be adequate to a text conceived as complex and ample rather than as diminished by, or reduced to, what it has had to repress. Just reading….recognizes that interpretation is inevitable: even when attending to the givens of a text, we are always only—or just—constructing a reading" (75). Though I began this project expecting to reveal hidden meanings related to breast cancer in a wide variety of nineteenth-century texts, I have instead realized that the narratives exist much closer to the surface, and "just reading" has become a useful strategy for analyzing the narratives in a way that fully addresses the complexities of the women's experiences.

The larger implications of this project include four key areas of significance. First, I offer possibilities for a change in the way we discuss assumed silences in women's experience, specifically expanding current knowledge about breast cancer in the nineteenth century to include voices and narratives, most of which have been frequently overlooked in existing scholarship. Second, I recover a number of texts that illuminate the connections between experiences with breast cancer in the nineteenth century and today and explore the ways the experiences, assumed to be drastically different, can inform each other. Additionally, though this project focuses on assumed silences specifically related to the experiences of breast cancer, it provides a model for reading other overlooked narratives in print culture and recognizing alternative means of expression that have been forgotten. Finally, this project offers an interdisciplinary approach to women's experiences with breast cancer. In order to fully analyze life writing, fiction, poetry, periodicals, medical texts, art, and more generally women's experiences with illness, the study adapts and develops models for making connections among the fields of literature, periodical studies, history of medicine, art history, gender studies, women's rhetorics, and disability studies.

In the remainder of this introductory chapter, I provide basic historical background and contextualization for understanding the experience of breast cancer in the nineteenth century and the narratives that appear in the chapters that follow. This context includes discussion of the realities of breast cancer; larger social contexts related to the breast, illness, and disability; the ways medicine and medical knowledge appeared in print; and women's uses of life writing to narrate experience. In each of these sections, I discuss the ways my work enters into or expands the current theoretical discourse.

Breast Cancer and Narratives in Nineteenth-Century Britain

In current historical and literary scholarship, most coverage of breast cancer in the nineteenth century is limited to the narratives of male doctors or the medical developments made by them. Based on the belief that there were few narratives of breast cancer by women of the nineteenth century, most recent studies that discuss breast cancer before 1900 limit coverage to Halsted's early work on the radical mastectomy and Fanny Burney's letter about her 1811 operation or several other famous cases of breast cancer in Abigail Adams, daughter of American President John Adams, and Alice James, sister of author Henry James. Though the experiences of several real (and famous) women appear in these discussions, they are used within a focus on both the medical developments and the views of the doctors treating women with breast cancer. My discussion of breast cancer in this project, though, combines coverage from the perspective of the doctors in chapter two with experiences of the women themselves in chapter three and those of their families in chapter four.

Several of the studies that trace the history of breast cancer, including those by Barron Lerner and James S. Olson, begin in ancient Greece or Persia with theories about what caused cancer and the effects of those theories on suggested treatments for it. This connection between medical beliefs about the causes of breast cancer and the treatments performed continues through the nineteenth century and into our contemporary medical practices. In the eighteenth and nineteenth centuries, medical debates about breast cancer centered on the question of whether the disease was a local issue or a systematic one that impacted the entire body, though surgery as a treatment remained limited in either case until the introduction of anesthesia and antiseptic techniques in the middle of the nineteenth century. In the second half of the nineteenth century, a number of medical advances paved the way for William Halsted's famous work on the radical mastectomy. Some of these include Rudolf Virchow's development of cellular theory about the connection between a cancer and its spread through lymph nodes and the work of surgeons

Richard von Volkmann and Lothar Heidenhain who recommended removal of more than the cancerous breast during a mastectomy. As a surgeon at Johns Hopkins, Halsted developed and encouraged the widespread use of the radical mastectomy, an operation used in the treatment of breast cancer that removed "the cancerous breast, nearby lymph nodes, and the two chest wall muscles on the affected side" in a single piece (Lerner 4). Halsted's medical theories clearly depended on these German predecessors, among other continental influences, after a grand tour that allowed him to study the practices of doctors treating breast cancer throughout Europe. The radical mastectomy appears in many twentieth-century narratives of breast cancer because it was the primary treatment for the illness through much of the century, but women of the nineteenth century also narrated their fear of such a disfiguring and disabling operation, even if medical professionals often dismissed that fear. Olson understands and describes the ways gender factored into this medical history in the late nineteenth century, explaining the dominance of men in the field of medicine. Because of this, women often were "treated by men they did not know, especially if they suffered from breast cancer." With the simultaneous rise of medical research, Olson argues, "women with breast cancer became scientific objects as well as patients, subject to the whims of male physicians afflicted with gender biases and scientific detachment" (64). My project takes Olson's argument a step further by exploring the relationship between the "scientific detachment" of the doctors and the hesitation of many women patients to discuss their experiences with breast cancer as one of the many causes for the relative dearth of nineteenth-century narratives about breast cancer compared to the twentieth century.

Ellen Leopold, in *A Darker Ribbon: Breast Cancer, Women, and their Doctors in the Twentieth Century* (1999), makes this connection more explicitly. Because her project focuses on twentieth-century experiences, though, Leopold's discussion of the experiences of women patients before the twentieth century is limited to chapter one of her study. This first chapter, tellingly titled "The Prehistory of Breast Cancer," defines this prehistory as everything before the end of the nineteenth century. This use of *prehistory* separates it from *history*, placing the work of Egyptian doctors over three thousand years ago into the same category as experiences from less than two hundred years ago, all of which, she argues, "ha[ve] been totally lost to modern consciousness" (23-24). The dividing line that separates her history (the twentieth century) from prehistory (everything before it) is an effective reminder of the need for more discussion of the breast cancer narratives from the nineteenth century and before. Leopold believes the earlier narratives have been lost "because women left little or no written trace of their disease," requiring current readers "to rely more heavily on the written evidence of breast disease supplied by medical men" (38), a narrative about the surgeon's battle against the illness that all but ignores the position of the patient. This version of the usual story confirms the "scientific detachment" described by Olson, as the narrative often focuses on a heroic victory over the illness rather than on the experience of the patient while facing a frightening disease and painful treatments. Jason Tougaw provides a central example of this construction in the 1800 case of Mrs. Craib, a real patient with breast cancer. The situation of Mrs. Craib is unique in that two men, Dr. Nisbet and Dr. Oliphant, published competing case histories of her treatment that present each doctor-author as the hero of his own story as he saves Mrs. Craib, the damsel in distress. By reading nineteenth-century medical coverage of breast cancer more extensively (see chapter two), I demonstrate that the doctor's experience of breast cancer and his consideration of the patient's presence in the battle against disease is much more nuanced than it appears in current scholarship.

Though many studies on the history of breast cancer and its treatment overlap in a variety of places, they have created an engaging conversation that I join through this project.[2] When these studies are considered together, the apparent absence of narratives by women of the nineteenth century is a glaring hole in the scholarship on medical history more generally and on breast cancer more specifically. My study of the primary texts that narrate experiences with breast cancer in nineteenth-century Britain centers on the voices of women patients and their families and friends. Based on my reading of those narratives, I argue that this scholarly absence is not due to a lack of narratives by the women of the nineteenth century but rather results from the fact that few scholars have acknowledged the narratives composed by women with breast cancer and their friends and families.

Illness and Disability in Nineteenth-Century Culture and Literature

Like the literature on the history of breast cancer and on meanings and associations of the breast, studies on the ways illness and disability appear in nineteenth-century literature and culture often neglect to mention breast cancer as one of these illnesses or as a cause of disability. With entire chapters on breast cancer in their book-length studies of medicine and illness in the nineteenth-century, Jason Tougaw and Erin O'Connor prove exceptions to the scholarly tendency to overlook breast cancer. Though many general studies of illness in the nineteenth century focus on diseases other than cancer, the contexts, theories, and methods they use for discussing the subject easily apply to my own analysis and focus. These applications are

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[2] In addition to the scholarship that specifically discusses breast cancer, there is a more fully developed scholarly conversation on the social, cultural, and political meanings of the breast in the nineteenth century. Rather than analyzing the discourse about or narratives of breast cancer, this conversation generally focuses on complicated associations of the breast with both motherhood and sexuality that evolved from the eighteenth century and flourished in the nineteenth. My project engages less in this substantial body of feminist work on representations of the breast; instead, the narratives I discuss emphasize friendship and medical contexts and tend to set aside the social and erotic associations of the breast to focus on disease. Some of the key texts on the breast and nineteenth-century literature and culture include Perry, Munich, and Bobotis.

especially powerful in scholarship that considers the importance of gender and the body in relation to illness, and sometimes disability, in the nineteenth century. Whereas this section offers an overview of the current scholarship on illness and disability in nineteenth-century Britain, my methods section below more fully articulates how the methods from these and other scholarly texts are applied in my project.

One common approach to discussing illness and disability in the nineteenth century is to relate the medical discussions to social and cultural issues and to literature. Erin O'Connor does this in *Raw Material: Producing Pathology in Victorian Culture* as she draws connections between Victorian society and the development of industrial diseases, linking class issues with illnesses like consumption. Athena Vrettos similarly approaches the connections between illness and cultural history in both fiction and nonfiction in her 1995 *Somatic Fictions: Imagining Illness in Victorian Culture*, which focuses on the forms that Victorian narratives of illness take and relates them to the cultural history of the period: "Narratives of illness, whether in medical case histories, advice manuals, or literary texts, could shape individual experiences of suffering. They could also shape how people perceived relationships between mind and body, self and other, private and public spheres" (2). Her multi-genre study of illness in the period provides a useful model for my own work, though my specific focus on breast cancer allows for more in-depth readings of the texts and genres included. For example, Vrettos is one of the few scholars who read medical nonfiction as narrative: "The most seemingly objective case history is still a form of narrative, a verbal fiction that recreates the diseased body in the process of diagnosing the causes of its symptoms. Even an intimate diary entry signals a body already transformed into language and therefore shaped by its epistemological limits" (8). For Vrettos, the relationships between body and language and between fiction and nonfiction become blurred when the situation of the body is transformed into a narrative of illness, and she focuses her work on the genre differences between literary and medical narratives, although those narratives themselves often overlap (10). This method of connecting genres through the discussion of the body contributes to my reading of breast cancer narratives—whether medical nonfiction, life writing, or fiction—as a genre category of its own.

In addition to these analyses of illness in nineteenth-century literature and culture, scholarship on disability of the period also informs my readings of the narratives of breast cancer and my exploration of the relationship between the physicality of the body and the language used to describe it. Women with breast cancer in the nineteenth century faced disability caused by their illness. For example, the mastectomy itself "was disfiguring, leaving women with a deformed chest wall, hollow areas beneath the clavicle and the underarm, and at times, persistent pain at the operative site and arm swelling known as lymphedema" (Lerner 32-33). The swelling of the arm could become so extreme that, for some women, it led to an inability to use that arm or possible paralysis. Even if a woman did not have the operation, the pain in the breast and the spread of the cancer could result in limited mobility or extreme pain.

In an introductory essay for a 2008 special issue of *Nineteenth-Century Gender Studies*, Mark Mossman and Martha Stoddard Holmes draw necessary connections between gender and disability studies in current theory and in nineteenth-century experiences. As they explain, both gender and disability rely on theories of social construction and performance, and as research by disability scholars—including Lennard Davis, Michelle Fine and Adrienne Ashe, and Rosemarie Garland-Thompson among others—has noted, disability operates as a construct, much like gender. The intersections of gender and disability are especially powerful in the way they disrupt ideas of normalcy of the body, and the discourses produced not only overlap with one another but also with medicine, class, race, and empire (par. 10). As a very general discussion, the interdisciplinary connections made by Mossman and Stoddard Holmes elucidate the connections of illness and disability with gender and the body and the ways theories of these related fields work together. Stoddard Holmes, in *Fictions of Affliction: Physical Disability in Victorian Culture*, addresses the way that physical disability appears in Victorian life writing and observes that virtually all of the writers of autobiographies about disability use “narrative and rhetorical strategies to transform his or her cultural position into a source of power, even if the power is tenuous and provisional” (135). The texts collected for the third chapter of this project extend this observation to the life writing of experiences with breast cancer, as the women patients employ a variety of rhetorical strategies to claim narrative agency in a situation that often leaves them powerless.

Though my project is not intended to be one of these more general studies of illness and disability in the nineteenth century, I rely heavily on the methods and theories used and developed in this scholarship. In my own application of the work of these scholars, I demonstrate the ways narratives and experiences of women with breast cancer fulfill and complicate the theoretical descriptions of how language was used to manage illness and disability. My addition of breast cancer to the above theoretical conversation about nineteenth-century medical treatments extends the consideration of gender and the body in theorizing language and illness.

Medicine in Nineteenth-Century Print Culture

As Britons in the nineteenth century sought to understand the ways illness and disability fit into society, print culture—especially in the widespread publication of periodicals and novels—offered narratives and case histories as both entertainment and instruction about the diseases and medical procedures of the period. Though Jason Tougaw’s *Strange Cases* is the only text discussed in this section to consider breast cancer in print culture, the scholarship on medicine and medical case histories in novels and periodicals informs my own reading of the case histories and narratives related to breast cancer in the period. As with the texts on nineteenth-century illness and disability in the previous section, studies of the interaction between medicine and nineteenth-century print culture almost completely overlook experiences with breast cancer. I join this existing conversation on medicine and print culture of the nineteenth century, demonstrating the importance of including breast cancer narratives in future discussions of the topic.

Tougaw explores the connection between the genres of the case history and the novel and asserts that they "share subject matter—suffering protagonists—but more significantly, they appeal to readers by appearing to engage in, but ultimately also providing a respite from, the classification, system making, and categorization that the science, moral philosophy, and education of the period stressed" (2). For Tougaw, both genres present an especially complicated medical case that, often, the fictional or actual doctors found difficult or even impossible to solve. Tougaw describes the "unique rhetorical dilemma" that the case historian or doctor faced: "He must demonstrate his empirical acumen, on the one hand, and his humane sympathy for suffering patients on the other" (2). For both the case historian and the novelist, though, "diagnosis and sympathy are complementary rhetorics that allow for the co-existence of emotional and intellectual responses that might otherwise seem at odds" (3). I argue that this complicated relationship between a doctor's scientific distance and narrative compassion supports my own readings of medical texts as narratives of the doctors' experiences with breast cancer. My project works to build upon the base constructed by Tougaw, which links the genres of medical case history and the novel, by adding to it connections with forms of life writing by the patient herself and by the patient’s family. I refer to Tougaw’s discussion of the rhetorical work to balance diagnosis and sympathy throughout my readings of primary texts related to breast cancer in chapters on medical nonfiction, personal nonfiction by the patient and her friends and family, and published short fiction and novels.

Like Tougaw’s work in connecting novels with the case histories, Rick Rylance, in “The Theatre and the Granary: Observations on Nineteenth-Century Medical Narratives,” explores the mutual influences of fiction and case histories published in books and in periodicals and traces the development of the case history in the nineteenth century, noting the ways rhetorical norms of case histories reflected the changes in medical practice. As Rylance observes, some of the main aspects in the nineteenth-century case study correspond to an increasing sense of institutionalization of medicine. These include presenting the patient as “anonymous and depersonalized;” categorizing him/her by “social, familial, and to a degree, moral” practices; incorporating language that “is demanding and clinically specialized;” and focusing on the doctor’s “diagnostic and remedial skills” (257-58). This list demonstrates that, as with many conventions we assume originated in the twentieth century, the genre of the case study developed in the nineteenth century and clearly shaped present-day forms.

These rhetorical strategies were closely connected with such changes in medical practice as maintaining more “systematic record[s]” and “increasing institutionalization of the profession” (258). Eventually, the publication of case histories in both medical and general periodicals caused further standardization of format and style, as “case histories became more abrupt, clipped, rhetorically hygienic, emotionally disengaged, and parsimonious of circumstantial and descriptive detail” (261). Rylance theorizes that authors “us[e] fictional exploration to make significant the reality of a newly identified but devastating condition and to probe the crucial intersection of real incident, real pain, false apprehension, violent imagining, and grotesque behavioral outcome" (268). While Rylance's examples relate to amputation of limbs, his theory about the relationship between a fictional narrative and the reality of illness apply much more widely to other medical conditions of the nineteenth century, including the fictional representations of breast cancer. In my project, scholarship on the amputation of limbs and the resulting trauma for patients is applied to the performance of mastectomies, which essentially amputated the breast and surrounding tissue.

A key issue in discussions of medicine and print culture is the representation of women patients. E. M. Palmegiano, in *Health and British Magazines in the Nineteenth Century* (1998), describes the presentation of women patients in the Victorian press. She suggests that each decade brought different discussions about women's health, illness, and relationship to medicine. The many maladies and medical complications listed in the review of periodicals from 1840 to the 1890s include the standard concerns of hysteria, illnesses or disabilities caused by work (anything from prostitution to sewing), and problems in childbirth. In the final few sentences of the section, Palmegiano considers the portrayal of breast cancer in the 1890s, connecting the potentially fatal illness with dangerous fashions like corsets and flammable crinoline. Palmegiano notes the connection between the inclusion of miracle cures in periodicals—whether advertisements or articles—with the "hysteria" related to breast cancer. She argues, "Demoting women's legitimate desperation about an incurable illness simply to delusion was not the only published disparagement of sick women" (21). Her description of breast cancer in fin-de-siècle periodicals identifies an important aspect of portrayals of women's health throughout Victorian print culture: the trivializing language describing valid fears about a disease that killed many women. Where Palmegiano's description falls short, however, is in the limitation of this discussion to the 1890s. Such remarks about breast cancer appeared in both specialized medical journals and in general periodicals throughout the nineteenth century. In chapter two, I address the appearance of breast cancer in a variety of genres of periodicals and expand Palmegiano's limited coverage of the illness.

Life Writing

In the two life writing chapters of this project covering texts by the patient, as well as her friends and family, I illustrate the complexity of women's experience with breast cancer that exists just below the surface of the life writing that seems to conceal the situation. In order to do so, I rely on (and eventually expand) theories of life writing both more generally and specifically based on the issues of gender and disability.

In her 1994 *Autobiographics: A Feminist Theory of Women's Self-Representation*, Leigh Gilmore maps the interaction between gender and autobiography to place the work of women in the often-masculinized legacy of autobiography. Gilmore observes, "The recurring mark in the women's autobiographies I study here can be found in the shared sense that a written record, a testimonial, or a confessional document can represent a person, can stand in her absence for her truth, can re-member her life" (40). Though Gilmore's examples in *Autobiographics* were written a century after those in this project, the commonality she notes applies to virtually all of the personal nonfiction texts included in my study of the experience of breast cancer. For both the women writing about their own experiences in letters and diaries and the friends and families that compiled post-mortem memoirs, the written texts come to represent the women themselves by re-creating the woman's life, often using her own words. In each diary, memoir, or collection of letters published after breast cancer claimed a nineteenth-century woman's life, the life writing the patient produced before her death gives her a voice in the representations of her life.

Essentially, as Gilmore suggests about her twentieth-century examples, nineteenth-century life writing re-members the life and remembers the woman.

Though scholarship on life writing and its relationship with disability generally focuses on narratives from the late twentieth century and after, the methods for reading women's experiences with illness and disability have potential for more widespread application. As Thomas Couser theorizes the growing field of illness or disability narratives in *Recovering Bodies: Illness, Disability, and Life Writing* (1997), he chooses the word *autopathography* to describe "autobiographical narrative[s] of illness or disability" in order to emphasize how such narratives do the work of "heightening one's awareness of one's mortality, threatening one's sense of identity, and disrupting the apparent plot of one's life" (5). In the chapter on breast cancer, Couser connects breast cancer narratives to slave narratives, which focus on a potentially temporary escape from a threatening situation. Unfortunately for many of the women in the nineteenth century, an escape from the impending death caused by breast cancer was unlikely. In fact, some of the only narratives of survivors are those included as testimonials in the appendixes of medical texts by male doctors.[3] These short survivor narratives connect with the description of slave narratives, both of which Couser argues "were…written in the hope of abolishing a threatening condition that their narrators were fortunate enough to escape" (37). This connection is less accurate in the nineteenth-century narratives I discuss in chapter three because many of the women—four of the five included in the chapter—wrote with the knowledge that they would die from the breast cancer soon.

Following in the same trajectory as Gilmore, Sidonie Smith and Julia Watson introduce

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[3] The location of these survivor narratives (often in the form of testimonial letters) in the appendix of a book written by the male doctor raises a number of issues about the privileging of certain voices, a situation that has led to assumptions about the silence of women patients on their illnesses. These are discussed in chapter two.

their 1998 anthology *Women, Autobiography, Theory: A Reader* with a guide to the theories and the field of women's autobiography. In that work, they suggest that one area with great future potential is in "interdisciplinary studies of personal narratives that draw analytical frameworks from sociology, history, psychology, anthropology, religion, medicine, and many other disciplines" (39). My project answers this call for future interdisciplinary work in the field of women's autobiography by considering writing through the contexts of literature, history, and medicine. Additionally, I draw on Smith and Watson's useful term "autobiographical occasion." In *Getting a Life: Everyday Uses of Autobiography* (1996), Smith and Watson explain, "The context of the autobiographical occasion varies with the participant, the historical moment, the site, the others participating in the dialogue, and the uses to which the life is being put" (14). Like all life writing, the autobiographical occasions of breast cancer narratives are inherently distinct because of different contexts, though they often describe similar experiences of frightening unknowns and extreme suffering. For the women patients who endure the pain of breast cancer and sometimes the medical treatments for it, though, narrating those experiences can become an empowering act. Smith and Watson note, "This assertion of agency is particularly compelling for those whose personal histories include stories that have been culturally unspeakable" (14). For many women patients, their experiences with breast cancer seemed an unspeakable topic because of the historical associations of the breast, the harshness of many doctors, and their fear of painful treatments for the illness. My analysis of these narratives emphasizes the agency these women took in articulating their experiences and works to re-empower them through recovery of their voices.

Sharon Marcus's study of nineteenth-century women's friendships, titled *Between Women: Friendship, Desire, and Marriage in Victorian England* (2007), describes the importance of lifewriting in discussions of Victorian women's lives, noting that her book is the first study that uses such primary texts "to explore the history of female friendship" (33). Marcus defines "lifewriting" for the purposes of her discussion as "the heterogeneous array of published, privately printed, and unpublished diaries, correspondence, biographies, autobiographies, memoirs, reminiscences, and recollections that Victorians and their descendants had a prodigious appetite for reading and writing" (33).[4] For these Victorian-era texts, Marcus modifies the usual expectation of an autobiography as "a unified individual life story" to include a more broadly conceived idea of the "hybrid genre that freely combined multiple narrators and sources, and incorporated long extracts from a subject's diaries, correspondence, and private papers alongside testimonials from friends and family members" (34). Because of this hybridity, my discussion of life writing spans two chapters: one on traditional life writing in letters and diaries of women patients and the other on post-mortem memoirs that collected the subject's letters and/or diaries after her death and combine excerpts with narrative from an external author who was a family member or friend of the deceased.

Though Marcus focuses discussion of lifewriting in *Between Women* on women's friendships, the theoretical framework of her readings informs my own work on life writing related to breast cancer in the nineteenth century. In her extensive reading of Victorian lifewriting, Marcus observes a key difference between our current assumptions about the privacy of lifewriting and those of the Victorians. As she explains, "Diaries were rarely meant for the diarist's eyes alone…. Girls and women read their diaries aloud to sisters or friends" (35). Because personal writing of the period was rarely private, Victorian women often exhibited

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[4] Marcus uses the term *lifewriting* as a single word, which contrasts with the more common use of *life writing* as two words. For clarity throughout this document, I use Marcus's compound when specifically discussing her theories. In all other uses of the term, I use *life writing* as two words.

restraint in letters and diaries, all the more so when narrating their experiences with breast cancer. Their customary reticence resulted in consistent day-to-day tone and records of Victorian life writing, which made any change in that routine especially obvious. As Marcus explains, "When something unusually tumultuous took place, it often interrupted a woman's daily writing and went unrecorded. There are few differences in this regard between manuscript and published diaries; both are similarly bland, rarely revealing anything that could not have been made public" (36). This nineteenth-century understanding of the public nature of lifewriting and its implications for the written accounts of traumatic experiences, like the diagnosis or treatment of breast cancer, impacts my readings of the narratives of breast cancer, helping to explain the exclusion of details about a woman's cancer from letters and diaries that twenty-first century readers see as inherently private.

Because my research for this project relies heavily on primary accounts of experiences with breast cancer in the nineteenth century, theories about life writing influence much of my analysis. In return, this project represents my own contribution to the field, which currently includes life writing by women in the nineteenth century and life writing about breast cancer in the twentieth and twenty-first centuries.

Significance: What My Project Adds to the Critical Discussion

As a whole, this project joins the scholarly fields considered above—the medical and social history of breast cancer, illness and disability, the relationship between print culture and medicine, and life writing—by including voices and narratives previously excluded from discussion and by offering revised methods for reading these texts. The narratives of women patients of the nineteenth century have been overlooked in virtually every study of breast cancer. Where most of the existing scholarship about breast cancer before the twentieth century is limited to Fanny Burney's letter and to the voices of male doctors striving to find a cure, my project highlights the narratives of women and their families and friends as they faced the illness on a more personal level. Additionally, my work joins that of Mark Mossman and Martha Stoddard Holmes on illness and disability both in their nineteenth-century contexts and in their presentation of disability studies as an interdisciplinary theoretical approach. Through my readings of the narratives and the contextual information about breast cancer in the period, I demonstrate the power and value of twenty-first century theories of disability studies when they are applied to historical contexts. The project also contributes to existing conversations about the nineteenth-century connections between illness and gender as they interacted both in real life and in textual representations. To the existing scholarship on the relationship between medicine and print culture in the nineteenth century, I add discussion of the portrayal of women and their illnesses, specifically arguing for the inclusion of women's own voices in narrating their experiences. Finally the field of women's life writing and autobiography often focuses on the recovery of historically silent voices. My work in this project does just that by collecting examples of medical nonfiction, life writing, and fiction that address the issue of breast cancer in vague or veiled references and analyzing the ways the narratives address the disease.

My dissertation offers a more broadly interdisciplinary approach to a topic of extreme importance in twenty-first century culture. By connecting the study of life writing, print culture, history of medicine, art history, feminist theory, and disability studies, I consider how each area is able to address unique facets of the nineteenth-century experience with breast cancer. The incorporation of these various genres, disciplines, and theoretical fields also allows me to appropriate and combine the methods used by each into a necessarily interdisciplinary approach.

Methods for Analyzing the Language of Breast Cancer Experience in Primary Texts

My methods for approaching the primary texts in this project are influenced by many studies from the existing scholarship on breast cancer, illness and disability, nineteenth-century medicine in print culture, and life writing discussed in the sections above. Specifically, my readings of a variety of artifacts (essays, books, paintings, stories, letters, diaries, etc.) related to nineteenth-century medicine are most strongly influenced by Erin O'Connor's literary approach to nonliterary texts in *Raw Material: Producing Pathology in Victorian Culture*. The work of Athena Vrettos and Jason Tougaw influences my readings of differing genres—more generally nonfiction and fiction in Vrettos and specifically medical case histories and novels in Tougaw—in the second and fifth chapters of the project. Tougaw, along with the work of Rick Rylance, also informs my readings of the connections between print culture and medicine in the nineteenth century. The analysis of life writing in the third and fourth chapters of my project is clearly influenced by the work of Sharon Marcus on women's lifewriting in the nineteenth century. Together, this work on breast cancer, disability and illness, nineteenth-century medicine and print culture, and life writing informs my approaches to and theories about the primary texts on a larger scale in the chapters and across my dissertation as a whole. For the more specific work of analyzing places in the narratives where the experience of breast cancer and the voices of women seem absent from primary texts, theories on silence—specifically from feminist and rhetorical theory—influence my reading of what I argue are assumed silences on the topic of breast cancer rather than actual silences.

Cheryl Glenn's 2004 *Unspoken: A Rhetoric of Silence* approaches the potential strategic uses for silence, though she explains, "silence is not always strategic, empowering, or patently engaging. Not all silence is particularly potent. However, silence is too often read as simple passivity in situations where it has actually taken on an expressive power" (xi). Here, Glenn's approach to silence clearly builds upon the decades of rhetorical, literary, and feminist theory that have considered silence as positive or negative, powerful or passive. This conversation includes the work of Elaine Hedges and Shelley Fisher Fishkin in their 1994 *Listening to Silences: New Essays in Feminist Criticism*, which traces the work of feminist literary theory on silences since 1963, when Tillie Olson gave a talk that first introduced the subject of her 1978 book *Silences*.[5] In another study of silences just four years earlier, Janis Stout's *Strategies of Reticence: Silence and Meaning in the Works of Jane Austen, Willa Cather, Katherine Anne Porter, and Joan Didion* prefers the term reticence for the way it "connote[s] restraint in confronting unpleasant or uncomfortable subjects, particularly a shyness or reserve about discussing sexual matters" (x). Stout's connection of reticence with restraint powerfully emphasizes one of the key points of my entire project: women were not, in fact, completely silent about breast cancer, but instead their descriptions of the experience are restrained and veiled. This sense of reticence has caused many who have read the narratives over the past century to overlook issues that often exist on the surface. Throughout her discussion of the rhetoric of silence, Glenn describes a historical and inherent link between speech, silence, power, and weakness, explaining, "Like speech, the meaning of silence depends on a power differential that exists in every rhetorical situation: who can speak, who must remain silent, who listens, and what those listeners can do" (9). The complicated rhetorical situation of silence that Glenn identifies informs my larger methodological approach to silences in the texts that appear in my study. Just as the situations in which a person could describe his/her experiences with breast cancer are always complex, so are the moments when the person remains silent about those experiences.

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[5] In *Silences*, Olson deals "with what [she] called the unnatural silences—those that result from 'circumstances' of being born into the wrong class, race, or sex, being denied education, becoming numbed by economic struggle, muffled by censorship, or distracted or impeded by the demands of nurturing" (Hedges and Fishkin 3).

The complexities of silence can include veiled references to breast cancer with euphemistic language, complete silences on the topic or during the period of the illness, and some general references to cancer or illness without specific naming of the disease. Because of the variation in these silences, it would be irresponsible to seek any single definition of silence in these texts. Instead, I rely on the many interpretations of silence in the scholarship that has come before me, and as I work toward a more nuanced theory of silence, I read silences about nineteenth-century breast cancer as inherently different from one another. For this reason, my use of the term *silence* throughout will depend on the context and the narrative itself, and each section will articulate the meaning of the term *silence* as it applies to that specific text or group of texts. In some cases, the silences are more accurately termed *reticence* because the writers of the primary texts cautiously describe the illness and treatment in vague terms. In others, women patients are silenced either by specific doctors or by the masculinized discourse of medicine in the print culture of the period. And in still others, the assumed absence of the narratives is due to the fact that the primary texts remained privately held or hidden away in archives for many years. Whether each silence or reticence is strategic or not also depends on the specific text and will be discussed on a more individual level.

Because of the differences of the genres and the texts themselves, I face a sense of reticence myself in describing a particular methodological approach to the silences and gaps in the history of breast cancer and narratives of it. In part, the difficulty of defining a methodology results from the influences of cultural studies on the project as a whole. The connections between the nineteenth-century narratives and the experiences of women in the past few decades that I discuss in each chapter highlight the relationship between culture and illness. In each narrative, I focus on the subjectivity of the individual facing breast cancer, whether patient, friend or family of the patient, or doctor. The influence of cultural studies is an undercurrent throughout the project, which allows me to address the differences in experience while discussing the many nuances in the breast cancer narrative genre. In each of the four chapters that follow, I explain my methods for locating, reading, and analyzing the narratives included, as I navigate between the need for genre-specific methods for each chapter and the understanding of the overarching genre of the breast cancer narrative that respects the diversity of texts that fit into the category.

CHAPTER TWO: MEDICAL NONFICTION

While the results…are steadily improving, the proportion of cases which succumb to cancer is still considerable, and will not…be much reduced till patients and doctors understand that there is a good chance of…cure from early and thorough operation in [breast] cancer, and that a suspicious lump in the breast…is not a thing to be watched….Many of the deaths now are from internal metastatic deposits, and these are, of course, beyond the control of the surgeon, and can only be avoided by early operation.

— Dr. W. Watson Cheyne

Screening helps detect cancers at an early stage. This enables earlier intervention and helps save lives.

—Tim Straughan

The two epigraphs above offer similar thoughts on the importance of early detection and early action in the effective treatment of breast cancer. In twenty-first century media, we frequently hear such messages along with anecdotal and statistical evidence to support the necessity of regular screening and immediate treatment in order to save the lives of women with breast cancer. The surprising aspect of the above quotations from two eminent voices in British medicine, though, is that they are separated by over a century. Dr. Cheyne's points about early operations come from his 1896 book *The Objects and Limits of Operations for Cancer, with Special Reference to Cancer of the Breast, Mouth and Throat, and Intestinal Tract*, while the comment from Straughan describes the findings of a report from the NHS Information Centre on its Breast Screening Programme released in January 2010 ("Cancer cases"). Though the nineteenth-century medical views about the causes of and treatments for breast cancer may seem outdated to our twenty-first century sensibilities,[6] the emphasis on early detection and prompt treatment has not changed.

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[6] Some of these views include the beliefs that a sharp blow to the breast could cause breast cancer or that leeches, bloodletting, or acidic pastes were effective treatments for it. This chapter traces theories about breast cancer through discussion of medical texts in the nineteenth century.

These similarities between medical opinions about breast cancer became especially clear on a research trip to London, when I encountered the two quotations from the epigraph on the same day. The free copy of the 20 January 2010 issue of the *Evening Standard*, forced into my hand by a vendor at Euston Station, included an article about the report on the NHS Breast Screening Programme released earlier in the day. The article argues that the emphasis on screening has resulted in the detection of nearly 14,200 cases, which is "almost twice the number of 10 years ago." As chief executive of the NHS Information Centre Tim Straughan explains, "By picking up increasing numbers of breast cancer cases the programme is helping to save the lives of many women each year. Screening helps detect cancers at an early stage. This enables earlier intervention and helps save lives." As I read the article on my commute home for the evening, the medical advice sounded surprisingly similar to the nineteenth-century versions—including Cheyne's—I had read during my day researching at the Wellcome Library. As my research for this chapter progressed, the similarities between nineteenth and twenty-first century medical discussions of breast cancer continued to become more apparent. As part of my larger project's effort to recover representations of breast cancer, the nineteenth-century medical discussions that comprise this chapter emphasize the importance of early detection and treatment, the constant search for a cure, and questions about the effectiveness of nonsurgical treatments.

Though the narratives of women patients and their families are central to the purpose of the dissertation, the narratives of breast cancer written from the medical side, often by the male doctors treating those women, are vital to presenting the complete picture. This chapter focuses specifically on medical texts about breast cancer from the long nineteenth century. In order to provide the clearest possible picture of the development of medical beliefs about breast cancer, it is organized chronologically beginning with George Bell's *Thoughts on the Cancer of the Breast* (1788) and concluding with Stephen Paget's *Essays for Students* (1899), a contemporary of the more widely discussed William Halsted.[7] The texts selected represent larger trends in the medical texts of the period, though texts from the same part of the century often contradict one another because of differences of opinion about surgical treatments for breast cancer. Though these medical texts are not from women patients or their family or friends, each text represents a narrative of the experiences of breast cancer, and the medical narrative is as valid a genre as any other. It is of vital importance to me not to diminish the experiences of male doctors in my enthusiasm for recovering the voices of women patients. Only when we see their narratives together—along with fictional representations and narratives of family and friends—can we begin to find a complete representation of breast cancer in the nineteenth century.

The medical coverage of breast cancer over the course of the century was heavily influenced by the developments and intersections of medicine and print culture, including changes in books and periodicals, the professionalization of the practice of medicine, and discoveries like anesthesia and antiseptics. Because the chapter is organized chronologically, it is important to outline these developments briefly and to highlight their impact on the treatment and narration of breast cancer. I begin with the late eighteenth century, just before the turn of the nineteenth, at the time of the paradigmatic shift described by Michel Foucault in *The Birth of the Clinic: An Archaeology of Medical Perception*, and continue through the Medical Act of 1858

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[7] As I explained in chapter one, Halsted is a key figure in the treatment of breast cancer, specifically in the development of the radical mastectomy. Because he is covered in significant detail in a number of studies of breast cancer, I have chosen to minimize his role in the history presented in this chapter. Halsted is mentioned by his contemporaries in a number of the late-century medical texts included here, but, just as I am doing in the project overall, I am focusing my work on voices that are less frequently included in scholarship on this topic. For more on Halsted, see my introductory chapter, Ellen Leopold's *A Darker Ribbon: Breast Cancer, Women,*

and its corresponding amendment in 1886. Together, all of these advances prepared the medical community for the widespread acceptance of William Halsted's proposal of the radical mastectomy at the turn of the twentieth century.

A Chronology of Nineteenth-Century Developments in Medicine and Print Culture

Foucault describes a shift in medical perception at the end of the eighteenth century, based on the increasing importance of the gaze in medical practice. Though medicine in the nineteenth century continued to rely on observation, "the medical gaze was…organized in a new way" (89). This new form of the gaze was "that of a doctor supported and justified by an institution, that of a doctor endowed with the power of decision and intervention" (89). In other words, the model of doctor as isolated and individual was replaced with one who was an integral part of a larger medical system. With this new organization and the changing power dynamic between doctor, medical system, and patient came a revision in the forms of the medical case study or case history.

In "The Theatre and the Granary: Observations on Nineteenth-Century Medical Narratives," Rick Rylance explains a corresponding shift in the print culture associated with medicine as the conventions of the nineteenth-century case study developed to include: presenting the patient as "anonymous and depersonalized," categorizing him/her by "social, familial, and to a degree, moral" practices, incorporating language that "is demanding and clinically specialized," and focusing on the doctor's "diagnostic and remedial skills" (257-58). Jason Tougaw, in *Strange Cases: The Medical Case History and the British Novel*, notes that the case study is intended to "provide a public forum for the discussion of medical phenomena that could not be explained or cured with the tools or knowledge of the period's medical science" (1).

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and their Doctors in the Twentieth Century (2001), and Barron H. Lerner's *Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth-Century America* (2003).

Tougaw elaborates on the “unique rhetorical dilemma” of the case historian who needed to balance an objective and scientific perspective with a humane and sympathetic concern for the patient, which meant that the medical case history was—and arguably still is—an extremely complicated genre for doctors to navigate (2). Tougaw’s discussion of the history traces a rise in the genre of the case study in the nineteenth century that corresponds with the developments in the practice of medicine described by Foucault.

In the 1830s and 1840s, the popularity of sensational accounts in some penny papers led to the creation of several penny medical periodicals and the dissemination of sensational accounts of medical procedures. Meegan Kennedy, in “The Ghost in the Clinic: Gothic Medicine and Curious Fiction in Samuel Warren’s *Diary of a Late Physician*,” describes the interaction between sensationalism and medicine in print culture, as medicine distanced itself from the sensational while many medical texts in this period, particularly those published in periodicals, relied on sensational accounts of cases deemed curious and alternative treatments purporting to be amazing cures. Over time, the medical field shifted away from such sensational discourse, and the relationship between the discourse in print and medical professionalism continued to evolve through the century.

As the medical case history developed with advances in the practice of medicine, the corresponding field of medical illustration also grew as a way to represent the patients treated. In many medical texts, the corresponding images operated much like case studies, visually presenting the details of the illness, treatment, and result. Janis McLarren Caldwell analyzes the development of anatomical illustration, which commonly used cadavers as subjects, and observes a dilemma similar to that of the case historian described by Tougaw, as the focus of nineteenth-century conventions for medical images shifted from vivid emotional expression to a sense of scientific distance (325, 332). Medical illustrations followed the progression of the professionalization of medicine and the standardization of case studies, relying on “techniques of accuracy and detachment…central to anatomy texts of the future” (332). In the same way that doctors demonstrated their professional detachment in the case study by reducing the amount of narrative and patient biography included, medical illustrators began portraying their subjects without faces. These developing conventions influence the images produced in the middle decades of the nineteenth century, which demonstrate a transitional phase where faces are included but are generally devoid of emotion.

Two key advances in the 1840s led to shifts in medical practice: the use of ether as an anesthetic and the widespread availability of the microscope. Though these two practices spread throughout the decade and influenced treatment of patients, the accounts in periodicals and other texts often continued the sensationalism of the previous decade, centering on the sensational aspects of these new medical practices. First, doctors found a need for anesthesia to resolve the issue of performing a painful surgery like the mastectomy on wide-awake patients or those sedated only with alcohol, which produced unstable results. The medical use of ether began in 1846, and though it was not until the end of the nineteenth century that anesthesia was used more widely, its availability helped to facilitate a move toward surgical treatments for many serious maladies (Olson 53-55). Another key advancement in this period followed the early nineteenth century development of the microscope, which German doctor Rudolf Virchow used to initiate our modern understanding of pathology and cellular theory with a series of published papers in the 1840s. By noting differences in the cells of some tumors, Virchow offered surgeons the ability to distinguish between benign and malignant tumors and to make more informed decisions about treating cancer (Olson 55, 57-58). Also, microscopes influenced the work of medical illustrators, who could, with the magnification of the microscope, focus their images on the diseased areas rather than on the body as a whole. The medical texts that discuss these advances clearly target an audience of men, whether medical practitioners or not. The fact that women were overlooked here is particularly important when considering the fact that, in 1847, Sir James Young Simpson began using chloroform on women during childbirth. Without knowledge about current medical treatments, many women were unable to make informed decisions about their own bodies and thus forced to rely on male doctors and relatives to make the decisions for them.

The medical and print culture strands of the first half of the century began to intertwine more visibly with social and political aspects of gender in the 1850s. This mid-century shift led to an increase in certain types of texts produced for women building on the popularity of advice manuals and guides for various aspects of household management. Among women's periodicals, popular magazines for middle class women replaced the upper class periodicals for ladies (Beetham, "Women's Periodicals"). Together, these shifts influenced a number of medical texts—both books and articles in women's periodicals—aimed at an audience of women, which, in turn, led to an increase in agency for the women patients as they became more informed. This increase of women's knowledge about and agency over their bodies occurred around the same time as the Medical Act of 1858 gave women the right to practice as doctors. While most medical institutions continued to resist the entrance of women into the profession, the complementary work of women as patients and as medical practitioners improved women's relationship with the field of medicine.

In the decades that followed, important legislation impacted the place of women and their bodies in society and encouraged some to organize and become politically active. In 1864, 1867, and 1869, the Contagious Diseases Acts targeted prostitutes and imprisoned women with such diseases in hospitals.[8] In addition to the political importance of such legislation, the Contagious Diseases Acts inspired women to protest the gendered double standards central to the Acts since men were not punished.[9] These medical and political events inspired the work of women's groups in the same period. One such group was the Langham Place group, which included Barbara Leigh Smith Bodichon and Elizabeth Rayner Parkes and worked toward education for girls and legal reform mostly in the 1850s and 60s (Rendall). Also, the Ladies National Association for the Repeal of the Contagious Diseases Acts began in the late 1860s and later grew into an organization focused on political reform and women's rights. Overall, the mid-century rise in coverage of medical topics in texts for women demonstrated the beginnings of important shifts in the status of women and increased the agency of women readers through knowledge about their bodies.

The developments in the profession of medicine culminated in major shifts in medical practice and publication in the final decades of the nineteenth century. As Mary Wilson Carpenter explains, the Medical Act of 1858 made only nominal changes in the field of medicine, but the amendment of 1886 effectively institutionalized the practice of medicine. Jill Thistlethwaite and John Spenser describe the process of institutionalizing medicine that grew from the changes in the 1850s, which defined the requirements necessary to work as a licensed doctor.[10] They argue that these changes led to the dominance of "the orthodox biomedical

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[8] In *Prostitution and Victorian Society: Women, Class, and the State*, Judith R. Walkowitz offers an in-depth analysis of the cultural and political issues related to the Contagious Diseases Acts, which she explains "were consistent with a set of attitudes and 'habits of mind' toward women, sexuality, and class that permeated official Victorian culture" (70).

[9] Other acts like Education Act of 1870 and the Married Women's Property Act of 1870 also influenced and demonstrated the involvement of women in social and political issues.

[10] Some milestones in this process include 1854, when "a university medical degree became formally acceptable as a license to practise medicine." The consolidation of licensing with the

perspective of the Western medical tradition, and the marginalisation of what is now called alternative or complementary medicine" (24). Though the institutionalizing policies appeared in the mid-1850s, Lawrence Rothfield explains that some of the changes took time: "after the passage of the Medical Act, licensing was by no means rigorously enforced, leaving the average practitioner in an ongoing struggle for authority against folk healers, midwives, and other traditional providers of medical aid, as well as a slew of quacks and charlatans who now poured into the medical marketplace" (172). This conflict between mainstream and nontraditional medical practices appears throughout the print culture of the final two decades of the century. Some of the primary textual manifestations of the increasing professionalization include doctors reviewing the practices of others, reliance on extensive patient testimonials as proof of effective work, further theorization of the causes of and effective treatments for diseases, and educational forms like essays written expressly for students and lectures presented at medical schools.

In the sections that follow, I analyze how the evolution of nineteenth-century medicine influenced experiences with breast cancer through readings of representative medical texts selected from a much larger body of texts that approach the subject of breast cancer. While reading about this particular illness in the context of the long nineteenth century, I highlight several strands that are woven throughout the texts, including the medical efforts to understand and to cure breast cancer, the agency of women patients, and the representation of those women patients.

The Profession of Medicine in Late Eighteenth and Early Nineteenth Century

A number of texts from the late eighteenth and early nineteenth century exemplify Foucault's contention about the institutionalization of the doctor-patient relationship specifically

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Medical Act of 1858 gave the General Medical Council control over the regulation of doctors as they "compiled and kept a register of qualified doctors as well as defining what constituted in cases of breast cancer.[11] Two representative examples include George Bell's *Thoughts on Cancer of the Breast* (1788) and Sayer Walker's *Observations on the Constitution of Women, and on Some of the Diseases to which They are More Especially Liable* (1803). Reading these two texts together highlights several important shifts in the conventions of medical coverage of breast cancer from tracts like Bell's to the rise of the medical case study. It is important to note a major distinction between Bell's text and Walker's: where Bell's focus is on breast cancer specifically, Walker addresses diseases of women more generally. The two texts demonstrate the Foucauldian description of doctor's association with the institution of medicine and his power over the woman patient, but both also illustrate a sense of the doctor's uncertainty in treating a disease like breast cancer.

The institutional connection and power of the doctor appear at the forefront of both texts in the prefatory material, establishing their ethos at the earliest possible point in the text. Bell provides his qualification for composing his tract, listing his title "Surgeon, at Redditch" on the title page. Walker also demonstrates his qualifications and connections to the medical profession early in the book, describing his nine years of experience at the City of London Lying-in Hospital (ii). Walker demonstrates both the power of the gaze and the power of his medical work, noting that his qualification partially comes from having seen the progress of the diseases he discusses (i). He presents his qualification through the passive structure of being entrusted with the care of thousands of patients and prides himself on the fact that few have died (i). Both men continue by making clear the association between their work and the institution of medicine. Bell defers to "the faculty" and associates his work with the institution of medicine and with the power that the profession held (4). His medical standing and experience allow him to present his

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appropriate courses for medical training" (Thistelthwaite and Spenser 23).

theories about this cure, though he offers an initial caveat: “these [cases], though not yet ready for publication, are sufficient to warrant all that will be hereafter advanced” (5). This opening demonstrates an important balance between the confidence of a doctor believing in his cure and the continued uncertainty about curing a disease like breast cancer. Because Bell and other doctors did not understand the pathology of cancer, they often vacillated between asserting their qualifications and tentatively presenting theories and potential cures. Where Bell submitted his suggestion for a cure “to the faculty for trial,” Walker’s Preface suggests that, through his practice at the hospital, his medical colleagues have already approved his work. This contrast between the openings by Bell and Walker also demonstrates a central difference in approaches to the two kinds of medical texts: those writing specifically about breast cancer exhibit more uncertainty about the disease, while those about women’s diseases and midwifery demonstrate confidence about their understanding and treatment of the usual ailments of women.

In the description of his proposed treatment plan, Bell suggests that women will submit to the treatment regardless of its inconvenience because of “their good sense, together with good advice, and the benefit arising from it, [which] will reconcile every sufferer to submit thereto” (23). The Foucauldian power dynamic between doctor and patient is particularly clear in this description of the need for women patients to submit to the guidance of their doctors regardless of any inconvenience or questions about his selected treatment plan. This expectation of blind submission to the doctor’s plan deprives the woman patient of any sense of agency over her own body or what happens to it. Walker’s text is distinguished from Bell’s in his assumption of at least some women in the audience. Where Bell only suggests that his male readers emphasize the treatment to their female patients, Walker assumes that some women will browse through his

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[11] A central aspect of Foucault’s argument relies on the power of the doctor’s gaze and the expected submission of the patient to that gaze and power.

text and thus acknowledges these women readers.[12] In his Preface, Walker mentions potential women readers but does not directly address them: "If these pages should be perused by the female, she will see how much less reason there is to expect a cure by the use of some fancied specific, than by an attention to the advice of her medical friends, and by a strict adherence to the plan of diet and regimen which they may recommend" (vii). Though he terms the doctors a woman's "medical friends," Walker delivers essentially the same message as Bell: women patients should submit to their doctors and follow any advice given by them. Additionally Walker's advice draws a line between standard medical cures and nontraditional options, noting that women should not be deceived by any promises of quick and easy cures. In some ways, this gives women more control over their medical care by advising them to avoid nontraditional treatments, but even so, the women are submitting to the traditional doctors and surrendering their agency. By noticing these readers but never actually addressing them, Walker establishes boundaries for women's involvement in medicine, excluding them from the practice of medicine and from the treatment of serious diseases like cancer.

Like many doctors of the same period, Bell and Walker believe that breast cancer is caused by problems with circulation, inflammation, an external injury, and/or mental agitation. Both emphasize the importance of beginning treatment quickly and present nonsurgical treatments for breast cancer. Bell encourages a form of water treatment with an apparatus he has invented, and the entire tract serves as a guide for a doctor to perform the treatment.[13] While Walker also suggests nonsurgical treatments that address the inflammation he believes causes

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[12] This transition from the assumption of no female readers to some women picking up the text continues later in the century, with texts written specifically for an audience of women readers. For more, see the section on "Breast Cancer and Mid-Century Texts for Women" below.

[13] Though Bell suggests that he proposes a new treatment, a review in the periodical *Analytical Review* notes that a Mr. Rigby previously suggested water as a cure, though Rigby's treatment involved cold water. The reviewer prefers Bell's use of warm water instead (204).

breast cancer, his text is distinguished from Bell's and others in the period by beginning his description of breast cancer from the perspective of a woman patient, who "feels some uneasiness at the part affected, and very soon discovers a knot, or hard body, which appears round and smooth, and which moves about under the finger that presses it" (77). After this opening, though, Walker continues with a more medical description of the progress of the disease as the lump hardens and/or grows, causes more pain, deforms the breast, and produces a discharge. This perspective supports the way Walker addressed the potential women readers in the Preface: the only agency women patients have is in the decision to seek treatment after discovering the lump. After that, the patient submits to "her medical friends." Though it seems like a small distinction, Walker's use of the woman patient's perspective for even a single sentence offers relief from the standard late eighteenth and early nineteenth century narratives that speak of the breast or the cancer without mention of the patient as a whole person. His inclusion of the experience of a woman patient represents a beginning of the shift toward using case studies as evidence in medical texts.

The texts of this period demonstrate the efforts of doctors to understand and to effectively treat breast cancer. Because of the risks of surgical treatment, which often resulted in death, they generally emphasize cures that are intended to treat the disease without an operation, but even the nonsurgical treatments proposed in these and other texts of the period were not overwhelmingly successful. For many, the "cure" was successful if it alleviated the pain of the woman patient and extended her life for a year or two. Also, a number of the women patients who were allegedly cured of breast cancer by such treatments actually suffered from other, nonfatal maladies of the breast. Without anesthesia and antiseptics to make surgery more practical and the tools or understanding to recognize differences between benign and malignant growths, the doctors suggested treatments that appeared to cure the greatest number of patients suffering from illnesses of this kind. Because many uncertainties about breast cancer and the treatments remained, the doctors who wrote of cures relied on their affiliation with the institution of medicine and the related power of being a doctor to sustain their authority.

Forms of the Case Study in the Early Decades of the Nineteenth Century

As the nineteenth century progressed, the medical case study became a key feature of any medical text, often serving as the main—or even the only—evidence of the effectiveness of a treatment or a doctor's work. Rylance cites Foucault's theory about the major shift in medical practice around 1800 as he explains the way it "transformed the processes of information gathering and the analytic methods and regimes of treatment" and associates "systematic record keeping" with increasing institutionalization (258). For many doctors, record keeping took the form of medical case histories written about each patient, which illustrated the process of the doctor considering all symptoms that he deems relevant and arriving at a conclusion, however tentative, about the causes of the illness. In some of the more detailed of these histories, particularly those arguing for a new or revised cure, the doctor continues from the diagnosis through the process of his chosen treatment, explaining the results and concluding with the patient either discharged or deceased. Because a number of scholarly studies address the genre of the medical case history in this period, I have selected a single text that focuses very specifically on breast cancer to represent the myriad of texts that included breast cancer as one of many illnesses that plague women.[14]

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[14] For more on the medical case history, I recommend Rylance's essay and Jason Tougaw's book on the topic, particularly the second chapter, which considers an example related to breast cancer.

John Rodman's 1815 *A Practical Explanation of Cancer in the Female Breast, with the Method of Cure, and Cases of Illustration* offers a particularly valuable example of case studies about breast cancer in this period because Rodman makes the cases such a central part of his text. Rodman's text received a significant amount of critical attention for his theories about the causes and treatment of breast cancer.[15] Many contemporary reviews discuss the central point of Rodman's theory about breast cancer, in which he suggests that, like many other illnesses that women face, many cases of diagnosed breast cancer, regardless of whether there is a tumor in the breast, are simply caused by the imaginations and hypochondria of the women patients.

Rodman's book presents two important differences from the earlier texts discussed above. First, in his "Preface," Rodman presents a brief narrative of his own development in thinking about breast cancer as he learns and eventually revises beliefs about the causes and treatments of the disease. Written in the first person, the "Preface" begins with Rodman's inspiration to investigate breast cancer based on "the contradictory opinions which were given concerning it by the most respectable of the profession" (v). Such a narrative about his own learning process makes Rodman's text unique but also shows an important model prevalent in nineteenth-century medical texts: that of the doctor as heroic protagonist, armed with knowledge and battling against cancer. This model also reinforces the power dynamic discussed in the previous section as Rodman presents himself as an all-knowing, powerful practitioner rescuing the weak, hysterical women patients.

Second, Rodman supports his points with more than twenty specific examples from cases he has seen. Though his descriptions are often dismissive of the women patients, his inclusion of

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[15] Mentions of *A Practical Explanation of Cancer in the Female Breast* appeared in a broad range of periodicals, including medical journals (*The Medical and Physical Journal* and *The Journal of Foreign Medical Science and Literature*), reviews (*The Critical Review*, *The Monthly*

these narratives represents an important moment in the rise of the medical case study as support for an argument. Rodman's form and tone remain standard throughout the series of case studies, so I will use one of the shorter case studies to illustrate the style and organization. He begins with the woman's marital status as single and her initial symptoms of "sickness, headach [*sic*], quickness of pulse, interrupted breathing, and symptoms of general agitation" as well as "several other ailments." He describes the progress of her illness, including a reprieve from the symptoms brought on through his suggestion of "sea-bathing, and agreeable society." He continues with a discovery that one of the patient's friends had told her about breast cancer, its symptoms, and its treatment, "which was particularly fitted to produce feelings of horror in the female mind." This leads Rodman to suspect that the symptoms were an invention of the woman's overly active imagination: "She brooded over all the circumstances with serious interest, and the more they occupied her interest, the distresses were the more magnified in her thoughts, till, in a few hours, she began to feel darting pains entering into her own left breast, with a considerable degree of uneasiness through all the gland." Rodman believes that the hypochondria leads to physical symptoms and is the fault of the woman, as "her stomach was soon affected, costiveness ensured, and the breast became swelled and troublesome." Additionally, the woman's mistrust of medical professionals—assuming they would suggest a mastectomy—caused long-term damage to her body. Based on Rodman's description of the patient, though, it is not surprising that a woman would hesitate to consult a doctor who believes she has caused her own symptoms through weakness of mind. The illness faded on its own over time, but not without "a great debility of body, accompanied with such an irritability of mind, that she could not divest herself of afflicting thoughts which distempered her frame for a long time after" (62-65). Rodman speculates often

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Review, *The Quarterly Review*, *Edinburgh Review*), and general magazines (*The New Monthly Magazine*).

about the woman's feelings or beliefs about doctors, which is particularly evident in his focus on her thoughts and alarm throughout the narrative, though it is unclear whether Rodman has verified his assumptions about her feelings to be true.

With the exclusion of the woman's voice in this and other case studies in *A Practical Explanation of Cancer in the Female Breast*, Rodman's speculation about the woman's thoughts and feelings becomes as much a part of the case study as her other symptoms. In this way, the Foucauldian power of the medical gaze is a very real part of the representation of the woman patient. By using his representation of her thoughts and feelings as symptoms, Rodman concludes that most of the cases of breast cancer were actually hysterical. In virtually every case included, Rodman describes the woman patient as a hypochondriac whose obsessive fear of breast cancer actually causes hysterical symptoms. Such a representation certainly decreases the agency afforded to women patients, who were not trusted by doctors like Rodman to recognize the symptoms of breast cancer or to react rationally to illness. Considering the emphasis on early detection, even in the beginning of the nineteenth century, publications and theories like Rodman's likely made women hesitant to consult a doctor about such symptoms.

Sensationalizing Medicine

Compared to the rise in publications offering cures and advice for treating breast cancer in the first two decades of the century, fewer doctors published medical treatises starting around the 1820s. Arguably, such publications became scarce as doctors realized their treatments were not, in fact, curing the illness and that they knew no more about the causes or the best treatments than before. Though fewer books were published about breast cancer in these decades, print culture was not silent about the illness; instead, many periodicals reproduced sensational accounts of treatments gone wrong and uses of mesmerism during mastectomies. Some of these sensational accounts read like the criminal reports that filled popular periodicals and inspired novels,[16] but much of the sensationalized coverage of breast cancer is related to the illness and treatment as scientific marvel.

The sensational accounts of medicine, called "Gothic medicine" by Kennedy, "cannot help but reveal the ghost of 'the curious' in the clinic" (327). In the coverage of breast cancer in this period, "the curious" includes uses of mesmerism for sedation during operations, the appalling treatment of a woman during a mastectomy, and the potential of mesmerism as a miracle cure. The cases discussed below represent several types of treatments and sensationalized coverage in a number of different periodicals appealing to different audiences. Though there are a number of ways that mesmerism and religion were applied to the treatment of breast cancer, I have selected two cases to represent this larger body of work. The first is a story the use of magnetism as anesthetic for a mastectomy, and the second is a religious account of the effect of prayer on a tumor, which is almost interchangeable with descriptions of the effect of mesmerism on a tumor. In these cases, the sensationalized presentation of medicine highlights the many uncertainties that doctors faced in treating breast cancer in the early to mid nineteenth century. More than the earlier cases, the women patients here appear as victims of deception, of medical error, and of experimentation, which allows the male doctors to play the main characters—whether hero or villain—in the narratives.

In 1833, J. C. Colquhoun translated *Report of the Experiments on Animal Magnetism, Made by a Committee of the Medical Section of the French Royal Academy of Science: Read at the Meetings of the 21st and 28th of June, 1831* into English from the original French report. Colquhoun prefaces the translation with a number of caveats, noting that he first took interest in

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[16] See, for example, "Living Dissection."

the topic of animal magnetism “only as a matter of curiosity” and that he has little knowledge of and no professional experience with the related science (v-vi).[17] He then “lay[s] this important document before [his] countrymen” so that they can make their own judgments, though Colquhoun himself believes that, if the findings in this report are accurate, the appeal of using magnetism in medical sciences “becomes absolutely irresistible” (vii, viii).

One particular case described in the text was presented before the French group on 16 April 1829, in which a doctor named Jules Cloquet performed a mastectomy on a woman “under the power of the magnetic sleep” (149). As the story is explained in the report, the 64-year-old patient, named Plantin, “consulted M. Cloquet, upon the 8th of April, 1829, on account of an ulcerated cancer on the right breast, of several years’ standing, which was combined with considerable swelling (*engorgement*) of the corresponding axillary ganglions” (149). Plantin’s regular physician, M. Chapelain, magnetized her regularly over the course of several months in an unsuccessful attempt to reduce the tumor; the only result was that she lost sensibility but not her ability to converse while under the influence of magnetism. The doctors worked together to form a plan to suggest and then perform a mastectomy on Plantin while she was in the magnetic sleep. Throughout this procedure, Plantin remained still and calmly spoke with the doctors as they removed her tumor. In fact, she was so relaxed that the doctors had no need to hold her down, a common practice during surgical procedures in this period. After being left in her

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[17] *The Oxford English Dictionary* defines mesmerism as “A therapeutic doctrine or system, first popularized by Mesmer, according to which a trained practitioner can induce a hypnotic state in a patient by the exercise of a force (called by Mesmer *animal magnetism*); the process or practice of inducing such a state; the state so induced, or the force supposed to operate in inducing it. Mesmer's claims were not substantiated by a scientific commission established by Louis XVI in 1784 including Benjamin Franklin and Antoine-Laurent Lavoisier. His techniques, however, had great popular appeal and were variously developed by other practitioners in the late 18th and early 19th centuries, ultimately forming the basis of the modern practice of hypnosis.” Frank A. Pattie’s *Mesmer and Animal Magnetism: A Chapter in the History of Medicine* provides a useful

magnetized sleep for 48 hours, Plantin was awakened and informed of the operation, after which "she experienced a very lively emotion, which the magnetizer checked by immediately setting her to sleep" (151). This moment, like many others in the doctors' accounts, effectively illustrates the complete power of the doctor over his patient. When the woman patient does raise questions or does exhibit emotion, she is simply placed back into a mesmerized state where she fully submits to the control of the doctor.

This report appeared in a number of British periodicals in the 1830s, spreading news of the uses of magnetism to a broad audience. First, in the July 1830 issue of *Fraser's Magazine*, John A. Carlyle discusses the French development of mesmerism and the work of Mesmer himself, using Plantin's mastectomy as an example prior to its inclusion in the 1833 translated report. In this article, Carlyle includes more of the story than is in Colquhoun's translation because he was translating from the original French report before Colquhoun's translation appeared in print. Following the story beyond Plantin's being put back to sleep, Carlyle notes: "For some days after the operation, the 'patient continued well,' but died before the end of the month" (682). The exclusion of this detail from most accounts demonstrates the emphasis on the potential for using mesmerism to sedate patients in order to perform surgeries like mastectomies. Plantin's death from the procedure changes the story from the success of an amazing miraculous form of anesthesia to the tragic manipulation of a woman patient operated on without her consent. The use of magnetic sleep to perform the mastectomy completely erases the agency of the woman patient and makes the male doctors a powerful force controlling her.

In May 1833, *The Doctor, A Medical Penny Magazine: Adapted for the Use of Clergymen, Heads of Families, Nurses, &c.* printed the above story as the central focus of an

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overview of the theories about mesmerism, animal magnetism, and Franz Anton Mesmer himself.

article titled “A Cancer Removed from the Breast of a Female During Sleep.” This article is unique in excerpting the individual story of Plantin’s mastectomy, quoted directly from Colquhoun’s translation, whereas other reviews of the report discuss a variety of cases. The brief review—only a paragraph of description before the excerpted section—explains the choice to highlight the story because Plantin’s case is “the…most extraordinary account” (388). *The Doctor* was “an unstamped weekly medical and scientific publication” (Brock 119), which cost just a penny and ran from 1832 to 1837. In the opening issue, the editors explained the place of *The Doctor* within the larger periodical market, in between general periodicals that did not discuss medical topics and medical periodicals that were too specialized for general readers (“The Doctor”). The inclusion of only an excerpted section from the larger report works to fulfill this mission of sharing interesting medical information with a general audience intrigued by the field of medicine. Considering this version in *The Doctor* with the earlier account in *Fraser’s* demonstrates an interesting range for publication venues, from the miscellany aimed at the middle class family reading *Fraser’s*, which cost two shillings and six pence, to *The Doctor* as a cheap medical journal costing only a penny. This range of periodicals and prices demonstrates the importance of the narrative and means that it likely reached a wide audience.

In the April 1841 issue of *Baptist Magazine*, William Lormer contributes a sensational account of breast cancer that suggests a correlation between religious behavior and the relief of symptoms (“Irish”). Lormer tells of his encounters with “an aged female…during a long and severe trial of affliction from cancer in her breast.” He first visits the woman after her mastectomy and observes that, though she identifies as a Presbyterian, she is “as ignorant of the truth as the most darkened heathen” (210). He suggests that her increase in faith and acts like “prayer, reading the scripture, and a desire for the conversation of Christians” leads to a reduction of her suffering. Once she appears to have recovered, the woman reverts to her old ways, which Lormer believes causes the decline of her health that results in her death. After her illness worsens, the woman renews her faith and continues a focus of reading and memorizing the Bible and praying for the months leading up to her death. Though this woman patient is not the victim of a horrifying operation or a mastectomy without her consent, she is still presented in some ways as a victim of her own lack of faith. This blaming of the severity of her illness on the woman's actions seems to give her some agency in the management of her symptoms, but when the woman changes her behavior in the hopes of renewing her health, Lormer "remov[es] from her mind those false hopes" (210). Despite its focus on the religion and faith, this account differs very little from most medical accounts. The male figure, here Lormer rather than the doctor of most, is the central figure of the narrative and maintains the power of knowledge. The woman patient must rely on him to share that knowledge about potential treatments for her cancer. Despite following his advice, the woman patient in this narrative ultimately dies like the other women in these sensational accounts.

The publication of sensational cases like those of Plantin and the woman in Lormer's account demonstrate an interesting shift in medical discourse about treatments in the first half of the nineteenth century. This shift appears to represent a sense of diminishing confidence in traditional treatments for breast cancer, and the discourse of sensationalism sparks interest in a number of alternative treatments, which, for many patients, seem a safer and less painful option than a surgery without anesthesia. For the women patients who faced breast cancer in this period, all of the treatment options included a high risk of failure in curing the malady and of death as well as the potential for severe pain and extreme suffering. As women faced these uncertainties, their fears were rarely included in the case studies, which like those of the earlier parts of the century emphasized the position of the male doctor as a heroic figure who attempted to save the woman patient.

Illustrating the Case Study

Though many of the nineteenth-century medical case studies appeared as prose narratives, some were also illustrated with images of the cancerous breast before, after, or at stages during the treatment. Illustrations also appeared quite frequently on the pages of educational and theoretical texts, giving the audience of medical students a visual understanding of the techniques or treatments described in the text. In the case of breast cancer, there are few illustrations of the diseased breast or the process of treatment until much later in the century;[18] however, two watercolors from the early 1840s take on this difficult subject. As part of a series of paintings of Leeds residents with a variety of maladies, the illustrations of breast cancer patients Mrs. Broadbent and Mrs. Prince (fig. 2, 3) are striking for the combination of common portrait conventions with an exposed and diseased breast.[19] This combination appears slightly less unusual when considered in the context of the work of French artist Théodore Géricault, who painted a series of portraits in the early 1820s of the insane patients treated by one of his friends who was a well-known psychologist. Like Géricault's portraits, the paintings of Mrs. Broadbent and Mrs. Prince place the subjects in generic settings with neutral backgrounds.

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[18] A central example of the illustrations later in the century appears in Thomas William Nunn's *On Cancer of the Breast. With Coloured Illustrations* (1882).

[19] At the present time, very little is known about these portraits. Malcolm Warner of the Kimbell Museum suggests that a total of six artists likely worked on the full series and that the paintings of Mrs. Broadbent and Mrs. Prince were painted by two separate artists. The Wellcome Library, which acquired the images from private collections between 2005 and 2008, does not know the name of the doctor(s) who commissioned the paintings or the names of the artists who painted them. Because my research into the origin of the paintings has produced nothing verifiable and the hospital records for these years are absent from the collection at the West Yorkshire Archive in Leeds, I will refer to the doctors and artists generally throughout this discussion.

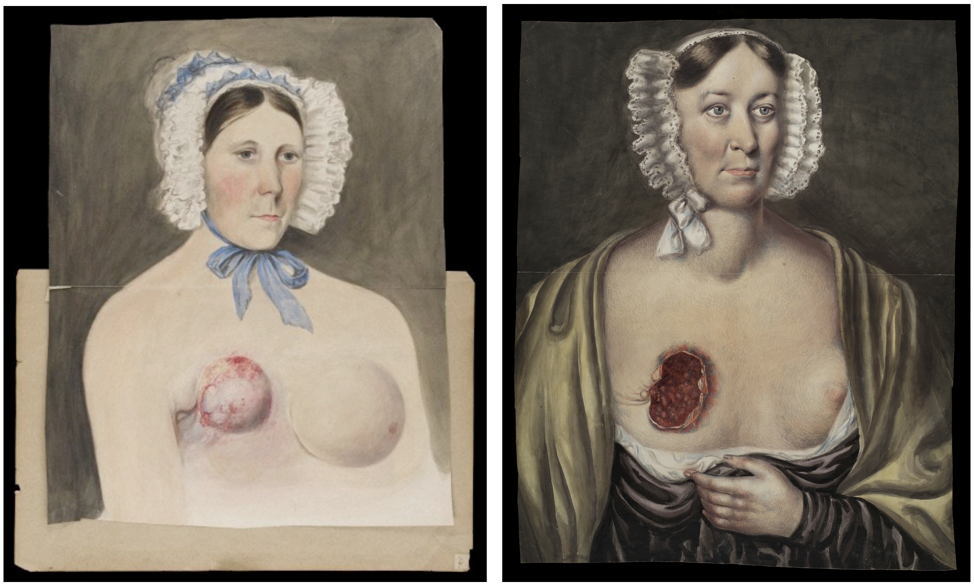

Fig. 2, 3

Left: “Mrs. Broadbent, afflicted with breast cancer. Watercolour, 1840.”

Right: “Mrs. Prince, after surgical removal of a breast. Watercolour, 1841.”

As images likely commissioned by a doctor or several doctors at the local hospital in Leeds, these portraits demonstrate medical efforts to understand and to represent the way that cancer affected the breast, which is particularly clear in the booklet of watercolors that illustrate the stages of healing during Mrs. Broadbent’s treatment. By including each woman’s face and torso in addition to her cancerous breast, however, the doctors and artists move beyond the representation of the cancer to represent the patient as a whole individual. In this way, the illustrations operate much in the same way as medical case studies, which open with personal details about the patients including information like name, age, and marital status. The back of each painting is lettered with some of the details, reading, “Cancer of the breast. Mrs Broadbent of Portland St, Leeds” and “Cancer of the breast. Mrs. Prince, Cobourgh Street Leeds, 1840-1.” In addition to the information from the lettering on the paintings, viewers of the images can infer information about the women including age and family status. Like the medical case studies, the paintings also silence the women patients in the presentation of their experience. Not only are the women obviously silent in the portraits, but as both women gaze to their left, avoiding direct eye contact with the painter or the viewer, they also passively allow the doctor and viewer to gaze upon their diseased breasts. Their silence is further emphasized in the women's facial expressions, which stoically conceal any emotion. These images, then, illustrate the transitional phase in medical illustration described by Caldwell, as the field shifted from valuing "textual authority, narrative, and expression" to a scientifically detached relationship to the subject and the image. By precluding any narrative to appear in the facial expression, the artists of these two images negotiate the complicated shift like the many doctors working in the developing conventions of the medical case study.

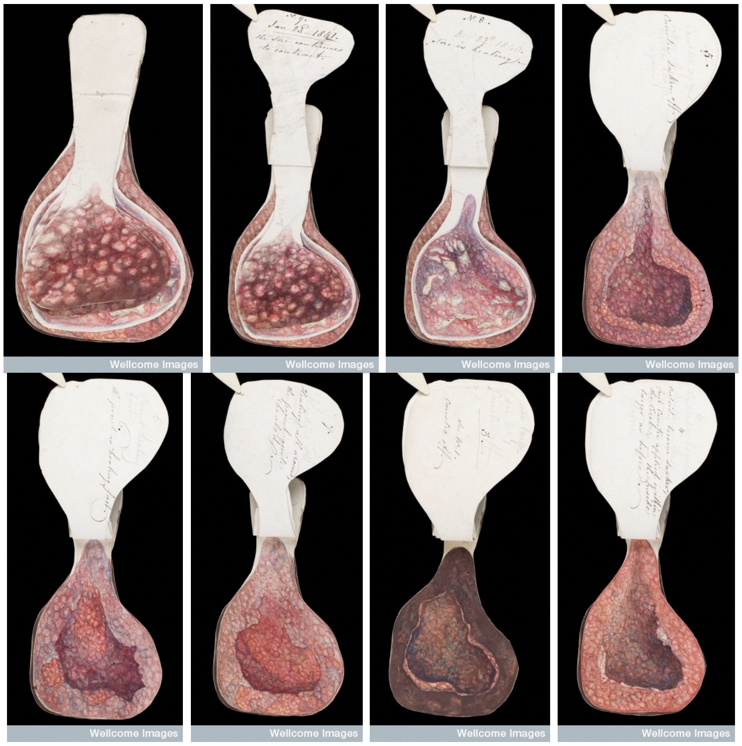

Fig. 4-11: "Stages in breast cancer suffered by Mrs Broadbent of Leeds. Watercolours, 1840-1841."

The first stage is represented on the top left, and the treatment process moves chronologically through the final stage on the bottom right. This booklet was made to the same scale at the painting of Mrs. Broadbent, so the images of the treatment could be placed directly onto her cancerous breast in the portrait.

The portrait of Mrs. Broadbent and the eight paintings of her breast during treatment (fig. 4-11) more clearly reflect the conventions of the medical case study, describing and illustrating the treatment process over several months. By illustrating the progression through her treatment and healing, Mrs. Broadbent's doctor produces evidence of the effectiveness of using a caustic to kill the cancer rather than performing a mastectomy. Notes on the back of each image describe the stage of treatment with the final four noting the rapidity of the healing process. The case of

Mrs. Broadbent illustrates the ways doctors worked to find effective treatments that did not require risky surgical procedures like those described in the sensational accounts above.

Despite the details given about her case, the treatment, and the healing process, the portrait and the booklet of the stages of treatment give virtually no information about Mrs. Broadbent herself or her experience with the caustic that burned through skin and flesh as it destroyed her tumor.[20] In fact, nothing about the painting indicates how long Mrs. Broadbent lived after this treatment to truly demonstrate the effectiveness of the caustic. Similarly, viewers know little about Mrs. Prince depicted in the other watercolor from this period, except for her name, the street on which she lived, and the fact that her breast was surgically removed. The only aspect of the portraits that indicates much about the women is the lace cap that each wears. Alison Gernsheim explains this early-Victorian trend: "The centre parting [of the hair] was practically obligatory; it was unthinkable that it could be anywhere else….Even the young and fashionable woman was supposed to wear a cap as soon as she had children. In fact, such indoor caps were fashionable, and not as matronly as they seem to us" (29). Based on the women donning these indoor caps, viewers can assume that the women are more than likely wives and mothers. Beyond these indicators, through, we can infer little else about these women and their experience with breast cancer and their treatment for it, which demonstrates the fact that the medical texts of the nineteenth century were not the only ways women facing breast cancer were silenced in the period. One of the only conclusions we can draw is that the experiences of Mrs. Broadbent and Mrs. Prince existed at an important turning point in the fields of medicine and medical illustration based on the style of the portraits and the differences in their treatments.

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[20] A description of this type of treatment appears in chapter four in Phillip Henry Gosse's narrative about his wife's suffering through the application of caustics. Also, nonsurgical procedures like this are discussed below in the section on treatments described in women's periodicals.

Early Uses of Ether

The sensationalized narratives and medical illustrations of the 1840s emphasize the vital importance of two medical developments—the use of ether to sedate patients during operations and the use of microscopes to develop cellular theory.[21] With the discovery of ether, doctors had a new form of anesthetic they hoped would replace the inconsistent and dangerous alcohols often used in surgery before. In 1846, Boston dentist Dr. William T. Morton received credit for the discovery of this use of ether when he administered it as an anesthetic while another doctor performed surgery to remove a facial tumor. The news of and experimentation with ether as an anesthesia spread quickly. By January 1847, separate articles titled "Painless Operations" appeared in *John Bull* and the *Lady's Newspaper*, signaling the way the medical community embraced the new practice quickly and the information was reaching a general audience of future patients. Though many other mainstream periodicals featured the news about ether, these two weekly newspapers included examples from mastectomies to illustrate the uses of ether for treating breast cancer. As fairly expensive weekly periodicals, both *John Bull* and the *Lady's Newspaper* appealed to upper middle class and upper class readers, though the audience for *John Bull* was generally Conservative and Protestant, while the *Lady's Newspaper* remained more neutral.

The article in *John Bull*, taken directly from the *Medical Times*, attests to the powerful uses of ether "as a means of rendering the patient insensible to pain while undergoing the most severe and agonising operations" (20). In the examples included, though, the article

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[21] Though Joseph Jackson Lister developed a significantly more reliable microscope in 1826, it was not until the 1840s that this type of microscope became widely available and led to major discoveries in cellular theory. One such discovery is Rudolf Virchow's discovery of leukemia in

acknowledges the fact that doctors were still somewhat unsure about the best methods for administering ether and observed inconsistencies with patient response. One of the central cases in the article involves ether for a mastectomy: "After inhaling the vapour of ether for upwards of twenty minutes without any sensible effect, the [mastectomy] was performed with the usual accompaniment of severe pain" (20). As the article details similar experiences with ether at other London hospitals, it concludes with the observation that ether works in *most*, but certainly not all, cases, comparing its effects with that of alcohol. Throughout this article and others discussing ether in these early cases, the writers note inconsistencies related to apparatuses used to administer the ether, and each suggests a different tool he or one of his colleagues developed. Because of this uncertainty about effectiveness, discussions of this new medical advance are quite similar to those in the sensational accounts of mesmerism. At this point, in the late 1840s, both ether and mesmerism produced inconsistent results. Because ether was accepted by mainstream, traditional medicine, though, the account of its failure and the resulting painful operation is much less sensationalized than those about mesmerism.

In the same month as the *John Bull* article, on 30 January 1847, the *Lady's Newspaper* included an article titled "Painless Operations under the Influence of Ether," which also uses a mastectomy as one of the examples. In reshaping the topic for its women readers, the *Lady's Newspaper* includes only examples of the successful uses of ether. About the mastectomy, the article explains, "During the whole time the patient exhibited no symptoms of pain. The poor creature was sufficiently recovered in five minutes to walk out of the theatre almost without assistance" (99). The decision by the *Lady's Newspaper* to exclude any mention of the inconsistency in the administration of ether before surgery is curious because it conceals the truth

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1845. In the paintings discussed above, it is possible that the illustrated stages of Mrs. Broadbent's cancer relied on viewing the treated area through a microscope.

from its readers, demonstrating the newspaper's assumptions that its female audience was unable to handle or uninterested in reading the failures of anesthesia. The article appeared in the fifth issue of the *Lady's Newspaper*, which began less than a month before on 2 January 1847. Additionally, this periodical was one of the first newspapers specifically targeted for women readers, offering a different sort of reading material than the fashion magazines of the earlier part of the century. Where the earlier medical texts that addressed women's health—like Walker discussed above—considered it unlikely, though possible, that women might read their contents, this periodical directly addressed and even appealed to its women readers, which shaped its discussion of breast cancer and the hope of medical advances.

Breast Cancer and Mid-Century Texts for Women

Over the decades that followed the 1847 example in *The Lady's Newspaper*, other women's periodicals addressed breast cancer, which often appeared in the form of regular medical features written by contributing male physicians. The publication of such medical information in periodicals reflects a larger trend in social reform and a rise in publications aimed at female audiences during this period. The information in these medical articles and books empowered women through knowledge that led to an increasing sense of agency in managing their households and making decisions about their own bodies. In three decades, from the mid-1840s to the mid-1870s, several social, political, and medical events occurred that began to change the role of women in both the household and the nation. Sir James Young Simpson's 1847 discovery of chloroform as an anesthetic led to its use for women, including Queen Victoria, in childbirth. The rising use of anesthesia during childbirth countered the expectations that women would endure the pain simply out of maternal love and led to better understandings of medicine and women's health.

Starting around the 1840s, many women were educated through printed materials published specifically for them.[22] During this time, a number of books and periodicals purported to be the friend, companion, or guide for the ladies of the period, offering advice on cooking, household management, and care for children, including the most famous of these, *Mrs. Beeton's Book of Household Management* (1861). Though some scholars have suggested that the advice manuals represented a method of shaping the roles and behavior of women readers, I argue in this section that the medical information included in these texts empowered women readers with knowledge. My argument follows that of Jennifer Phegley in *Educating the Proper Woman Reader: Victorian Family Literary Magazines and the Cultural Health of the Nation*, as she suggests that Victorian women readers were empowered through family literary magazines. The connection between knowledge and agency is particularly important in discussions of medical treatment, for it is only with awareness about the illness and the various treatment options that one has any agency in battling the disease. By reading the way agency results from information, I acknowledge an implicit link between the texts in this section and those of the late twentieth-century Women's Health Movement that provided women with a deeper understanding of their own health.

While the use of the terms like companion and friend was not new to titles for women, the mid-nineteenth century saw a rise in publications focusing on advice about domestic duties. Many of the earlier magazines aimed at an audience of women centered on topics like beauty and fashion.[23] In addition to a variety of other subjects, the advice texts, whether in periodical or

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[22] The *Lady's Newspaper*, founded in 1847 and discussed in the previous section, is a key example of this trend.

[23] These periodicals included titles like *La Belle Assemblée*, *Ladies' Fashionable Repository, Lady's Monthly Museum; Or, Polite Repository of Amusement and Instruction,* and *The World of Fashion and Continental Feuilletons, Ladies' Cabinet of Fashion, Music and Romance* among others.

book form, included information about medical treatments, with recipes for the invalid, natural cures for common illnesses, and suggestions about midwifery and childcare. Such texts, focused on instructing a primarily female audience, differ significantly from the early nineteenth-century text by Walker discussed above in that the earlier writer only briefly acknowledges the possibility of a few women reading their texts. Before discussing the way women's periodicals covered the topic of breast cancer, it is important to look at an example of a medical advice book from the same general time period which targeted an audience of women.

In 1845, Dr. William Hamilton Kittoe published a second edition of his *The Ladies' Medical Friend*, which included information on treating diseases specific to women, information on infant care for mothers, and an appendix of prescriptions.[24] Kittoe explains in his preface that he expects the volume to be useful for "all mothers of families, young married ladies, governesses, conductors of ladies' seminaries, and other having the care of females" (vi). He believes that these women readers will find the guide particularly useful in an emergency and has written the text "so that the most uninformed, by the exercise of a little common sense, may be able to render, in the hour of need, efficient aid to the sufferer" (vi-vii). Kittoe is careful to clarify the uses of the book, noting that it is only for times when medical help is not available and that women should appeal to trained physicians whenever possible.

Kittoe includes a section that specifically addresses diseases of the breast, beginning with a discussion of representations of the female breast in art and literature and in cultural beliefs throughout Europe.[25] By opening with this context, Kittoe complicates the discussion of diseases

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[24] In the course of my research, I have been unable to locate any information about the first edition of this text including a publication date, so my discussion here focuses on the second edition in 1845.

[25] This beginning section is quite unique for a nineteenth-century discussion of breast cancer. None of the other medical texts I have read make any connections to the cultural and artistic representations of the female breast.

of the breast, reminding readers of the erotic and maternal associations connected with lofty standards for women's perfection. In a text that appears to provide an audience of women with the power of knowledge, this description of the breast in the arts undercuts that agency by reinforcing patriarchal aspects of medicine and eroticizes parts of the female body.

Kittoe organizes the medical discussion into several types of diseases of the breast, further dividing each of those sections into a description of the malady, its symptoms, and treatments. Such information, especially the specific distinctions in symptoms, works toward preventing the expected overreactions and hysteria related to abnormalities in the breast that frustrated Rodman. In the cancer section, Kittoe describes his views on the causes of breast cancer and notes several groups of women who are more likely to develop cancerous tumors, including "unmarried females, past the meridian of life,…mothers who have never suckled their children,…women who are past child-bearing,…[women who] have borne children and suckled them with their own milk" (126). This list illustrates the many ways women could be blamed for causing their own breast cancer, including the fact that they are at risk if they breastfeed their children and at risk if they do not. Kittoe's listing of causes of breast cancer demonstrates the fact that the assumptions about breast cancer remained virtually the same through the first half of the nineteenth century and represents the widespread thinking about cancer before Virchow's discovery of cellular theory. In the same year this text was published, Virchow initially discovered leukemia, which led to his eventual understanding of the causes of and treatments for cancer.

Kittoe describes symptoms of cancer, which usually begins with "a small hard, moveable tumour" which over time becomes painful, is followed by swelling of the glands in the arm-pit and collar bone, and finally results in a sore that produces a discharge and grows (127-8). Kittoe emphasizes the different appearances of cancer as well as different symptoms that may resemble other illnesses like rheumatism. For the women diagnosed with cancer, whether by a doctor or not, he suggests a general course of treatment with the understanding that “a cure is of rare occurrence” (129-30). Because of this belief about the rarity of a cure, he stresses the importance of maintaining a good diet to improve health and strength in the effort to fight the disease and suggests medicines that would treat the pain more than the cancer. Above all, Kittoe believes that surgical removal of the tumor is rarely effective and should only be considered if “the tumour is very small, and prior to the occurrence of pain” (130). This aversion to surgical treatment is clearly related to the date of Kittoe’s text. The use of anesthesia (whether ether or chloroform) became more widespread in the two years following the 1845 publication of the book though it remained inconsistent for several decades, and antiseptic surgical practices were not discovered or promoted for two decades. At the time of publication, Kittoe was likely correct in his belief “that after the commencement of severe pain, the use of the knife is not only useless, but will aggravate the patient’s sufferings and accelerate the fatal termination of the case” (130-1). Despite sharing many beliefs about breast cancer with other medical texts and styles of advice with other women’s companion books, Kittoe’s *The Ladies’ Medical Friend* is distinguished for its in-depth coverage of diseases of the breast written for an audience of mostly women. By giving women readers this information, Kittoe empowers his readers to claim agency over their bodies and to be informed patients that more fully understand the medical discussions about their health.

The suggested treatments for breast cancer in the women’s periodicals throughout this period reflect the timing of medical advances like cellular theory and the use of anesthesia and antiseptic practices that were developed and adopted in the period between 1845 and 1867. As these medical practices developed, knowledge about breast cancer also permeated the periodicals of the period, including those focusing on an audience of women readers. From the 1850s to 1870s, several features on the subject appeared in *The Englishwoman's Review*, *Mrs. Bakewell's British Mothers' Journal*, and *The Ladies' Treasury*. It is important to begin with a brief look at these three serials, their editors, and their intended audiences to identify key distinctions among the periodicals and their motives before continuing with discussions of the specific articles that discussed breast cancer.

Though the *Englishwoman's Review* (1866-1910) is a title of a long-running feminist periodical commonly discussed in scholarship, another periodical of the same name ran from 1857 to 1859 and promoted almost entirely opposite views. The periodical switched from fortnightly to weekly publication in September 1857 and at the same time changed its full title to *The Englishwoman's Review and Home Newspaper* ("*Englishwoman's*"). In an article titled "To the Reader" in the opening issue, editor Eleanor Duckworth distances the periodical from women's rights, insisting that a woman's rights "are the rights of usefulness and kindness, that her strength must arise from no other source than from her own native purity and innocence, that her mission is to shed around her true woman's influence, softening, refining, conciliating" (qtd. in "*Englishwoman's*"). As a periodical that reinforced passive roles for women, *The Englishwoman's Review* sought to inform and instruct its women readers in order to make them better wives and mothers. *Mrs. Bakewell's British Mothers' Journal*, which began as the *British Mothers' Magazine* in 1845 and changed titles in 1856, was a periodical published by the London Central Maternal Association, an evangelical Christian mothers organization. With each monthly issue costing three pence, the periodical was relatively inexpensive and targeted an audience of working-class readers in the hopes of reform (*"British*"). As editor, Mrs. Bakewell contributed fiction and editorial pieces in which she acknowledged the evangelical nature of the periodical but promised, “it would be free from secretarian bias” (Law). A more general women’s magazine, *The Ladies’ Treasury*, edited by Mrs. Eliza Warren, had an exceptionally long run as an illustrated monthly miscellany, from 1858 to 1895. At a price of seven pence for each monthly issue, including a very popular literary supplement that ran until 1875, *The Ladies’ Treasury* targeted an audience of middle class women (De Ridder). As Beetham and Boardman explain, this periodical “was typical not only in its mix of genres but also in that it offered both to entertain and to instruct” (38). In her focus on educating, without confusing, her women readers, Mrs. Warren included serialized editorial features that corresponded with her popular “advice books for the lower middle classes” (De Ridder), which offered useful advice about household management like that of *Mrs. Beeton’s Book of Household Management*. Despite the differences in these three titles, their work to instruct and shape women readers is important because the education received through the pages of a serial could give women enough information to make more informed decisions. Even in periodicals like *The Englishwoman’s Review* that resisted notions of women’s rights or empowerment, informational articles about women’s health gave women readers at least some agency through the ability to make educated decisions about their own bodies.

All three of these periodicals were part of a larger movement beginning in the 1850s that Beetham explains also included “titles like the *English-woman’s Domestic Magazine* [and] the *Ladies’ Companion*. The features in these periodicals included fashion and fiction, but they also incorporated advice through informative articles and correspondence between readers and editors (“Women’s Periodicals”). The inclusion of medical advice in these periodicals not only provides women readers with enough knowledge to care for those in their households but it also gives them some control over their own bodies and healthcare. These articles, appearing between 1858 and 1875, reflect a number of social and political contexts including the Medical Act of 1858 and the Contagious Diseases Acts of 1864, 1867, and 1869 and coincide with the activist work of women's groups like the Langham Place group and the Ladies' National Association. Though periodicals like *The Englishwoman's Review* would resist any connection with groups working for women's rights, the information about breast cancer on its pages—even though it includes fewer details than some of the others—gives women readers a sense of agency in the same way as some of the more progressive journals. The articles in these periodicals fall into two categories: informational articles contributed by male doctors and the discussion of cures by the women editors. In both types, the editors of these periodicals remediate the medical information about breast cancer for their audiences and empower them with information about symptoms and potential treatments.

In 1858, both the *Englishwoman's Review* and the *British Mothers' Journal* included breast cancer in the medical columns written by doctors. As with the usual practices in each periodical, the article in the *British Mothers' Journal* was signed while the piece in the *Englishwoman's Review* only included the title "an Old Physician" in the byline and the initials W.J. at the end. Such articles by doctors resemble the medical advice books like Kittoe's, which focused on educating women readers with general medical knowledge.

For a two-part series in the January and February 1858 issues of *Mrs. Bakewell's British Mothers' Journal*, R. Hall Bakewell contributed articles titled "On Some Diseases of the Breast."[26] Bakewell's byline lists a number of medical titles, including an M.D. and membership

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[26] The fact that both the editor and this contributor share the last name Bakewell seems more than coincidental. After some basic research, I have been unable to determine a relationship between Dr. Robert Hall Bakewell and the editor Mrs. Bakewell's husband Rev. John Bakewell. The only connection I have discovered thus far is that John was born in Staffordshire in 1802

in the Royal College of Surgeons among others. With this article appearing in the same year as the Medical Act, the inclusion of their consulting doctor's credentials is significant, associating Bakewell with traditional medicine and giving Bakewell immediate authority. From the beginning, Bakewell recognizes his audience, noting, "I make no apology for writing on these subjects in a periodical devoted exclusively to the use of mothers, for none is needed" (9). Bakewell uses the normative role of maternity to justify his candid discussion of the physicality of the body, which was important for the evangelical Christian focus and audience of the magazine. Like many doctors writing for female audiences in this period, Bakewell focuses on educating his readers and challenging misconceptions about the female body. For this reason, he begins with an explanation of "what the breast really is" (10) and continues by describing how the breast can develop abscesses, methods for prevention, and possible treatments (10-12). Continuing in the February 1858 issue, Bakewell resumes discussion of treatments for abscesses, and near the end of this second installment, he notes a "chronic form of abscess" in which "a tumour forms slowly…[and] at length, matter may be felt" (38). Though Bakewell only briefly mentions the potential of a tumor developing from the abscess, the article series operates much like Kittoe's text in helping women learn about their bodies and the different symptoms of different maladies. Additionally, in this period, many believed that other diseases of the breast developed into cancer, so a doctor's sharing this information with women readers could empower them to take preventive measures.

The discussion of breast cancer in the 23 October 1858 issue of the *Englishwoman's Review* certainly follows its plan "to suggest thought, rather than to instruct" (qtd. in *"Englishwoman's"*) by providing much less information than the articles in the *British Mothers'*

(M'Clintock) and that Robert resigned from a post at Staffordshire General Infirmary in 1854 ("Vacancies" 670).

Journal. With the byline describing him as “an Old Physician,” the contributing doctor demonstrates his qualification to discuss breast cancer by opening the section with his experience gained “in my long practice.” The doctor associates his work with mainstream medical practice through a condemnation of “ignorant quacks,” but he also notes the way that standard medical treatments are not entirely successful either if they are not followed up with “proper medicines and *diet*.” Because he is addressing an audience of women readers, however, the doctor spends less of his time explaining the treatment and instead focuses on the issue of women hiding their maladies and delaying treatment. He concludes, “I advise my fair countrywomen to seek the best advice in an early stage, though many tumours are not cancerous, and may be dispersed by bringing the system into a healthy state.” While this suggestion is certainly important—as discussed at the opening of this chapter—it does much less to inform women readers than Bakewell’s article in *British Mothers’ Journal*.

In addition to these features by doctors, the editors of the *British Mothers’ Journal* and the *Ladies’ Treasury*—Mrs. Bakewell and Mrs. Warren, respectively—mention potential cures and the importance of making those widely known among women readers. By emphasizing the need to share medical knowledge about breast cancer and doing so in editorials in their periodicals, both women work to empower their women readers with increased awareness about their own bodies and health. In January 1861, less than three years after Dr. Bakewell’s series on diseases of the breast, Mrs. Bakewell addresses the importance of sharing information about breast cancer with the audience in “To Our Correspondents.” Here, she briefly explains the rationale for selecting which papers to publish in an apology to those whose work was declined because the “articles were either too denominational or too professional for our pages” (284). Mrs. Bakewell finds one such article, titled “A new method of removing cancer of the female breast" important enough to mention. Because she believes women should have this information, she offers "to give the writer's address to any one who may wish information on the subject" (284). This remark is particularly interesting because it shows the way some editors chose material to share with their women readers, emphasizing the importance of articles that were written generally enough to inform without overwhelming the audience.

In the 2 August 1875 issue of *The Ladies' Treasury*, Mrs. Warren contributes an article on cancer, in which she quotes heavily from *English Mechanic*. To contextualize the article, Mrs. Warren explains that in the correspondence section, "it is…asserted [that cancer] can be cured without surgical operation" (98). Her rationale for sharing the information in her periodical is clear: "Cancer is such a deadly and much-dreaded disease that anyone knowing of a cure ought not to keep it concealed" (98). Mrs. Warren's explanation subtly emphasizes the problems with such information only appearing in periodicals like the *English Mechanic*, which did not include women in their target audiences.[27] By reproducing the article with few editorial interruptions, Mrs. Warren demonstrates confidence that her women readers will find the information understandable and appropriate.

The article contains two narratives of breast cancer, the first from a woman identified only by the initials J.E.P.S. and the second from a reader who signs his letter "Cotswold." In both cases, the women patients—J.E.P.S. and Cotswold's female relative—undergo nonsurgical treatments for breast cancer that include an asbestos and acid paste and poultice that eat through flesh and tumor to remove the cancer from the woman's body. Though the process of acidic pastes and cutting away of dead flesh sounds as painful as an operation, J.E.P.S. explains, "it was

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[27] The *English Mechanic*, a weekly, was the most popular science periodical of the period and sold for two-pence. The magazine targeted an audience of middle class men interested in science. The correspondence sections were key to the magazine's focus on educating non-specialists in scientific topics (Ewalts).

not at any time severe enough to require the application of anesthetics" (98). This comment is particularly interesting because the spread of anesthesia use is often linked with a rise in surgical procedures. As J.E.P.S. explains, though, she had reasons other than the pain of surgery to seek out a different procedure, noting that she avoided "the shock to the system so severely felt after a surgical operation" (98). Similarly, Cotswold notes that his relative "suffered but little constitutional disturbance during its progress" and was "able to attend to her ordinary household duties" shortly after the treatment (98). J.E.P.S. believes that only one doctor in England is performing such procedures, but she hesitates to name him for fear her remarks and purpose will be misconstrued. This hesitance illustrates common concerns about nontraditional medicine: were she to name the doctor who cured her, readers would likely assume that her narrative was an advertisement for the doctor's services and diminish the credibility of the testimony. Cotswold's submission follows that of J.E.P.S., responding to the *English Mechanic*'s request for the name of a doctor performing this nonsurgical treatment. Overall, in the context of the larger series for the *Ladies' Treasury*, these two testimonials work together to provide a full narrative of the (in these cases, positive) experience of such alternative treatments. While the accounts within other periodicals may overlook the importance of the women who experienced these treatments, Mrs. Warren's remediation of those texts into the pages of the *Ladies' Treasury* turns those experiences into an educational article that informs and empowers the women readers of her periodical.

In the decades of the mid nineteenth century, the coverage of breast cancer in texts produced specifically for women results primarily in the spread of information about breast cancer to the audience most likely to face it, women readers. Though many women shared their personal experiences verbally with friends, the publication of books and articles from medical sources gave women readers the knowledge to make more informed decisions about their own bodies and medical treatments. In some cases, however, the details were limited or reframed in order to protect or control the information that reached them. Though much of the content was simplified for the audience of women readers, many of the texts gave women a sense of agency in their experiences with the rapidly changing medical system.

The Institutionalization of Medicine

In contrast to the early part of the century, medical practice looked vastly different by the final decades of the nineteenth century, which inspired a rise in the discussion of breast cancer in medical books and periodicals. By the 1880s, medical and technological advances like microscopes, anesthesia, germ theory, antiseptic surgery, and cellular theory had influenced many changes in diagnosis and treatment. With the establishment of the British Medical Association in 1856 and passage of the Medical Act of 1858, the professionalization of medicine also changed the way doctors worked. This institutionalization of medicine, which began in the middle of the nineteenth century, is particularly evident in the medical texts about cancer in the last quarter of the century.[28] These texts demonstrate increasing professionalism through the use of statistics, the continued evolution of the case study, the inclusion of patient testimonials, and the process of peer review for both texts and treatments. Still, the medical books remain narratives of the doctors, who strove to understand breast cancer and fought to save their patients.

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[28] The changes to the institution of medicine also included a place for the professional nurse. The trends in nursing texts in this period tend to follow those in the medical texts focused on an audience of male doctors. Nursing periodicals of the 1890s debated the issues related to regulating nursing practice. Coverage of breast cancer in the nursing texts, however, differs little from the texts discussed here. The somewhat surprising fact that male and female medical practitioners differ little from each other is less so when one considers the prestige and power associated with male doctors. Also, just as doctors became part of an institutionalized field in the

The 1881 edition of *The New Cancer Treatment* by Dr. Dennis Turnbull illustrates the influence of professionalization on medical texts quite clearly.[29] Though he discusses cancer generally, Turnbull relies on a number of case studies about breast cancer. Before proposing his new treatment, Turnbull describes his concerns about standard medical understandings and treatments of cancer: "to [doctors using orthodox treatments] Cancer is now what it has always been—a local disease, for the removal of which there is but one remedy—the knife. That so-called remedy is no remedy at all" (53). In this process of presenting his treatment as a preferable alternative to orthodox treatments, it seems that Turnbull is similar to doctors like Bell and Rodman discussed above, but Turnbull uses strategies completely different from those earlier doctors. First of all, Turnbull is licensed through the orthodox medical system he questions. Then, throughout the text, he quotes from popular doctors and medical texts, placing his own theory in conversation with theirs. This is especially evident in a section about surgical treatments, in which Turnbull quotes from a number of popular doctors who emphasize surgical excision of tumors.[30] Comparing his own statistics with those of these and other eminent doctors, Turnbull presents his procedure as more effective in the treatment of the women patients and as part of an increasingly professional environment.

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last quarter of the nineteenth century, so many nurses followed suit by advocating similar professionalization in the field of nursing.

[29] The 1881 version of Turnbull's text is the third edition. The first was published in 1874 and the second in 1876. I have been unable to locate copies of the first or second edition. In the Preface to this edition, Turnbull cites the popularity of the first two editions as the reason for the third. Additionally, he points readers to the inclusion of two new sections, 24 more cases, and 16 testimonials.

[30] In the cases of breast cancer, Turnbull notes the following statistics: "Mr. Mayo distinctly acknowledges that after amputation of a scirrhus breast, under the most favourable circumstances, I believe that in ninety-nine out of a hundred the disease returns either in the cicatrix or in the glands" (49). Quoting "the celebrated Professor McFarland," Turnbull notes, "Of the thirty two cases of cancer of the breast, which were operated on by himself, and eighty-six cases that were operated on by his friends, *not one was permanently cured*. Several of the operations were fatal" (50, emphasis in original).

Turnbull's theory of cancer centers on the belief that it is not a local disease but one that affects the entire constitution. Citing such famous doctors as Sir James Paget, whose own beliefs about the nature of cancer shifted in the 1870s, Turnbull expands on their preferred treatments by discussing herbal remedies "which are better calculated to do good in constitutional diseases than the mineral medicines" (63), and he suggests that the herbs be ingested to work from within at the same time other herbal preparations are applied to the affected area. The first case study Turnbull includes is one of breast cancer, in which Turnbull compares the positive result of his treatment with the surgical alternative, suggesting that a mastectomy would have killed the patient. To further support his successful treatment of this case, Turnbull quotes another doctor: "When I advised Mrs. W—— to come to you I never expected her to live through the treatment, because I made myself quite sure that the disease was too far advanced for any one to succeed in curing her….Your Cancer Treatment is too great a boon to be kept from the profession" (71). As above, Turnbull's use of support from other doctors separates his text on nonsurgical treatment of cancer from those earlier in the century and presents Turnbull as part of a medical community working together to fight the common enemy of cancer. Along with the testimonials section in the book's appendix, this quotation placed within the main content of the book is an attempt to demonstrate the approval of Turnbull's treatment through medical peer review. Regardless of its placement, though, the inclusion of other doctors' voices demonstrates Turnbull's understanding of the need to place his work within a network of traditional medical practitioners.

In the Appendix to his text, Turnbull offers some advice to patients reading the text that emphasizes the rise of professionalism in this period. Rather than immediately describing the method of treatment so that any doctor can attempt it, Turnbull notes that "two worthy medical gentlemen of Cheltenham,…at my request, kindly visited patients undergoing the treatment.

These highly esteemed medical friends are not only capable of judging the Treatment but they recommend people to take advantage of it" (114). While Turnbull's motivations may, in fact, be related primarily to the financial gain of a medical gentleman purchasing the complete method of enacting the treatment, his appeal emphasizes the professionalization of the field of medicine, regardless of the potential monetary reward. No longer is the local family doctor trusted to treat such serious illnesses, but instead, patients are expected to seek out the more qualified medical gentlemen like Turnbull and his friends.

Additionally, the Appendix includes a section of testimonials about the successes of Turnbull's work, which provide further support for Turnbull's professionalism and his treatment. Though two of the testimonials sound more like standard case studies and are written from Turnbull's perspective, three include the actual letters from female patients supporting Turnbull's work, making a rare space for the voice of the patient in medical texts.[31] None of the three case studies that rely on letters as testimonials allows the woman patient's voice to stand alone. The first letter, from Mrs. L——, is followed by Turnbull's commentary on her experience, emphasizing the fact that his treatment succeeded despite her poor living conditions (119). In the second letter, a male friend of the patient actually writes the testimonial, describing his recommendation of the treatment and reporting on the patient's recovery (121). The words of Mrs. M. A. B—— in the third letter are followed by the support of three witnesses, two of which are men (123). In two of these testimonials, the women patients actually speak for themselves about their experiences with breast cancer and the treatment; however, the male voices that serve as witnesses to the narratives diminish any agency gained through that self-representation. The

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[31] Placing the testimonials in the appendix, though, serves to relegate these voices to a marginal space within the text. Women's narratives are featured in the next chapter, which focuses on breast cancer narratives by the women who faced the illness.

space made for the voices of these breast cancer patients ultimately negates any agency by making their narratives dependent on the male confirmation.

The use of statistics and testimonials operates in many ways as a peer review process, with many doctors checking similar statistics to find an accurate representation of the situation or to better understand a disease. Like Turnbull's reliance on other doctors to review his work, *The Review of Reviews* performed its own examination of the work of Italian doctor Count Mattei in a series of articles in 1891 and 1892, which marks the development of a standard for professional peer review in the increasingly institutionalized practice of medicine. Beginning with an introduction to the doctor and his work in January 1891 and to his famous experiments in March 1891, the series resulted in the creation of "The Mattei Investigation Committee" whose report was published in the August 1892 issue. The first article, titled "Can Cancer Be Cured? A Visit to Count Mattei: His Challenge to the Faculty" begins by noting that there is no known cure for cancer other than surgical removal early in the process. Still, the article reports, "Count Mattei asserts that cancer can be cured—that he has cured it, and is curing it, and he challenges the medical profession to subject his claims to the closest scientific examination" (34). The article emphasizes the secret nature of Mattei's treatment, only describing the "concoctions of mountain herbs" and a treatment of that concoction with "something which he calls the electrical principle" (39). As with many of the doctors who professed to have a cure for cancer, particularly those relying on such secret methods, Mattei and his work were questioned by others in the medical field. The article theorizes the term "quack" used to characterize certain doctors and treatments and raises important questions about the results of institutionalizing medicine, in particular the dismissal of those who diverged from the common practices of traditional medicine as quacks. Though the article does not necessarily defend Mattei, the author asks an important rhetorical question: “who is there amongst us who would not rather be cured of cancer by a quack than left to die according to the rules and regulations of the College of Physicians?” (37). This questioning of the distinction between traditional doctors and quacks, as it may impede the progress of doctors working to cure cancer, represents a central concern about the institutionalization of medical practice in the final decades of the nineteenth century.

As *The Review of Reviews* works to find answers about the effectiveness of Mattei’s cures, the article compiles extensive evidence, describing interviews with witnesses, detailing cases of cures, and planning an independent review of the treatment. The article appears to approach the questions about Mattei’s treatment with a genuine sense of curiosity, balancing the strong evidence of those cures with the questions over whether the patients who were cured actually had cancer in the first place (45-46). Based on feedback from several doctors, the periodical created a committee to review the work of Mattei, describing the group in the March 1891 issue, which included “medical men of standing and weight in the profession who represent the different schools of medicine, together with others who would bring to the task a scientific training and an open mind” (244). Like the original discussion of Mattei and his cure and the use of the term quack to describe him, the author uses the formation of the review committee to imply that the institutionalization of medicine limited the diversity of experience and opinion that might benefit the field.

More than a year after the introduction of Mattei and the formation of the committee to review his claims about a cure for cancer, the August 1892 issue of *The Review of Reviews* includes the committee’s report. The article describes the scientific process of the review, including the qualifications of the doctors involved and the work to select patients with breast cancer that fit the type Mattei’s treatment was said to cure, and illustrates the development of standard procedures for professional peer review in the increasingly institutionalized practice of medicine. In the year of review, all five of the cases of cancer progressed at various rates, which the committee saw as proof that the Mattei cure did no more than “other so-called ‘cancer cures,’ which have invariably been found in practice to fail” (195). As the doctors on the review committee report on the results, their disappointment in the failure of the cure is evident, as is the frustration of the author who clearly hoped for the cure’s success in the initial article. The article concludes by ensuring that the committee will continue contact with the five test subjects in case their situations improve after the initial year of review and with the resulting opinion of the committee “that the cancers which the Mattei remedies were supposed to cure have not been cured, and on the contrary, have developed in the ordinary way unchecked by the Mattei remedies” (196). This series of articles and the year of work by the committee demonstrate the way the process of peer review of medical practice developed in the late nineteenth century as a way to monitor the work of doctors who diverged from the traditionally accepted treatments. It also illustrates the urgency felt by those in the medical profession to find a cure—or at least a more successful treatment—for cancer. This process and the apparent failure of the Mattei cure was one of many aspects that prepared the medical profession to fully embrace Halsted’s radical mastectomy as the primary treatment for breast cancer by the turn of the century less than a decade later.

In addition to reviewing the theories and practices of other doctors, medical texts from the 1890s registered the institutionalization of the field with content that was used in medical schools. These commonly took the form of published lectures given to other medical professionals and essays particularly written for an audience of students. Like the other texts in the period, these relied on similar strategies to incorporate the increasing professionalization of doctors through the inclusion of statistics and support from other doctors.

Many of texts that address breast cancer and the profession of medicine in this period cite the work of Sir James Paget, who identified what was later called Paget's disease of the breast. Paget's son Stephen Paget followed his father's work and became a surgeon and writer as well (Sherrington). Published two years after he left the field of general surgery, Stephen Paget's 1899 *Essays for Students* is a text produced specifically for educational purposes, and Paget explains in the Preface this purpose and the ways it has influenced his organization of the text. Throughout the text, Paget's narratives about each illness and representative cases also demonstrate his views on patient care, emphasizing the ways a doctor can gain a patient's trust. This attitude about the patient represents a significant shift from the opinions of doctors like Rodman earlier in the century.

In the chapter on breast cancer, Paget combines the common features of medical texts with statistics and case studies both emphasizing how widespread breast cancer is and the importance of early diagnosis for survival rates. As an essay for students, the chapter is organized into an introduction and then sections on diagnosis, operation, treatment after operation, and results of operation. Paget begins and ends this essay with the fact that many women wait to consult a doctor after finding a lump. He gives statistics from his own practice to emphasize how many women delay a visit to the doctor: "Out of [53] patients, only 3 or 4 sought advice at once, so soon as they found a swelling in the breast. Two waited a month, 8 waited between one and three months, 7 between three and six months, and 10 between six months and a year. Eight went for more than a year, 4 for two or three years, 5 for three or four, 1 for five, 2 for six, and 1 for ten" (48-49). By emphasizing the problem of women waiting to see a doctor, Paget connects these statistics to his readers' future work as doctors: "It is impossible to understand the importance of this fact [that women wait to see a doctor]; and anybody who can make light of a breast case is wholly unfit for practice" (49). Paget links taking breast cancer seriously with ability to practice medicine, adeptly using the professionalization of medicine in this period, which draws lines between those who can and those who cannot practice medicine. Through the rest of the essay, as Paget moves through the stages of treatment, he continuously points out the problem of women's nervousness about the disease and treatment. Because of this, he suggests ways to "set the patient's mind at rest" (51), which sometimes include concealing information from the patient to keep her from worrying. By doing so, the doctor may put the patient at ease, but he also takes away the knowledge that gives her agency over her body and treatment. These moments throughout the process demonstrate another aspect of the practice of medicine, the issue of patient care. Paget's approach to patient care demonstrates his belief that a doctor must gain the patient's trust for her to consult the doctor immediately upon noticing a swelling in the breast so that it can be treated quickly and effectively.

For each point he makes about the disease and patient care, Paget offers a case study, but these cases differ from those of many other texts because Paget quotes from the women patients in a number of them. This serves an educational purpose by giving the students a clear way to connect the way a patient may describe her symptoms and the best treatment options for her. Paget explains this practice in his Preface, saying, "I have tried to bring out the personal side of the cases, to let the patients, as it were, speak for themselves" (3). Throughout this section on breast cancer, Paget emphasizes "the overwhelming personal element in cancer of the breast" (77), so the desire to consider the personal side is apparent in the case studies, which serves to make the experiences of the women patients more real for the students reading his essays. This incorporation of the woman's voice appears to be similar to the testimonials in Turnbull's text, but here the women's voices are quoted in describing their bodies and symptoms rather than in praising the doctor for his work. In addition to refocusing his audience of medical students on the patient's voice, Paget's essay on breast cancer reintroduces the sense of the individual doctor's fight to save his patient. The balance between statistical analysis and patient narrative distinguishes Paget's writing from that of many other doctors in this period. Not only does Paget position himself as part of the medical profession working to fight breast cancer, but he also emphasizes his relationship with each patient as he puts her mind at ease and seeks to reduce her suffering.

In *A Darker Ribbon: Breast Cancer, Women, and Their Doctors in the Twentieth Century*, Ellen Leopold describes the late nineteenth-century rise of medical education in surgery, which she argues changed the doctor-patient relationship in significant ways: "A surgeon was almost certainly male and almost certainly a stranger to a newly diagnosed woman and to her family. As a generalist rather than a specialist, he would have had little experience with and certainly no training in handling the special needs of breast cancer patients" (57). While this description may apply to the famous work of Halsted that is Leopold's primary focus, Paget's *Essays for Students* makes clear that not all surgeons worked in this way. At the time he wrote *Essays*, Paget was a surgeon at Middlesex Hospital, so his advice about patient care and his inclusion of women's voices in the case studies demonstrates a different approach to his profession than Leopold describes. Paget's advice appears particularly important as a way to influence medical students at the turn of the century to balance the professionalized work of the surgeon with the legacy of the local doctor making house calls. Paget's suggestion implies a concern about a decrease in personalization that corresponded with the increase in institutionalization, which is evident in the medical coverage of breast cancer in this period. As Rylance explains, “The results of laboratory tests and experiments were more and more significant in diagnostic outcomes, as were probabilistic predictions based on mass statistical data—all at the cost of further depreciating the patient’s individuality” (259). Indeed, the doctors composing these texts emphasize their place in relation to the institution of medicine over the consideration of the individual patients they treat. Though the information in texts for women afforded them agency over their medical treatment, this rise in institutionalization placed the voices of other doctors and other men—through statistics, peer review, formalized case studies, and testimonials—above those of the women patients.

Conclusion

Returning to the epigraph that opened this chapter is a powerful reminder that the many nineteenth-century medical texts that discussed breast cancer ultimately failed in their search for a cure. In his 1896 series of lectures for the Medical Society of London, W. Watson Cheyne notes, “In looking back over old literature one is very much struck by the great rarity of cure, and the very desponding view which surgeons took of the changes of permanent freedom after operation” (29). While Cheyne’s focus is on surgical treatments, the combination of proposed treatments presented in this chapter, both surgical and nonsurgical, demonstrates the realization that, though some were successful in alleviating and treating some symptoms, none of these attempts actually cured breast cancer. In reviewing the many failures to cure breast cancer, Cheyne describes the work of William Halsted on the radical mastectomy, explaining that “up to the present [it] has shown the most favorable results as regards recurrences” (33). Halsted did not invent the mastectomy, but his revisions to the procedure—removing of the surrounding muscle and lymph nodes in addition to the cancerous breast—improved the success of the procedure in preventing the return of cancer. When the results noted by Cheyne became widely known at the end of the nineteenth century, the medical profession was prepared to accept the surgical procedure as the preferred treatment for breast cancer. For, as this chapter has illustrated, the advances of the nineteenth century, including anesthesia that began to work more consistently and antiseptic surgical techniques, made surgery a safer and more viable option. Also, Halsted's position as the first professor of surgery at Johns Hopkins Medical School in the 1890s resulted in a number of students learning this procedure and taking it to other medical schools or performing it on their own patients (Leopold 51-2). As many studies of breast cancer have demonstrated, Halsted's radical mastectomy was the primary treatment option for women with breast cancer through much of the twentieth century.[32] In fact, as Barron Lerner notes in *The Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth-Century America*, "Books published in the 1940s and 1950s…depicted Halsted as a hero. After 1970, women challenging the radical mastectomy derided him and his followers for their ignorance and arrogance" (39). Essentially, the agency given to women through some of the medical texts written for them in the 1840s through the 1870s was lost with the rise of the Halsted mastectomy. Because the procedure was so widely considered the best treatment for breast cancer, women patients often were given little choice about undergoing the operation close to a century later when texts like *Our Bodies, Ourselves* (1973) encouraged women to take control over the treatments performed on their bodies.

The growing sense of agency developed by increasingly informed breast cancer patients fits into a larger context of recent scholarly and public writings about the patient's agency in the medical process. Texts like Stephen Schneider's *Patient from Hell: How I Worked with My*

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[32] These texts are also listed in note 7 above.

Doctors to Get the Best of Modern Medicine and How You Can Too emphasize the importance of patient empowerment within the contemporary medical system. As the medical nonfiction in this chapter acknowledged and, at times, addressed patients facing the illness, the work to take control over a seemingly uncontrollable disease is apparent in the life writing by women patients in the next chapter. Their efforts to use language to develop a sense of agency are important precedents for twentieth and twenty-first century patient advocacy.

The texts discussed in this chapter not only represent the progression of thinking about breast cancer in the nineteenth century, but they also illustrate the way the medical profession developed over the course of the century. As each doctor worked toward a cure for, or at least an effective method for reducing the suffering of patients with, breast cancer, his medical text offered a narrative of hopes for a cure and uncertainties about breast cancer. These narratives offer an important perspective on the treatment of breast cancer in the nineteenth century before the radical mastectomy became the only option considered by traditional medicine and give context for the experiences of their women patients discussed in the next chapter.

CHAPTER THREE: LIFE WRITING BY THE PATIENT

Though the voices of the male doctors dominated the published texts about breast cancer through the nineteenth century, women patients were far from silent about their experiences with the illness. As they endured the frightening diagnosis and painful treatments, many of the women who faced breast cancer detailed their experiences in letters to friends and family members and in diary entries. In recent scholarship about nineteenth-century breast cancer, one such letter has come to define the experiences of women throughout the century. The mastectomy letter of Frances Burney, discussed in the first chapter of this dissertation, is certainly important for representing breast cancer in the nineteenth century, but hers is the type of exceptional case that concerns Carol Mattingly in "Telling Evidence: Rethinking What Counts in Rhetoric." Mattingly cites the examples of Elizabeth Cady Stanton and Susan B. Anthony in nineteenth-century America and argues that scholarly focus on these two women has "diminished our appreciation of others" (101) and "promoted a presumption that few women were rhetorically active in nineteenth-century America" (102). In the case of nineteenth-century breast cancer, the focus on Burney and her 1811 mastectomy letter has performed a similar role. In this chapter—and in many ways, this dissertation as a whole—I demonstrate that Burney is not, in fact, such a unique case for narrating her breast cancer experience by recovering and analyzing diaries and letters composed by a number of women whose narratives have, until now, existed in the shadow of Burney's letter. Though none of the texts I discuss in this chapter was published during the woman's lifetime, they represent a central way we can hear the voices of nineteenth-century women patients about their breast cancer.

In this chapter, I bring three methodological approaches into conversation with one another as they each inform and inspire my own discussion of texts: feminist archival work and recovery, theories of writing the body, and rhetorical approaches to life writing. Then, in my readings of primary texts, I begin with the famous letter by Frances Burney. Though Burney's letter has already received extensive critical attention, my reading extends analysis beyond her description of the horrifying operation to focus on the rhetorical strategies Burney uses to take agency over her experience.[33] I also place Burney's letter in the context of other nineteenth-century experiences with breast cancer by four other women patients. In her journal entries from 1850 to 1852, Sara Coleridge describes how she minimized the severity of the illness for her daughter and friends until she realized the importance of treatment (Meiners 52-3). In her final months, however, Coleridge shared her experience with her daughter, who recorded the entries into the diary after her mother could no longer write. Perhaps unsurprisingly, as the daughter of poet Samuel Taylor Coleridge, she composed a poem addressed to the tumor in her breast, using lyric strategy of apostrophe and making the poem read as an ode. Writer Helen Blackwood, Lady Dufferin, faced cancer in 1866 and 1867 but hid her suffering from her adult son to protect him in the same ways Coleridge protected her daughter. In her final months, Dufferin recorded her experiences in a diary addressed to her son. Because she expects her son to read the diary after her death, Dufferin's shaping of her own representation and legacy is evident throughout. Likewise, Alice James composed a journal during her final years that her literary brothers would read after her death. James received the diagnosis of breast cancer in 1891 and, in her diary and several of her letters, expressed a sense of relief for an actual name for her years of illness. Her use of speech differs from that of many of the other women in this study because of the way she

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[33] In "Writing the Unspeakable: Fanny Burney's Mastectomy and the Fictive Body," Julia L. Epstein performs a rhetorical analysis of Burney's letter, but her focus is on comparing the narrative to Burney's fictional writings and the later copying and revision of the letter. My rereading of the letter in this essay adds further rhetorical analysis and places it within the context of other nineteenth-century experiences with breast cancer.

more openly discusses the nature of her illness with family and friends, but in the end, the differences in narrative strategy do not eliminate the importance of maintaining a sense of agency over the illness. In 1899, Queen Victoria's personal doctor diagnosed her daughter, Princess Royal Victoria and Empress Frederick of Germany, with inoperable breast cancer while Empress Frederick was visiting her mother. When Empress Frederick returned to her home in Germany, her mother advised her to conceal the diagnosis. In a series of letters between mother and daughter, Queen Victoria and Empress Frederick discussed the illness in veiled terms. I argue that in her choice of silence with certain family and friends, Empress Frederick also maintained control over a situation complicated by her dual loyalty to her mother and son, the monarchs of England and Germany respectively. By considering these five narratives together, I identify common strategies—including controlling who learned of her diagnosis, rhetorically shaping descriptions of her illness and suffering, and shaping the presentation of her body and her legacy through self-representation—used by the women to gain agency over an illness and an experience that were essentially beyond their control and demonstrate the importance of reading Burney's letter in the larger context of such narratives produced throughout the nineteenth century.

Feminist Archival Work and Recovery: The Problem with Exceptional Cases

My method of recovering these narratives is closely aligned with the third path described by Patricia Bizzell in "Opportunities for Feminist Research in the History of Rhetoric," in which she encourages scholars to research texts not generally considered rhetorical. Bizzell notes that one "way into this…approach…is to look not for names but for issues. If women are not represented in the traditional history of rhetoric, we might look for the issues that throw into relief the social practices that resulted in this exclusion" (54). My archival work in breast cancer (see chapter two) explores the social practices related to nineteenth-century medicine and ways it excluded the voices of women speaking about their own bodies, especially in nineteenth-century medical texts that describe the symptoms, diagnosis, and treatment of breast cancer from the perspective of the male doctor.[34] This exclusion continues in the scholarship about nineteenth-century breast cancer over the past few decades.[35] In this recent scholarship, most scholars focus on the male doctor and the medical advances of the nineteenth century, which led to the radical mastectomy as the preferred treatment. The texts that do consider the women's experience are almost exclusively about women who faced the illness after the 1950s and often mention only briefly the cases of women like Abigail Adams and Alice James in addition to Burney.[36]

Additionally, scholarly work on women's experiences with breast cancer before the middle of the twentieth century, contrary to the historical perspective Bizzell suggests, has looked at names rather than larger issues, which has led to the problematic focus on Burney. When scholars take the time to consider the larger issues related to nineteenth-century experiences with breast cancer, it is clear that many more women suffered from the malady and that the conversations around it are connected to the larger discussions of women's health and

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[34] In *A Darker Ribbon: Breast Cancer, Women, and their Doctors in the Twentieth Century*, Ellen Leopold suggests that the issue of gender in relation to medicine and history remains key. As she explains, "The standard [pre-twentieth-century] historical texts on breast cancer, written almost universally by medical men, tend to distill the story they are telling into a pitched battle between a hero (surgeon or scientist) and a deadly enemy (pathogen or virus). They dispense with complicating details (like the patient) and lead inexorably to the control if not to the eradication of disease" (29). This exclusion is discussed throughout chapter two of this project.

[35] Some examples of these studies include Jason Tougaw's 2006 *Strange Cases: The Medical Case History and the British Novel*, James S. Olson's 2002 *Bathsheba's Breast: Women, Cancer, and History*, and to a certain extent, Erin O'Connor's 2000 *Raw Material: Producing Pathology in Victorian Culture*. These texts and their general exclusion of the women's narratives are discussed more fully in chapter one of this project.

[36] Some examples of these studies include Ellen Leopold's 1999 *A Darker Ribbon: Breast Cancer, Women, and their Doctors in the Twentieth Century*, Barron H. Lerner's 2001 *The Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth-Century America*, and

medical treatments. Expanding analysis to consider other women who faced the illness and treatment and the nuances of their narratives offers a more complete picture of the way women experienced breast cancer in the nineteenth century.

Writing the Body: Agency and Embodied Rhetoric

For many breast cancer patients, narrating the experience of breast cancer offers them control over the presentation of their bodies, in contrast to the way male doctors represent their patients in medical texts. As Marcy Jane Knopf-Newman suggests about Burney, she "used writing [as] a tool that assisted her in becoming empowered; and in that process she gained some agency by representing her body" (3). To consider how this process operates, I begin with feminist theories on writing the body and then situate this theory within more recent studies of women's rhetorics and rhetorical theory more generally.

Feminist discussions of writing the body center on the theoretical work of Hélène Cixous in such essays as "The Laugh of the Medusa" and "Sorties." Noting that many women have hesitated to write and to make public what they do write, Cixous asserts in "The Laugh of the Medusa," "woman must write woman. And man, man" (877). By separating women's writing from men's, Cixous focuses on the importance of a woman writing her own story and her own body, rather than being the passive subject of a masculine narrative. She identifies the binary of activity/passivity in gendered writing between men's active understanding of their bodies and sexuality as opposed to the passivity historically encouraged for woman. Implicit in Cixous's argument, and central to my study, is the importance of women taking agency over their bodies by writing through and about them. Audre Lorde's 1980 *The Cancer Journals* provides a twentieth-century example of this. In the first chapter, "The Transformation of Silence into

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Marcy Jane Knopf-Newman's 2004 *Beyond Slash, Burn, and Poison: Transforming Breast Cancer Stories into Action*. These texts are more fully discussed in the first chapter.

Language and Action," Lorde emphasizes the importance of using language to resist the tendency to be silent in the face of great fear. She encourages women to commit "to language and to the power of language, and to the reclaiming of that language which has been made to work against us. In the transformation of silence into language and action it is vitally necessary for each one of us to establish or examine her function in that transformation, and to recognize her role as vital within that transformation" (21). Such narration of one's experiences with breast cancer and the associated reclamation of power have initiated the rise in survivor narratives in the last few decades. However, women in the nineteenth century were, in fact, pioneering the use of language and writing to take some control over their experiences with breast cancer. The key difference is that nineteenth-century narratives were often written in forms like letters and diaries.

Though many twentieth- and twenty-first-century readers assume such life writing involved the same sense of privacy as more recent ideas of diaries stashed away and protected by lock and key, they did not have the same sense of privacy in the nineteenth century. As Sharon Marcus explains in *Between Women: Friendship, Desire, and Marriage in Victorian England*, "Diaries were rarely meant for the diarists' eyes alone, which explains why biographers had no compunction about publishing large portions of their subjects' journals with no prefatory justifications" (35). As demonstrated through the texts in this chapter, nineteenth-century women did not have the assumption of such privacy for their life writing. Just as Burney mentions in her letter that she expects her sister to share the narrative, Dufferin and James too compose journals that they know will be passed on to family as part of their legacies. Coleridge asks her daughter to serve as a scribe for her journal when her illness leaves her unable to write, and Empress Frederick recognizes the public nature of letters enough that she veils her language and works to have her letters secretly returned to England. The fact that their writing was not published or widely distributed during their lifetimes has contributed to common assumptions that writing breast cancer narratives is a late twentieth-century development. Theories of women's rhetoric help recover means of discussing cancer and demonstrate the value of narratives of nineteenth-century breast cancer written by the women patients themselves.

In critical discussions of nineteenth-century breast cancer, the focus on doctors' narratives has also led to the belief that no narratives beyond Burney's were written or, if they were, have not survived the past century. This is the result of an important underlying issue: because most of the women's narratives are not written in masculine models, many assume that they simply do not exist. When we consider that theories of women writing the body have been in print for more than three decades, it is surprising that such assumptions continue. I believe the reason for these assumptions is that breast cancer is one of the "subjects that break automatic functions" that "always exceed the discourse governing the phallocentric system" (Cixous, "Sorties" 92) because these women patients write about a disease that strikes a part of the female body so frequently identified with popular notions of femininity. In exceeding masculine discourse, the feminine practice of writing is "never simple or linear or 'objectivized,' universalized; she involves her story in history" (92). Indeed, these narratives appear in life writing and highlight a part of the body associated with femininity and sexuality, and in expressing their experiences, women's writing about breast cancer "takes place…somewhere other than in the territories subordinated to philosophical-theoretical domination" (92).

In breast cancer narratives, the stories of the illness by male doctors often follow a linear structure that evolved into the genre of the case study, while the narratives by the women patients follow a different structure that more fully incorporates the stories of the women themselves. As Jason Tougaw explains in his introduction to *Strange Cases: The Medical Case History and the British Novel*, “The case historian—telling tales about the science of treating sick human beings—faces a unique historical dilemma, particularly in the nineteenth-century, when the scientific revolution demanded a new objectivity. He must demonstrate his empirical acumen, on the one hand, and his humane sympathy for suffering on the other” (2). What Tougaw leaves out is that the scientific objectivity that privileged the rational discourse of male doctors excluded the experiential discourse of women patients, whose personal narratives did not fit this model. Even in Tougaw’s discussion of breast cancer in his second chapter, as he shows the tracts written by two male doctors treating the same woman patient, he ignores the possibility that the woman herself may have said or written something of value to the discussion of her treatment. As the two doctors compete over whose treatment will cure the patient, they are portrayed as heroic figures battling against the common enemy of breast cancer to save the sick woman. While many of the medical case studies related to breast cancer in the nineteenth century do not include such competition over treating the woman patient, this model of the heroic male doctor saving a helpless, and usually silent, female patient is pervasive.

In “Sorties,” Cixous suggests that such personal subjects and the voices of women are expressed through the fact that “her flesh speaks true.” In communicating, woman “exposes herself” (92). Such exposure of one’s own body would almost certainly lead to some reticence in sharing personal narratives about illness. In the case of breast cancer patients, the act of describing the malady in explicit terms is nearly as exposing as showing their diseased breasts to a doctor.[37] This hesitance, however, varies based on social situation and class, particularly

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[37] As Patricia Ann Vertinsky explains about the rationale provided for the late nineteenth-century support for women in medicine, “Women doctors…would encourage women patients to expose their bodies more willingly, thereby revealing a host of diseases hitherto hidden to male doctors” (117).

because of the different types of medical treatment and social expectations about illness related to class.[38] In many of the narratives in this project, the woman has a clear diagnosis of breast cancer and writes about her illness, but she never names the malady that is killing her. Still, in their textual representations, the women patients expose themselves, describing suffering and pain and uncertainty about the potential of the treatment as a cure. This personal writing about the woman's body leaves her more exposed than if she were simply detailing her illness in the linear form of the medical case histories. Burney, discussed more fully below, diverges often from the linear progression of events before, during, and after her mastectomy with narrations of her thoughts and fears. Though these digressions are indeed valuable to the intended recipients of Burney's letter, many doctors throughout the nineteenth century—and arguably through much of the twentieth century—found such expansion on the details unnecessary in the coverage of medical procedures because they were not empirically verifiable.

In thinking about the body within the larger discussion of rhetorical theory, Jack Selzer, in his introduction to the 1999 collection *Rhetorical Bodies*, discusses how "material, nonliterate practices and realities—most notably, the body, flesh, blood, and bones, and…all the material trappings of the physical…fashioned by literate practices—come under rhetorical scrutiny" (10). As Selzer notes, materiality and the body were a more recent turn for rhetorical studies because many "rhetoricians…have traditionally (and understandably) been most attentive to oral and written discourses narrowly conceived" (9). A central exception to this, though, came from the scholars of women's rhetorics who "concerned themselves with embodiments of the feminine in the rhetorical tradition" (9). In the decade since Selzer's introduction was published, theories of writing the body have continued to connect with rhetorical analysis and have remained

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[38] The connections between class and medical treatment are more fully discussed in chapter 5.

particularly valuable to work on women writers.[39] A clear articulation of the rhetorical benefits that writing the body offers women rhetors appears in the introduction to *Available Means*, as editors Joy S. Ritchie and Kate Ronald explain, "'Writing the body' allows women to circumvent the linguistic, rhetorical, and epistemological constraints that would deny women a location from which to speak. Embodied rhetoric…defines another alternative space from which women claim authority and evidence" (xxvi-xxvii). Ritchie and Ronald list several of these spaces as "claiming the right to speak; asserting new locations from which to write and speak; re-representing and validating the diversity of women speakers/writers; redefining what counts as evidence" (xxvii). Each of these four alternative spaces for women's rhetoric is vital in this discussion of breast cancer narratives. These nineteenth-century patients find their right to speak in the alternative location of life writing in letters, journals, and diaries and use their own experiences as uniquely powerful evidence. As each woman writes her own narrative and each of these narratives represents experiences different from other women facing breast cancer in the period, we must listen to them and recognize the important nuances in their voices and experiences.

Writing the Self: Rhetorical Approaches to Life Writing

For many of the women who faced breast cancer in the nineteenth century, letters, diaries, and journals were the only forms in which they recorded, and at times shared, their narratives. In *Autobiographics: A Feminist Theory of Women's Self-Representation*, Leigh Gilmore "take[s] up debates concerning feminist confession and the effect of feminist rhetoric on feminist self-representation" (15). Coining the term *autobiographics* as a "feminist interpretive strategy" that operates in relation to traditional meanings of *autobiography* (5), Gilmore offers a

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[39] Though I focus here on work about women, this intersection of physical bodies and rhetorical theory has been applied more widely in recent scholarship. The essays in the 1999 *Rhetorical Bodies* offers a glimpse at this breadth in discussions of illiteracy in rural America, visual design, mental illness and medication, and genetics among other topics.

scholarly description of *autobiography*, which “has come to be identified less with these [traditional autobiographical] discourses and the act of piecing them together, than with master narratives of conflict resolution and development, whose hero—the overrepresented Western white male—identifies his perspective with a God’s-eye view and, from that divine height, sums up his life” (17). The heroic white male figure in Gilmore’s reading of standard autobiography clearly parallels the doctors who compose and act as protagonist in most representations of breast cancer in the nineteenth century. Gilmore uses this representation of autobiography to demonstrate the frequent exclusion in earlier scholarship of women’s narratives from the generic category of autobiography. Contrasting these texts with those by Western white males beginning with Augustine’s *Confessions* and including Rousseau, Benjamin Franklin, and Henry Adams, Gilmore suggests that “women’s self-representational writing…has both escaped and never been offered the fate of being defined as a genre of its own” (40). That women’s autobiographical writing does not quite fit into the generic category that includes masculinized autobiography is for Gilmore both a blessing and a curse.

In reading autobiographical texts, Gilmore notes, “An emphasis on the rhetorical dimension of autobiography indicates its performative agency. Agency, as performance (that is, as discourse), has been identified as the action of the subject.” This leads Gilmore to explore “how…autobiographical agency, identified in the rhetoric of truth telling, recast[s] the autobiographical subject” (25). For a woman who faced an illness with little control over the experience in a period where there was little understanding about the disease and treatment of it, composing an autobiographical narrative was one of few ways she could find a sense of agency over the situation. Since the rise in studying women’s autobiography in the 1990s, scholars have recovered and analyzed a number of texts that offer insight into the daily lives of both average and exceptional women. My project not only adds to conversation though the recovery of autobiographic texts in this chapter and the next, but it also demonstrates methods for reading life writing to fill in assumed silences with a narrative that has been largely ignored.

In the following analyses, I apply the theories discussed above to offer a more nuanced understanding of women's experiences with breast cancer in the nineteenth century than the prior focus simply on Burney has provided. I begin with a rereading of Burney's narrative in which I analyze her use of voice and silence as rhetorical decisions and her representation of the terrifying situation. Then to give a more complete understanding of nineteenth-century women's experiences, I turn to life writing by Sara Coleridge, Lady Dufferin, Alice James, and Empress Frederick, considering the ways these women write their bodies and take agency over their experiences with breast cancer. I offer these readings not as a complete representation of the many women who faced and wrote about breast cancer in the nineteenth century but as a necessary start to developing a nuanced and fuller understanding of how women's life writing demonstrates their need for control and their attempts to claim it by narrating their experiences. In looking at the women's experiences, it is important to note the inconsistencies in the ways the women discussed here took agency in their struggles with breast cancer. Indeed, in many instances, the cancer and associated suffering were so overwhelming that the women could not maintain the sense of control. This is especially clear in the fact that all of the women in this chapter, except for Burney, died from breast cancer shortly after their narration of it.

Frances "Fanny" Burney

Though problems result from a focus on Fanny Burney as a representative of virtually all nineteenth-century breast cancer experiences, it is still important to include her in this discussion. Rather than excluding Burney because her case has been covered extensively in scholarship, I place her narrative and experience within the context of her contemporaries. Burney received her breast cancer diagnosis in 1811 while she was living with her husband and son in France during the second Napoleonic War. During this time, Burney knew that many of her letters would not reach her family in England, so she wrote correspondence infrequently and received sporadic letters from her family. Burney did not begin her letter until six months after she endured a mastectomy and finally completed it three months later. The letter, which demonstrates only a portion of Burney's journey with breast cancer, has been one of the most frequently reprinted narratives that documents experience with the illness, but Burney's letter is more complicated than simply describing the excruciating pain of a mastectomy in the early nineteenth century. I analyze Burney's attempts to control a seemingly uncontrollable situation through her strategic uses of silence and speech.

Burney addresses the letter to her older sister Esther, but she writes with the understanding of a larger audience, including "all my dears to whom [Esther] communicates this doleful ditty" (612). After a usual morning in her home, Burney receives word from the doctor that the mastectomy will happen later in the day. Protecting her husband and son from the fear of such an operation, Burney ensures that they will both be away when the surgeon arrives. Burney spends the remainder of the morning preparing her apartment for the surgery and writing brief letters to her husband and son in case the operation is fatal. After several delays, at three in the afternoon, Burney observes, "my room…was entered by 7 Men in black, Dr. Larry, M. Dubois, Dr. Moreau, Dr. Aumont, Dr. Ribe, & a pupil of Dr. Larry, & another of M. Dubois" (610). In her account of the surgery itself, performed without anesthesia, Burney describes the entire experience and every painful cut in graphic detail.

As Knopf-Newman explains, this letter and the narration of her experience offer Burney some agency over her body and the treatment for her cancer, particularly through the self-representation such a narrative affords. The actions she details in the letter, though, demonstrate Burney's attempt to control the experience in the moment. After M. Larry names the date and time of the operation and gives Burney only two hours' notice in advance of his arrival, Burney delays the surgery several hours so she will have time to ready the house and take care of a few other concerns, like composing the letters to her husband and son. This attempt to take control, however, was not entirely successful when Dr. Moreau arrived around one in the afternoon and informed her that M. Dubois "could not attend till three" (609). The two hours of waiting demonstrate the fact that Burney had little agency over the medical aspect of the treatment. As she explains, "This, indeed, was a dreadful interval. I had no longer anything to do—I had only to think—TWO Hours thus spent seemed never-ending….I walked backwards & forwards till I quieted all emotion, & became, by degrees, nearly stupid—torpid, without sentiment or consciousness;—& thus I remained until the Clock struck three" (609). With the group of military doctors treating her, Burney was only able to wait for them to arrive in order to perform the operation.

Nonetheless, by controlling when and how those she loved learned of the surgery, Burney manages the news and narration of the event. This happens first on the day of the operation as Burney hides the plan from her husband and son and arranges for both to be engaged in activities outside of the home. As she learns of the intention to perform the surgery through a letter that morning, Burney makes the rhetorical choice of silence. Cheryl Glenn's 2004 *Unspoken: A Rhetoric of Silence* approaches the potential strategic uses for silence, though she explains, "silence is not always strategic, empowering, or patently engaging. Not all silence is particularly potent. However, silence is too often read as simple passivity in situations where it has actually taken on an expressive power" (xi). Throughout her discussion of the rhetoric of silence, Glenn describes a historical and inherent link between speech, silence, power, and weakness, explaining, "Like speech, the meaning of silence depends on a power differential that exists in every rhetorical situation: who can speak, who must remain silent, who listens, and what those listeners can do" (9). By remaining silent around her husband that morning, Burney protects him from the truth:

> Another Letter was delivered to me—another, indeed!—'twas from M. Larrey, to acquaint me that at 10 o'clock he should be with me….—Judge, my Esther, if I read this unmoved!—yet I had to disguise my sensations & intentions from M. d'A[rblay, her husband]!—Dr. Aumont, the Messenger & terrible Herald, was in waiting; M. d'A stood by my bedside; I affected to be long reading the Note, to gain time for forming some plan, & such was my terror of involving M. d'A. in the unavailing wretchedness of witnessing what I must go through, that it conquered every other, & gave me the force to act as if I were directing some third person. (608)

Burney controls her husband's knowledge and fear about potential complications in the surgery. Though she wants to react to this frightening news, Burney conceals her emotion in the presence of her husband. By arranging for M. Barbier Neuville, her husband's superior, to call d'Arblay on "urgent business…[and] to detain him till all should be over" (608), Burney ensures her husband will be away from home when she can no longer maintain that silence.

Burney also manages the way her family and friends hear of her surgery in the letter she composes on 30 September 1811. Not only does Burney take months to begin the letter to Esther, but she also takes several months to write the narrative itself:

> My dearest Esther, not for days, not for Weeks, but for Months I could not speak of this terrible business without nearly again going through it! I could not *think* of it with impunity! I was sick, I was disordered by a single question—even now, 9 months after it is over, I have a headache from going on with the account! & this miserable account, which I began 3 Months ago, at least, I dare not revise, nor read, the recollection is still so painful. (613)

Burney's description of the difficulty she faced in writing the letter about her mastectomy demonstrates the challenge of writing the body described by Cixous in "Sorties." The experience itself becomes a painful wound that takes time to heal, and the writing of that experience reopens the wound, causing the woman patient and narrator to feel the pain again and start the healing process once more. In *Unclaimed Experience: Trauma, Narrative and History*, Cathy Caruth uses Freudian theory to illustrate "that the wound of the mind—the breach in the mind's experience of time, self, and the world—is not, like the wound of the body, a simple and healable event, but rather an event that…is experienced too soon, too unexpectedly, to be fully known and is therefore not available to consciousness until it imposes itself again, repeatedly, in the nightmares and repetitive actions of the survivor" (3-4). Certainly this is the case for Burney, as she struggles with the emotional and psychological trauma of the experience long after the physical wounds have healed. In shaping the narration of her mastectomy to highlight the anticipation of the unknown, the physical pain of each cut, the fear of recurrence, and the overwhelming sense of her own lack of agency during the mastectomy, Burney uses writing to reshape and control her experience and the representation of herself as the patient.

During the operation itself, Burney screams to communicate the agony of "the most torturing pain" (612), but otherwise, she only speaks five other times during the entirety of the procedure. In fact, most of the narrative about the operation focuses on the actions of the doctor and Burney's unexpressed inner thoughts. She speaks aloud only four times before the operation and makes one comment during the dressing of the wound as the procedure was nearly finished. Because she speaks so few times throughout the entire process, the moments Burney chooses to speak are particularly important.

As the doctors enter her home on the afternoon of the surgery, she silently wonders why so many arrived and remained there for the procedure, but she "could not utter a syllable" (612). Here the silence is passive as Burney does not choose it but is actually unable to speak. At this point, Burney only speaks to manage the nurses and maids who will attend her during the operation. After she calls to her crying maid and the doctors attempt to dismiss the other women, Burney cries, "No…let them stay! *qu'elles restent*!" (610). As before, when she received the letter that morning, Burney's reanimation in these two remarks expresses the need to manage others rather than her own fear or pain, deflecting her attention to exteriority rather than her uncontrollable body. In her next two comments, Burney addresses the doctors about their planning of the procedure while she lay on the mattress awaiting the operation. As she listens to the doctors preparing the room, she cries, "Can *You*…feel for an operation that, to *You*, must seem so trivial?" (611). Her remark has a powerful effect, causing the doctor to stammer a brief response and making the other medical men look more pale and agitated. They cover her face with a slightly transparent handkerchief and silently plan the incisions that will remove her entire breast. This causes the last and most animated remark from Burney before the operation. As the doctor asks the group of medical men which of them will hold the center of the breast during the incision, Burney "started up, threw off my veil, &, … cried 'C'est moi, Monsieur!' & I held My hand under it, & explained the nature of my sufferings, which all sprang from one point, though they darted into every part" (611-12). In this shocked reaction to the intention to remove her entire breast, Burney implicitly questions the doctors' plan by re-explaining the symptoms. The doctors listen to her but make no changes and continue as planned. Burney emphasizes her lack of control in the situation through the passive construction of the next sentence: "I was heard attentively, but in utter silence, & M. Dubois then replaced me, &, as before, spread my veil over my face" (612). In each of these utterances in the moments before her mastectomy, Burney attempts to control who will be present, the doctor's sympathy for her, and the extent of the operation. When they make little difference, Burney gives up and "closed once more my Eyes, relinquishing all watching, all resistance, all interference, & sadly resolute to be wholly resigned" (612).

Though unable to fully control the medical treatment of her cancer, Burney used her voice and her silence as she could. This connection between rhetoric and agency is absent from most scholarship on Burney's mastectomy because most discussions of this 1811 letter focus on the medical and surgical aspects. As Marcy Jane Knopf-Newman explains, Burney's letter was used by a number of medical doctors to understand the mastectomy and the patient's feelings during it (2). But reading Burney's mastectomy letter with the theories about writing the body and women's life writing illuminates a number of larger issues related to nineteenth-century medical care and women's experiences with it, most notably the ways women patients responded to overwhelming fear and pain with much less passivity than one might think. In the experiences that follow, Burney's narrative is more fully contextualized in addressing issues similar to those in the other women's experiences, raising the level of the conversation from the single exceptional case to the larger issue of women patients being silenced in medical discourse.

Sara Coleridge

Though she spent much of her life in poor health, Sara Coleridge found breast cancer to be a uniquely frightening disease when she found a lump in 1849 and finally consulted a doctor in late 1850. By the time Coleridge discovered the lump in her breast, she had faced a lifetime of physical and mental illness, which she documented in her personal journals along with her mourning over the deaths of both family and friends. Once she realized she had breast cancer and likely would die from it, Coleridge secretly began composing an autobiography addressed to her daughter Edith. She composed 26 pages before illness cut her project short, and she never reached this final stage of her life in the narrative. While she hinted at a rising concern about the new malady in her personal journal, Coleridge reacted like many other women of the nineteenth century as she delayed consulting with her doctor about the lump and, as she explains in a 3 September 1850 letter to Isabella Fenwick, "long deferred shewing it, or telling of it" (qtd. in Meiners 52). This choice about when to share her discovery of the tumor is the first of many instances when Coleridge used language and silence to develop agency related to the illness. Coleridge's letters and journal entries demonstrate her efforts to control how her daughter and close friends learned of the illness that would take her life in 1851, what treatment she would endure during her final years, and how much those around her knew of her suffering.

In letters to her daughter and companion Edith and those to several close friends, Coleridge minimizes the seriousness of the lump in her breast. In a letter to Edith dated 9 August 1850, Coleridge compares the lump to a previous scare, explaining, "Once I had an enlargement of bone in the neck which was reduced by iodine" (qtd. in Meiners 52). By this time, Coleridge had known of the lump for about a year. Even after Coleridge shared her illness with Edith and some of her friends, she was reticent about sharing the full extent of her suffering in her letters to them. In a letter dated 8 September 1851 to Mrs. Henry Jones, Coleridge explains,

> I saw while at Margate that the local complaint [her tumor] was changing, but I was sustained by the hope, amid much misgiving, that it would break and come to an end like the glandular swellings which one sees in children. This was a vain hope, though useful while it lasted. I am weakening daily from the drain, and for this there seems *no remedy*. The removal of the tumour surgically in my case is not desirable….I have no shooting pains or any cough—but appetite fails in spite of cod liver oil, which however seems of some use in keeping me up, and the nervous faintness which I have had today and yesterday is dreadful….I am resigned inwardly and at the *bottom of my heart*, though full of hysterical agitation in my poor bodily frame. (qtd. in Mudge 161-2)

This description of her suffering is certainly a contrast from her earlier secrecy about finding the lump, but a comparison of this letter with journal entries in the same period illuminates how much Coleridge continues to conceal. One day later, on 8 September 1851, Coleridge writes in her diary, "Oh! this dreadful faintness! If it increases what will become of me. Lady P[algrave &] Miss F[enwick], with all their weakness, do not seem this miserably spiritless. My heart & life seem dying within me" (qtd. in Mudge 162). This diary entry confirms Coleridge's continued reticence in the letters to her friends and family as well as with her doctor. One reason for this difference may be related to Coleridge's understanding of the importance of self-representation in journals that others will certainly read after her death. In the letter, she maintains a sense of proper restraint in describing the symptoms, but her journal elaborates on the suffering in a more dramatic fashion by describing the expected death of her heart and life.

In her relationship with her doctor Mr. Newton, Coleridge follows a similar model of first hiding the illness through silence and later choosing her words carefully when discussing the cancer in her breast and controls the plan for treating her illness as much as she can. In a 3 September 1850 letter to Fenwick, she writes that she had "long deferred shewing it, or telling of it" because "I knew he would make a serious matter of it and want me to see some great surgeon" (qtd. in Meiners 52). Coleridge certainly recognizes that the lump in her breast is serious enough to warrant a visit to a surgeon, which would in turn lead to a mastectomy. At this point in the century, such a procedure resulted in a significant amount of pain and rarely improved the quality of or extended the patient's life. Coleridge's concern about having a mastectomy and her understanding that such a procedure would likely do little to help led her to remain silent about the lump in her breast.

In her experience with breast cancer, Coleridge turns to the genre most closely associated with her father, the lyric poem, to express her wavering between control and lack of it. On the final pages of the same journal in which she recorded her suffering, Coleridge composed a poem titled "Doggrel Charm" on 29 March 1852, just five weeks before her death. By this stage in her illness, Coleridge found it difficult to write, so the poem is written in the hand of her daughter Edith. The subtitle of "Doggrel Charm" explains the poem's subject as "a little lump of malignity, on being medically assured that it was not a fresh growth, but an old growth splitting." Throughout the poem's twelve lines, Coleridge wavers between instructing her tumor to split, which she believes will cure it, and submitting to God's will. Because the poem is rather brief and only published in a single collection of Coleridge's poetry, I present it here in full:

1

Split away, split away, split away, split!
Plague of my life, delay pretermit!
Rapidly, rapidly, rapidly go!
Haste ye to mitigate trouble and woe!

2

Then if you come again, done be His will
Who ordereth all things beyond human skill!
Patience he findeth who seeketh that need
Grace from the fountainhead comes at full speed.

3

Crack away, tumour, I pray thee to crack,
Just now you seem to be on the right track
But if you're in the wrong, right let me be,
And promptly submitting to Heaven's decree.

Coleridge claims agency in these lines through both her use of apostrophe when referring to her tumor and demanding that the tumor split, pretermit, go, and crack, which she emphasizes through the repetition in lines 1, 4, and 9. The combination of these orders with a submission to God’s will mirrors Burney’s narrative of her mastectomy, but the use of apostrophe is unique to Coleridge’s poem. As Burney submits to the necessary treatment, she makes demands of those around her, including the maids and doctors. Similarly, Coleridge accepts the likely outcome of more suffering and death while making demands of the tumor itself. Even in the lines where Coleridge submits to “His will” and “Heaven’s decree,” she willfully chooses that submission. In a situation where Coleridge has no control over the future and her cancer, she decides to term it God's will and to accept that will as her own. By accepting this outcome, Coleridge's poem instructs its reader to have the same faith in the situation.

Coleridge's choice of a poem to address this experience suggests a sense of comfort in the genre so closely associated with her family legacy. During her lifetime, Sara Coleridge edited her father's poems and papers in addition to writing a significant amount of poetry herself. Coleridge's wavering between her desire for the tumor to be healed and her submission to God's will recalls a similar dilemma in her father's "The Eolian Harp." The speaker in Samuel Taylor Coleridge's poem submits to "walk humbly with my God" (52) after wavering between worldly pursuits and seeking the divine for much of the poem.

Like the rest of the journal, the poem operates as a manner of self-representation. As the editor of her father's work, Coleridge recognized the work of a child collecting her parent's papers after death as part of the process of remembering the parent's legacy. In this particular poem, Coleridge's dictation of the poem to her daughter adds another level to the self-representation, as she creates the persona of bravery in the face of an incredibly painful and frightening illness. Coleridge mediates the fear of breast cancer by choosing a lyric poem, using both rising and falling rhythms, adopting a traditional rhythm like iambic tetrameter, and adding a simple *aabb* rhyme scheme in each quatrain. In places where she uses the falling dactylic tetrameter, particularly in the first stanza and the final line, the lines have a sense of urgency that those using rising iambic pentameter do not. As Helen Vendler and other scholars have argued, falling meters like dactyls have a destabilizing effect on the reader. By using them in the opening three lines and the final line of the poem, Coleridge evokes the same discomfort for her readers as feels in her experience with cancer.

With the influence of faith as she makes peace with the outcome, Coleridge settles into a regular rhythm, with only a few breaks from it. Through the alternating uses of rhythm and the consistent rhyme scheme, Coleridge manages the representation of her illness and the feelings of the reader. These poetic strategies give Coleridge as poet control over how readers experience and respond to the content of the poem. The brevity of the lyric poem, the effect of form, and the use of apostrophe are more effective in conveying the emotional uncertainty than a prose version of the experience. Not only does the poem force the reader to experience the destabilizing force of cancer, but it also conveys the intensity of facing cancer through its twelve short lines.

Though Coleridge's experience with breast cancer differed greatly from that of Burney in treatment and in surviving the illness, both women use language to claim agency in the uncontrollable situation. While Burney's letter shapes the representation of her mastectomy, she submits to the surgical treatment; Coleridge, on the other hand, initially uses silences to avoid a mastectomy but eventually submits to death from the illness. Like Burney, Coleridge explains her experience in letters to her friends, though in Coleridge's case, we can compare the narrative presented in those letters to what appears in her journals. Another breast cancer patient Helen Blackwood, Lady Dufferin, also composed a journal about her illness, but Dufferin's was a secret narrative composed in the final months of her life and hidden from the son to whom it was addressed.

Helen Blackwood, Lady Dufferin and Claneboye

Helen Selina Blackwood, Lady Dufferin and Claneboye,[40] wrote in a variety of genres but was best known for several songs and ballads in the mid-nineteenth century. Many of

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[40] This name is from her first marriage. After her second marriage, her name was Helen Selina Hay, countess of Gifford. Throughout this discussion, I use her name from her first marriage because her breast cancer was diagnosed after the death of her second husband, and her diary about the experience was addressed to her only son, who was from her first marriage.

Dufferin's family members were literary. Her mother, Caroline Sheridan, was a novelist, and her ancestors on her father's side were quite prolific in the literary arts.[41] During her girlhood, Dufferin lived for a time at Hampton Court Palace and was known in society with her two sisters, Caroline Norton and Georgina, Lady Seymour, as the three graces for their unparalleled beauty.[42] After Dufferin's first husband died in 1841, she dedicated her life to her son. She was remarried only briefly to a much younger man, George Hay, Earl of Gifford, who was a close friend and suitor for many years. They married in 1862 several months before Hay died, and she was buried with him after her death in 1867 (Rae).

Dufferin remained close to her son throughout her life. As she was dying from breast cancer, which reappeared after a mastectomy seven months earlier (Comer),[43] Dufferin composed a journal that she addressed to him from 1 January to 15 March 1867 before she died on 13 June of the same year.[44] This diary demonstrates the ways Dufferin controls discussion of her final illness by hiding the severity of her condition from her adult son and his family. She addresses the diary to her son with the expectation that he will read her entries after her death

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[41] A listing of works by members of the Sheridan relatives is included in an appendix to the 1894 edition of Helen Blackwood's *Songs, Poems, and Verses*, edited by her son.

[42] Blackwood's sister Caroline was a well-known writer under her married name Caroline Norton. After a famous divorce and custody battle, Norton fought for women's rights in marriage and divorce through much of her career. Surprisingly, I have been unable to locate any memorials written by Norton for her sister. The only poem about Dufferin is Norton's 1863 version of "Helen's Tower" about the monument Dufferin's son built on the family estate. Browning and Tennyson also wrote poems with the same subject and title.

[43] Several sources mention the mastectomy, but Dufferin's diary never mentions the operation. I hope to find primary sources about the experience on a summer 2011 visit to two archives in Northern Ireland that contain the Dufferin family papers.

[44] The only known version of the diary is a typescript prepared by the diary's recipient Frederick Temple Blackwood, Marquess of Dufferin and Ava, who adds some marginal notes and includes Robert Browning's poem "Helen's Tower" on one of the introductory pages. Though the typescript has numbered pages, I cite the entries by date in this chapter in order to make the progression of time in the diary more evident. At times, I quote heavily from the diary because there is no published version available to consult for additional context.

from the disease. By composing such a diary, Dufferin performs a version of herself that emphasizes the importance of her relationships with her son and his family and her intense love for them. Such diaries have become fairly common practice for terminal patients in the late-twentieth and early-twenty-first centuries. In fact, many doctors recommend such writing for its cathartic effects on the patient and its ability to comfort the grieving family after the patient has died, so Dufferin's diary represents a nineteenth-century forerunner for current practice.

Based on this understanding of her audience, she opens the first entry, from 1 January 1867, "My dearly loved and most loving son! I shall keep this little record of my thoughts and inmost feelings for you as something to speak to you when I am no longer with you, and because there are many things that come into my mind which I am forced to keep from you now (to spare your kind warm heart), but which would, I think, comfort you could I share them with you." This balance between her silence with her son, the open conversations with her doctor, and the information she records in the journal demonstrates Dufferin's active management of the information about her illness and of her self-representation, in which she emphasizes her endurance of the pain of the illness while maintaining a brave face for her family. By claiming this active role in the face of illness, Dufferin uses the diary to resist becoming a passive victim of breast cancer.

During the final months with her son, Dufferin chooses to keep the severity of her illness from him in order to protect his feelings. In the early parts of the diary, such explanations of this decision are especially frequent as Dufferin describes the joys of her time living with her son and his family and forcing herself to remain silent about the severity of her illness because she does not want to ruin these happy times for them. In many of these moments, she struggles to remain silent but demonstrates her self-control through that silence. Dufferin's 24 January 1867 entry explains, “I can hardly prevent the words coming to my lips (when talking to you and Harriot [*sic*] about the arrangements of the new rooms, &c.), ‘Yes, but that will be one of your spare rooms next year.’” Then, in the next entry, just one week later on 31 January 1867, she expresses remorse for a momentary break in her stoic silence,

> I am angry with myself for a moment of weak emotion which I gave way to, and for which I could have beaten myself the next moment. I was merely expressing the pleasure I felt in being able still to take part in these every-day enjoyments, which seem such commonplace matters when one is strong and well, but which take on a character of rare festal delights when strength and health are gone, and then a mixed feeling of regret for lost occasions of the same simple pleasures and the thought that you would miss me sometimes in their recurrence hereafter, altogether overcame me, and I cried; but you will all that [*sic*] my foolish weakness passed off in a moment, and I shall take care to behave like a sensible old grannie in the future.

In these moments, and several others in the journal, Dufferin writes to provide her son with a fuller understanding of her remarks and actions in these final months of her life, and in her narration, she claims a specifically female form of agency by emphasizing her role as mother nurturing her son and his children. At times when she is unable to fully control her emotions, Dufferin describes a sense of guilt for not having the willpower to remain silent and joyful. Her language in this entry is gendered and full of judgment about her inability to speak sensibly like a man. In other moments she includes in diary entries, Dufferin longs to correct friends who visit and make hopeful remarks about her vitality returning with a change in season. On 6 February, she explains, “How I long to say, ‘Dear people! let me alone, let ill alone! What I have to do is die, and all the sunshine in the world won't defer that necessity, and all the kind wishes in the world won't make it less unpalatable or inevitable.'" With each instance that necessitates continued silence of the truth about her condition, Dufferin stresses her resolution to protect her son and family from that knowledge and reiterates her bravery in the face of certain death. By recording the desire to speak, the decision to remain silent, and the understanding of her impending death, Dufferin emphasizes her agency in the situation, which she demonstrates through that continued reticence.

Throughout this time of silence with her son, Dufferin verbally discusses her illness with her doctor, Dr. Hewett. In these conversations, it is clear that Dufferin is not uncomfortable discussing the symptoms she hides from others. Her first mention of Dr. Hewett comes in the second entry, dated 4 January 1867. Though Dr. Hewett "told [her] nothing new," Dufferin felt somewhat surprised at his news: "I will not deny that the *certainty* of the fatal nature of my malady, in its new form, was a slight shock during the first few minutes" (emphasis in original). Proud that she was able to hide this emotion from her son moments later and guaranteeing that the doctor would not betray her secret, Dufferin explains, "I told Hewett my reasons for wishing to withhold from you a knowledge which would have poisoned all the pleasant days we have spent together since we returned from England." This explanation given to Dr. Hewett further demonstrates Dufferin's efforts to control the spread of information about the severity of her illness. Also, it serves as a reminder of Dufferin's savvy self-representation in the diary as a brave and loving mother. By controlling the way her son discovered her condition and the way it was presented in the diary, Dufferin skillfully crafts a persona for her son and his descendents to remember.

In later consultations, she shares more of her suffering with the doctor. Though the narration of these visits with Dr. Hewett are all quite brief, the simple fact that they are included is important to demonstrate Dufferin's management of her illness. On 9 February 1867, she records, "I saw Hewett to-day, and told him that I saw plainly the rapid progress of my malady in spite of his efforts to check it, and he was honest, as he always is, and said nothing to remove the impression." Then, a few days later, on 12 February 1867, she writes, "To-day I put a very positive question to Mr. Hewett. I asked him if he thought I should live till summer. He answered with his usual kindly sincerity—'Yes, if no unforeseen contingency arises.'" The short period that elapses between these visits and Dufferin's question about living just a few more months until summer illustrates the worsening of her condition. Still, Dufferin contains the narration of these visits and focuses the entries on her time with the family members, which demonstrates Duffern's control over the narrative as she portrays this time as one of happiness, in spite of physical suffering, for her eventual audience. Her question about living to see another summer more subtly represents her control over the situation and the timing of the news for her son. With the news that she will likely live until the summer, Dufferin realizes that she will be required to tell her son of the malady soon: "The time is approaching when I *must* tell you what will be such a heavy grief to your loving heart" (emphasis original). In the contrast between hiding the truth from her son and confiding in Dr. Hewett, Dufferin demonstrates her efforts to control through the timing of sharing with her son the details of her illness and suffering. In that and her eventual death from breast cancer, though, Dufferin can no longer control the situation.

In addition to discussing her suffering and illness with Dr. Hewett, Dufferin records her experiences in the diary, noting times when her pain is particularly bad or how it affects her sleep. These descriptions become more frequent as the diary progresses and Dufferin nears a time when she can no longer write the entries. Her increasing symptoms effectively demonstrate Dufferin's attempts to control and conceal the worsening pain in her body. She first mentions the pain in the entry on 4 January 1867: "I suffer a good deal, more than I let you see or know, and I am aware that this suffering must increase, and that death must be the cure." Dufferin limits the mentions of that increasing pain for the next month, not mentioning it again until 11 February 1867, when she begins the entry, "My nights are very full of suffering. I get some quiet sleep towards morning, but I wake very little refreshed. It is a curious sensation, the watching (with full consciousness and power of appreciating every symptom of decay) the gradual approach of death." Despite the sleepless nights, Dufferin conceals the pain she feels through the night as she interacts with her family during the day. On the day after the entry about nights of suffering, Dufferin describes a visit from her grandchildren in the 12 February 1867 entry, "my darlings came to my bedside with a heap of merry Valentines." These two entries demonstrate the way Dufferin controls the situation, confessing the suffering she endures in the night but concealing that pain in the presence of her family. This juxtaposition of pain and merriment in the diary also would leave her family with a strong sense of empathy for her efforts to remain positive as she was dying.

As Dufferin's condition worsens, the diary entries of the final month become shorter and, in the last two weeks, include more confessions of the pain she endures. In the 2 March 1867 entry, Dufferin begins, "Great increase of suffering these two days. I think there must be some change preparing in my malady: it cannot be a good one." Then two days later, on 4 March, she concludes a short entry with the phrase, "A suffering day." By 14 March, she records, "Great suffering every night now, and indeed never out of pain all day. This snow makes everything look so wintry and sad. I feel its depressing influences, and find it hard to keep up the cheerful manner I have hitherto succeeded in showing at our little dinner meetings." Her entry on the next day, 15 March, is the last in the diary. In it, Dufferin admits to "praying that this time of trial may not be greatly prolonged." Even in the days preceding her final entry, Dufferin works to maintain the family's assumption that she was still fairly healthy. Dufferin admits on the pages of her diary, assuming that her son would read them after her death, that she suffers greatly, despite remaining verbally silent about the extent of her suffering. As she explains a number of times in the diary, her silence is an attempt to protect her son and to allow him to enjoy their final months together without the knowledge of her worsening condition. This silence is not an embarrassment about the illness, as many scholars have suggested about illnesses that affected the gendered portions of the body in the nineteenth century, for Dufferin writes openly about her suffering in the diary. Dufferin used her writing, her speech, and her silences to develop a sense of agency over her final months of suffering with breast cancer. Though she could not control the disease, her own suffering, or the approach of her death, she controlled the representation of her illness and the spread of the news about it.

Alice James

Like Coleridge and Dufferin, Alice James came from a well-known literary and intellectual family, including elder brothers Henry James and William James. Though the James family was American, they traveled throughout Europe during Alice's childhood, and Henry and Alice established residences in London in the 1880s and 1890s. Alice James lived in London from November 1884 through her death on 6 March 1892, where she was diagnosed with breast cancer and eventually died from the illness. Though she did not publish during her lifetime, the diary James kept from December 1886 through her death in 1892 was edited and published in 1934 under the title *Alice James: Her Brothers—Her Journal*. As the *Dictionary of Literary*

Biography notes, however, it was the 1964 edition of James's diary edited by Leon Edel that "established Alice James as an important figure in American letters" (Boudreau). Edel explains in the introduction to *The Diary of Alice James* that James began the diary as a commonplace book of quotations in December 1886 but switched to a diary of her own thoughts on 31 May 1889 (1-2).

In a new introduction for the 1999 edition of James's diary, Linda Simon describes James's assertion of agency in her decision to keep the diary and to hide it from her brothers until after her death:

> according to her companion, Katharine Loring, [James] intended the diary to be published, and certainly she intended that her brothers would see it. The diary, then,…became James's last word, to her family and to posterity to testify to her sense of self. In the act of writing she clarified and affirmed her identity as a strong, intellectually independent woman…and created a complex portrait of "that most interesting being, *myself*." (xii)

Like the women discussed above, James used language to control her life and her body and certainly wrote the diary as a form of self-representation that she expected to be shared after her death. In particular, the passages between her breast cancer diagnosis on 31 May 1891 and her death on 6 March 1892 use active language to emphasize James's sense of agency in her experience with breast cancer. Like Dufferin, James knew that her family would read the narrative after her death, and accordingly, she crafted a specific persona for the journal.

In the 31 May 1891 entry, James announces her diagnosis and expresses a surprising degree of relief about discovering she has breast cancer. While her diagnosis has a "conventionally dreadful…label" (206),[45] James finds power in the ability to name the disease after many years of uncertain physical and mental maladies. As she details the complete diagnosis from her doctor Sir Andrew Clark, James uses medical terminology "to show that though I have no productive worth, I have a certain value as an indestructible quantity" (207). In this diagnosis, James is proud of her ability to suffer the pain associated with several illnesses. A few weeks later, James determines that this suffering and her eventual death ranked among the literary productions of her famous brothers. In her 16 June 1891 entry, James describes the recent accomplishments of her brothers, including Henry's writing and publication of *The Tragic Muse*, *The American*, and *Mrs. Vibert* and William's *Psychology*. She transitions into her own contribution to the family legacy, noting that their publications are "not a bad show for one family! especially if I get myself dead, the hardest job of all" (211). By placing her illness into a discussion of her brothers' publications, James places value on her own suffering, claims the illness as if it were her chosen vocation, and demonstrates an awareness of her own posthumous literary contribution.

As James contemplates her diagnosis, she chooses which friends and family members she will tell about the breast cancer. The day after she receives the diagnosis, in the 1 June 1891 entry, James decides that her brother William should not hear of it: "Poor dear William with his exaggerated sympathy for suffering isn't to know anything about it until it is all over" (208). While William learned of her illness later that year during a visit to England, James's decision to withhold the information represents one of the few ways she could control aspects of her diagnosis and illness. Like Burney and Dufferin, James actively protects a loved one from the shock of her diagnosis and fact that her death was imminent. She further emphasizes her agency

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[45] All quotations from James's diary are taken from the 1999 edition and are identified by both date of the entry and page number in that edition.

in the situation four days later when she considers the way her subjectivity impacts the tumor in her breast, noting that the tumor is "stirred up to all sorts of unusual discomforts by *my* being brought to bear upon it, so that I am as much tortured as ever to decide as to the degree of anguish as compared to all other tumourous victims I must undergo before I can apply the pacifying anæsthetic" (208, emphasis in original). Less than a week after her diagnosis with breast cancer, James recognizes her own ability to control the experience and the amount of suffering she endures. As she personifies the tumor, she exercises her own ability to limit the tumor's power to cause pain or to frighten her much in the same way that Coleridge's apostrophe to her tumor provided a sense of control over the cancer within her breast.

Through many of the other entries, James maintains this active description of her role in her experience with breast cancer, but as time passes and she nears her death, James shifts into a more passive position. In the 2 February 1892 entry, she explains: "This long slow dying is no doubt instructive, but it is disappointingly free of excitements….One sloughs off the activities one by one, and never knows that they're gone, until one suddenly finds that the months have slipped away and the sofa will never more be laid upon, the morning paper read, or the loss of a new book regretted" (229-30). Her loss of control over the passage of time, here eight months after her diagnosis, disappoints James as she realizes activities in which she can and will no longer participate. Still, in the same entry, she strives to maintain at least some control in her longtime consideration of and desire for death, which she proves in a conversation with hypnotist Dr. Charles Lloyd Tuckey, who was treating her for paralysis in her legs. Her own reaction pleases her: "I was glad afterwards that it happened, as I was taken quite by surprise, and was able to test the sincerity of my mortuary inclinations. I have always *thought* that I wanted to die, but I felt quite uncertain as to what my muscular demonstrations might be at the moment of transition" (230, emphasis in original). Though she cannot control the passage of time or the slow approach of death, James confirms her desire for death. As the end nears, however, that control slips from her grasp, and James's few entries in the final month of her life become increasingly passive, culminating in the 4 March 1862 entry, which opens, "I am being ground slowly on the grim grindstone of physical pain, and on two nights I had almost asked for K.'s lethal dose" (232). Even in this final day of suffering, the physical pain that makes James passive also inspires her to consider taking the only action she can, asking for her companion Katharine Loring to administer a lethal dose of morphine. Though James did not make this request, she was finally granted her wish for death just two days later. Even in this final journal entry, James balances the passivity of "being ground slowly" by the pain with the agency possible in ordering her own death.

Princess Royal Victoria, the Empress Frederick

Queen Victoria's eldest daughter—known as the Empress Frederick after her husband Frederick III's ascension to the throne on 8 March 1888—confirmed her diagnosis of breast cancer during a visit to her mother in England in late 1898. Together, Queen Victoria and Empress Frederick decided it best for Empress Frederick to conceal her diagnosis from the doctors in Germany and to discuss it only in veiled references and on separate pages in letters to England. This decision and many others made by the mother and daughter over the course of Empress Frederick's illness were influenced by the national rivalry developing between England and Germany's new ruler, Empress Frederick's son Wilhelm II. As Ladislas Farago and Andrew Sinclair explain in *Royal Web*, "the young Emperor was determined to spearhead national feeling, instead of denying it. Half-English as he was, he could not seem to placate England. Fearing patronage by his mother's homeland, he wanted to be superior; he intended to unite his nation by outdoing hers" (301-2). The mother and daughter certainly knew of Wilhelm's position on the subject and his potential to damage his mother's reputation and standing in Germany. Queen Victoria references this plan for secrecy in her first letter to Empress Frederick after the visit, writing on 11 January 1899, "Pray don't refer openly about yourself…to Bertie; the fewer [who] know anything the better and safer….you had better write about your precious health on a *separate sheet*" (qtd. in Ramm 223). The women were so successful in veiling the illness that Richard Barkeley's 1956 biography of Empress Frederick, which uses her letters as source material, explains that on 2 March 1899 Empress Frederick shared the diagnosis with her friend Marie von Bunsen. Barkeley incorrectly believes that other than Bunsen, "no one was to know anything about [her breast cancer], least of all her mother" (301).

Though the idea of concealing the diagnosis was raised in the letter from her mother, Empress Frederick strategically chose whom she would tell about her illness. In the months after the diagnosis, Empress Frederick told only two of her siblings (Bertie and Beatrice), her Lord Chamberlain Baron Reischach, and all of her children except for Charlotte (Pakula 584-6). She made her reasons for this decision of silence around others clear in a letter to daughter Sophie, saying the illness "must remain an absolute secret….You know how indiscreet people at Berlin are. I am not much loved, so I should not like to have people…rejoicing over my misfortune and speculating on my coming disease before it is necessary" (qtd. on 586). Farago and Sinclair clarify the reason for Empress Frederick's treatment by the German people: "she was a woman who was destined to act between her mother and her husband, to work for them both and to be suspected for that. She was loyal to a fault, but loyal to two people in two different nations" (313). Empress Frederick's experiences with breast cancer and treatment of it highlight her conflicting loyalties and raise important issues of nationalism and public image not apparent in other cases. Though her diagnosis came after the death of her husband, Empress Frederick recognized the negative public opinion of herself and strove to hide news of her tumor from the public. By concealing her illness, even from a daughter she feared could not keep the secret, Empress Frederick managed her reputation in Germany through the power of her own silence. Throughout her letters, she called her malady lumbago to hide the true disease. Though she was unable to manage the pain caused by the disease and the effect on her usual activities, Empress Frederick controlled the way news of her disease spread in both her family and the general public.

After her brother Alfred's 30 July 1900 death from cancer of the larynx, Empress Frederick wrote to her mother, "What a mercy darling Alfred did not know the nature of his illness, the utter hopelessness of it. Dear Alfred was spared the mental pain and anxiety and like Fritz was convinced that he would improve! This is a mercy, though in my own case, I far prefer to know exactly how the matter stands, one can make all one's arrangement with great care & ease & thought" (qtd. in Pakula 588). Empress Frederick found relief in knowing that her brother and her husband, both of whom died from cancer of the larynx, had little time to worry about the illness. Both men were diagnosed in the late stages of the disease and died rather quickly after discovering it. Empress Frederick, on the other hand, was diagnosed in September 1898 and died almost three years later on 5 August 1901. Though the three years included significant pain and suffering, Empress Frederick says in the letter that she preferred a longer illness because it afforded her the time to prepare for the death that was a certain result of the breast cancer that had metastasized. Though she could not control the spread of the disease or the suffering she endured, especially when the German doctors gave doses of morphine too small to limit her pain, Empress Frederick actively prepared herself and her family for death and put her affairs in order.

One of the items that Empress Frederick managed before her death was the removal of her private letters from her German home where her son Emperor Wilhelm II (Willy) would know of her concerns about his actions. In order to ensure that Willy did not have access to her letters and destroy them, Empress Frederick planned to have the letters secretly transported back to England as her condition grew worse and her death was clearly imminent. During a February 1901 visit from her brother, the newly crowned King Edward VII, Empress Frederick summoned Edward's Assistant Private Secretary and trusted member of the court Sir Frederick Ponsonby to meet with her. Ponsonby describes her request:

> the Empress opened her eyes and said, "There is something I want you to do for me. I want you to take charge of my letters and take them with you back to England….I will send them to you at one o'clock to-night and I know I can rely on your discretion. I don't want a soul to know that they have been taken away and certainly Willie [her son, the Emperor William II] must not have them, nor must he ever know you have got them." (x)

Even in a time when her pain was unbearable and she was drugged with morphine, Empress Frederick ensured that her letters would be safely returned to England and out of the hands of her son, whose political beliefs conflicted with those of his mother and late father. A decade earlier, shortly before the death of her husband Frederick III, Empress Frederick secretly sent his personal journals and papers to England "because of invasion of privacy. All the dead Emperor William I's most secret and intimate papers were being plundered by utter strangers and government agents, sent by Bismarck to see whether there were documents that might compromise his official version of German history" (Farago and Sinclair 273). In both cases, Empress Frederick feared that her enemies might use the personal papers against her. Though she had no control over the spread of the disease, she recognized the importance of protecting her own words through the letters she had composed over a number of years.

Over the course of her illness, Empress Frederick was caught between two doctors suggesting treatments and offering advice about her condition. In Germany, her son and advisors had a German doctor, Professor Renvers treating her, but Queen Victoria encouraged her to continue to seek advice from Laking. While Renvers suggested hot sand in bags applied under her arms and on her back and a trip to the south during the winter, Laking recognized the amount of pain Empress Frederick endured and suggested morphine, which she found "very useful" (qtd. in Pakula 587), much like the chloroform Queen Victoria used to temper the pain of childbirth. When Queen Victoria requested her grandson send Laking to attend Empress Frederick, Willy refused to allow the British doctor to see his ailing mother and insisted that she continue treatment with the German doctors. This conflict between the treatment of German and British doctors paralleled the situation around Frederick's treatment for cancer of the larynx in 1888. After his father's death, which was partially caused by the errors of German doctor Bergmann, Wilhelm said, "An English doctor killed my father,…and an *English* doctor *crippled* my arm—and this we owe to my mother who would not have Germans about her!" (qtd. in Farago and Sinclair 284). In many ways, these disputes of medical treatment and which country's doctors would care for the two patients mirrored the larger issues related to the family's dual but conflicting loyalties to Germany and England. What appears to be a simple decision about a medical provider actually reflects a battle for national prestige and power.

When Edward came to visit his sister, he brought Laking as his own traveling physician. Both Empress Frederick and Edward hoped that Laking would have an opportunity to alleviate her suffering with morphine. As Ponsonby notes, Edward expected that "Sir Francis Laking might do something to mitigate her terrible sufferings by administering narcotics in larger doses than the German doctors were accustomed to give" (ix). Defying her son's wishes, Empress Frederick took control over her treatment during Edward's visit and enjoyed a brief respite from the continual pain of the cancer that had spread throughout her body. This instance offers a change from the example presented in Tougaw's *Strange Cases* discussed earlier in this chapter. In a conflict between two doctors' suggested treatments, the patient, however briefly, chose the pain relief she needed. Her relief from the suffering was short, and after her brother and Laking left, the small doses of morphine were ineffective. As Hannah Pakula explains in her biography of Empress Frederick,

> The Dowager Empress survived two months more, a martyr to the doctors' refusal to give her enough morphine to ease her agony for more than a few minutes at a time. As her pain increased, the sentries outside Friedrichshof begged to be moved farther off so as not to hear her screams. Her body wasted away, and even her face, once as round as her mother's, was sunken and without color. (596)

As her son ignored Empress Frederick's requests for effective treatment, she endured extreme pain but clearly expressed her suffering through screams that horrified even the sentries nearby.

Through the final three years of her life, Empress Frederick balanced her uses of speech and silence to take as much control over her situation as she could. Like the other women discussed here, she could do nothing about the cancer spreading through her body; in addition, Empress Frederick was also was stripped of control by her son who refused to allow her British doctor to treat her as he emphasized for his new subjects his loyalty to Germany in all things. Because of this, she endured more pain than was necessary as she faced breast cancer.

Conclusion

Reading Burney, Coleridge, Dufferin, James, and Empress Frederick together complicates the usual representation of women's experiences with breast cancer in the nineteenth century. These usual discussions of nineteenth-century breast cancer highlight only the work of doctors progressing toward the radical mastectomy and, if they include women's voices at all, rely on Burney alone to characterize a century of experiences. And the writings of these five women are only part of the larger body of narratives written by breast cancer patients in the period. While these uses of speech and silence do not completely contradict the narrative of breast cancer presented in Burney's letter, they do offer a much more nuanced representation of the ways women facing breast cancer in nineteenth-century Britain worked to develop agency over the disease spreading within their bodies. Just as these five women's experiences with breast cancer differed dramatically, their narrative strategies vary in a number of ways. For example, each woman chose when to consult a doctor about her symptoms, which friends and family members should learn of the illness, how much to share about the severity of the malady and her suffering, and what aspects of her experience with and response to breast cancer to highlight in her self-representation.

Analysis of this sense of agency in the women's narratives challenges the common model of the relationship between the male doctor-hero and female patient-in-distress prevalent in many discussions of nineteenth-century breast cancer and illustrated through many of the examples in chapter two. Until now, many of these narratives have been silenced because they do not fit into the conventional medical case study form used by the male doctors of the nineteenth century, but by acknowledging the life writing of women patients, we can more fully understand their experiences with and responses to the disease and the medical treatments for it. Indeed, these letters and diaries demonstrate the fact that nineteenth-century breast cancer patients were already using language and writing to transform their “silence into action” as Audre Lorde suggested more than a century later.

CHAPTER FOUR: LIFE WRITING BY THE PATIENT'S FRIENDS AND FAMILY

In a chapter on friendship in *The Feisty Woman's Breast Cancer Book* (1999), Elaine Ratner cites a famous study by David Spiegel at the Stanford School of Medicine's Center on Stress and Health that demonstrates the importance of psychosocial support for women with breast cancer. Ratner explains, "Human contact and emotional support have a great deal to do with anyone's ability to deal with illness" (58). For many women patients, family, spouse, and/or friends provide such support, but others without a ready community often turn to online and in-person organizations for breast cancer patients and survivors. Indeed, scientific studies like Spiegel's and anecdotal experience from women who found support a vital part of their fight with breast cancer have resulted in the spread of organizations like Breast Buddies and the Young Survivors Coalition that emphasize the need for community. Implicit in many of the conversations about community in recent decades is the perception that, before the twentieth century, women had no such networks. Before these organizations existed, though, women already turned to close family and friends for support during periods of serious illness or crisis.

Famous invalid Harriet Martineau describes the need for a supportive community when facing serious illness and the expectation of death in her 1844 *Life in the Sick-Room*. For Martineau, encouraging letters and visits from the friends "of my brighter days—with whom I have travelled, sung, danced, consulted about my work, enjoyed books and society"—bring "an influx of life" (57-8). Similarly, Alice James, whose experiences appeared in the previous chapter, relied on close friend Katharine Loring for care and support throughout her experience with breast cancer. In a diary entry on 1 January 1892, James explains that her breast cancer was "the soil propitious for the perfect flowering of Katharine's unexampled genius for friendship and devotion." Such experiences demonstrate the importance of community and friendship for nineteenth-century women fighting serious illnesses.

In *Between Women: Friendship, Desire, and Marriage in Victorian England*, Sharon Marcus explores the support systems that developed among Victorian women in general. Marcus explains that though friendships differed from relationships with spouses or siblings, these boundaries were often blurred as women used the term *friend* to describe their husbands, siblings, or parents (66-9). That friendship—for Marcus, particularly female friendship—appears in "Victorian lifewriting as a fundamental component of middle-class femininity and women's life stories" (39). This chapter addresses the forms of lifewriting[46] that reveal the importance of nineteenth-century community and support in the face of breast cancer. Marcus describes these texts as representative of "a hybrid genre" that combines the narratorial voice of a friend, spouse, or family member with excerpts from the woman's correspondence or diary. The examples selected for this discussion demonstrate both the importance of community in the women patient's experience with breast cancer and the ways breast cancer impacted her family and friends.

The hybrid form of lifewriting outlined by Marcus complicates traditional understandings of author, biographer, and subject. As Marcus explains, "The biographer was less an author than an editor who gathered and commented on a subject's writings without generating an autonomous narrative of her life" (34). Each of the texts that follows is presented by an author/editor who incorporates the narrative of the female patient through excerpts from her letters and/or diaries and then clarifies and transitions between those excerpts with explanations

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[46] As I explained in the first chapter, I generally use the more common form of *life writing* as two words throughout this project, but when specifically discussing Marcus's theories, I follow her use of *lifewriting* as a single word.

in his/her own voice. Because of the complicated role of the author/editor, in this chapter I use the term *biographer* to identify the person compiling the materials, editing the volume, and writing the introductory material or narrative to connect the primary sources, regardless of the character the biographer is performing in a specific portion of the text. When referring to the person whose life and writings are featured, I use the terms *subject* and *author*, depending on how the text presents the person in that specific moment. For example, when offering an introductory section about the person featured in the volume, the *biographer* is describing the *subject* of the volume, but when the volume includes quotes from the person's letters or diary entries, the *biographer* draws on the writing of the *author*.

The texts in this chapter demonstrate two ways that narratives emerged from the experiences of friends and family members of a Victorian woman patient. First, these present the uncertainty often experienced by those watching a loved one suffer from a disease about which they knew little. While the narratives sometimes seek to describe the experiences and feelings of the patient based on personal observations or on excerpts from her letters or diary, the texts also present the biographer's experiences of knowing someone with breast cancer. Like the medical narratives discussed in chapter two, the production of the hybrid texts indicates the presence of a narrative about the family member's or friends experience with breast cancer. Secondly, the texts in this chapter demonstrate the existence of an oral narrative in this period. Because each writer knew about the patient's breast cancer and treatment and narrates his/her presence in the patient's life, I argue for reading these texts as evidence of oral conversations that occurred between the patient and the writer of the text and as breast cancer narratives in similar ways as the written forms. The prevalence of these hybrid narratives is inevitable because of the realities of breast cancer in the nineteenth-century: the short life expectancy of breast cancer patients, whether they received treatment or not, necessitates the work of family and/or friends to piece together the fragments of life writing and experience that, in the margins and interstices, point to the breast cancer narrative operative during the patient's lifetime.

Sharon Marcus's discussion of this hybrid form of lifewriting also helps to explain the moments of restraint or even complete silence on the topic of breast cancer in the memoirs presented in this chapter. She uses the term *reticence* to describe and explain the silences in this writing, noting,

> Reticence was paradoxically characteristic of Victorian lifewriting, which was defined by the drive to conceal life stories as it was indicative of a compulsion to transmit them…. The authors of biographies often did not name themselves directly. Instead they subsumed their identities into those of their subjects. Authors who knew their subjects intimately as children, spouses, or parents usually adopted a deliberately impersonal tone, avoiding the first person whenever possible. (34)

This effacing of the biographer's identity appears in only one of the narratives in this chapter. In Eliza Keary's memoir of her sister's life, she identifies herself as Annie Keary's sister only on the title page, which presents the title of the text as *Memoir of Annie Keary. By Her Sister*. In the narrative she includes "her sister and her friend Emelia" as the group that joined Annie when she visited the doctor and received the diagnosis of breast cancer. In fact, an 18 November 1882 review of the memoir critiqued Eliza Keary, also a famous writer, for distancing herself as the biographer so much, saying, "There is only one fault to find with the memoir, and that is that there is not enough mention of the writer. Miss Eliza Keary has studiously ignored the large part she herself played in her sister's life. In another biographer self-effacement might be a virtue, but in this instance the omission of almost all reference to the narrator takes away from the completeness of the narrative" (655). Though Eliza does not clarify her reasons for this reticence, she likely conceals her role in her sister's life to maintain a focus on her sister as the subject of the memoir. Still, Eliza periodically lapses from her description of Annie's life from the perspective of an outsider, slipping from mostly third-person descriptions into the first-person plural when describing their shared experiences. The other biographers included in this chapter are more open about their involvement in the subject's life, which creates a sense of the narrative serving a dual purpose as a memorial for the deceased woman and a memoir of the biographer.

Though the other biographers openly describe their connections to their subjects, they still demonstrate reticence in their narratives. Like the texts produced by the women patients, these memoirs generally maintain a sense of proper restraint in talking about the illness, treatment, and suffering of the woman patient. Janis Stout's *Strategies of Reticence: Silence and Meaning in the Works of Jane Austen, Willa Cather, Katherine Anne Porter, and Joan Didion* describes the ways that a historical silencing of women, intentional or not, has created this sense of restraint. Stout deliberately uses the term *reticence* "to connote restraint in confronting unpleasant or uncomfortable subjects, particularly a shyness or reserve about discussing sexual matters" (x). For Victorians, breast cancer certainly fell into the category of "unpleasant or uncomfortable subjects," and the women biographers in this chapter are especially careful in the euphemisms they use to describe the process of diagnosis, treatment, and suffering. On the other hand, three of the four male writers in this section—Isaac Taylor about his sister Jane Taylor, Philip Henry Gosse about his wife Emily Gosse, and William Michael Rossetti about his sister

Christina Rossetti—are the only biographers describing the breast cancer patient's experience that use medical terms like *cancer* or *induration*[47] at all in their narratives.[48]

The five women whose experiences appear chronologically in this chapter—Jane Taylor, Emily Gosse, Annie Keary, Ellen O'Leary, and Christina Rossetti—were all writers and deeply religious throughout their experiences with breast cancer. With the exception of Emily Gosse, all were unmarried and thus relied on support systems of family members and close friends. These witnesses to the suffering women faced during their experiences with breast cancer prepared memoirs after their deaths that demonstrated the women's courage and faith as they endured incredible pain from both the illness and the treatments for it. The resulting hybrid narratives represent the experience of the patient and her family and/or friends through the blending of the patient's life writing with the conversations and observations of those close to her. Like the letters and diaries of the previous chapter, the texts discussed here offer a nuanced representation of the effects of breast cancer on women patients and their networks of support.

There are ten texts about these five women's lives that detail their final days and their experiences with breast cancer. The reticence in these texts conceals such aspects of the experience as the exact diagnosis or the location of the cancer, the details of the operation, the suffering that the woman patient experienced, and the fear that family and friends experienced in supporting a loved one with such an illness. In each text, the extent of the biographer's reticence about the illness in particular shapes the representation of the woman. Memoirs by Gosse's son, Keary's sister, O'Leary's friends, and Rossetti's friends completely exclude the word cancer

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[47] In many nineteenth-century texts, the term *induration* is used interchangeably with tumor. *The Oxford English Dictionary* defines it as "a hardened formation or mass" ("induration").

[48] The exception to this is Rolleston's memoir of Ellen O'Leary. Arguably, he does not use specific medical terms because his focus is on promoting the Fenians rather than on Ellen O'Leary's life.

from the narratives, while Taylor's and Rossetti's brothers mention the illness but avoid any specific details. Only Gosse's husband gives extensive detail about his wife's experience with breast cancer, but that lack of reticence is a result of his expectation that only friends would read the text and his purpose of informing others about potential problems with alternative treatments. These different levels of reticence, then are due to factors like the intended audience of the text, the purpose of the memoir, and the biographer's experience with the woman and her final illness.

Jane Taylor

Children's writer and poet Jane Taylor came from a literary family: both of her parents and three of her five siblings were published writers. In addition to a number of collections of poetry produced in collaboration with her sister Ann, Jane composed the famous "Twinkle, Twinkle Little Star," though the poem is rarely attributed to her. Jane lived with her parents or her brother Isaac for most of her lifetime, but she travelled often to visit friends and family for extended stays. In April 1817, Jane discovered a lump in her breast and suffered periodically from ill health for seven years until she died of breast cancer on 13 April 1824 (Bowerbank).

Jane's brother Isaac prepared *Memoirs and Poetical Remains of the late Jane Taylor with Extracts from her Correspondence* for readers who cherished his sister's work during their childhoods and associated her name "with some of their earliest intellectual pleasures, and perhaps, with their first impressions of virtue and piety" (I, xi-xii). Isaac describes his complicated role as biographer in this hybrid genre, saying that he worked to balance the interest of the surviving friends and family who knew Jane with public interest in her life. For this reason, he excludes some events that Jane's friends might like to see in the memoir because he does not want to share them with the general public, "even though the full narration of such facts might serve, beyond any others, to display the strength or christian [*sic*] fortitude of the character he has to exhibit" (I, xiv-xv). In preparing the memoir, Isaac had access to and chose from "nearly the entire mass of letters written by my sister during the course of five and twenty years" (I, xv-xvi). After this prefatory description of the text and his editorial work, Isaac presents "Memoirs" in Volume I and "Poetical Remains" and "Extracts from the Correspondence" in Volume II. For the present discussion of the text, I focus on portions of "Memoirs" that detail Jane's seven-year struggle with breast cancer but also include several excerpts from the "Correspondence" section.

Jane's experience with breast cancer began in April 1817 when "she first perceived an induration in the breast, which continued, during the following years of her life, to hold her in a state of constant apprehension, and at length proved fatal" (I, 163). After this description of Jane's condition as "an induration in the breast," Isaac does not give any detail about Jane's illness for the remainder of the text; instead, he refers to the breast cancer as "the disorder mentioned above" (I, 166), "her complaint" (I, 170 and 172), "the disease that was preying upon her constitution," and "the local disease" (I, 180). Though Isaac clearly states that Jane faces breast cancer at the point of detection, the euphemisms he uses through the rest of the text demonstrate Isaac's awareness of his dual audience of close friends and the general public, which is the likely cause for his restraint in discussion of Jane's breast cancer. The initial discovery of a lump is not immediately followed by a description of a visit to a doctor, though when Jane's condition worsens in the winter of 1818, Isaac mentions, "she had before received the advice of eminent surgeons in London" (I, 166). The fact that Isaac notes that Jane "received…advice" but does not mention surgical treatment suggests that either Jane or her doctors decided against a mastectomy. The doctor Jane saw in the winter of 1818, though, "interdicted to her, absolutely, all literary labours" (I, 167). Through the rest of Jane's life, the memoir rarely mentions literary production and instead focuses on her care for family, religious work, and visits with friends. All of these activities are presented as ones that provided Jane with reprieve from suffering, and all demonstrate the role of community—whether through family, church, or friends—in Jane's fight against breast cancer.

During the years of Jane's final illness, several members of her family also faced serious illnesses. Over the summer of 1818, Jane, her father, and one of her brothers fell ill, and when she was well, Jane dedicated herself to nursing her father and brother. As Isaac explains, "In her anxiety for those dear to her, she so much forgot herself, that her most alarming complaint seemed quiescent; and in the autumn, when family comfort was pretty well restored, she appeared to look more cheerfully upon life than, lately, she had been wont to do" (I, 167). The time she spent caring for her family provided Jane with a mission and with a familial community that needed her care. Again in the fall of 1820, Jane cared for her father "and had the pleasure of seeing her beloved parent surmount a disorder which had long threatened his life" (I, 171). In these and other instances, Jane's efforts to comfort and nurse her loved ones distracted her from her own ailments, demonstrating the importance of the familial community on Jane's health. Isaac describes such moments in matter-of-fact language like any other event in Jane's life, but her care for others proves to be both emotionally and physically therapeutic. Interestingly, the value of caring for others only appears when Jane nurses her relatives; the memoir rarely describes others taking care of Jane and, when it does, it never details the benefits to their health and happiness. In this way, the support of community appears one-sided and emphasizes the representation of Jane as the heroic and self-sacrificing protagonist.

This commitment to her family also influenced Jane's dedication of her life to Christian pursuits. Her father worked as a minister for most of Jane's life, "and, in October 1817, she became a member of the christian [*sic*] church at Ongar, under the pastoral care of her father" (I, 164). Isaac describes the gradual increase of Jane's spiritual devotion and involvement in the church, which became fully realized in the months after she discovered her breast cancer in April 1817. At her father's church, Jane started a ladies group that performed charity for the poor and taught regularly in the Sunday school. Such activities, like the nursing of her family, distracted Jane from her own suffering and refocused her attention on serving others. Even when traveling to visit friends in 1821 "improved her general health," Jane returned home, and Isaac notes that the decision "was influenced chiefly by a regard to her religious interests" (I, 172). Jane's prioritization of her religious activities over her health demonstrates her willingness to sacrifice her own comfort for other duties—just as she jeopardized her own recovery when caring for her father and brother in 1818—as well as a fulfillment of gendered expectations. In both instances, Isaac portrays Jane as a perfect example of a self-sacrificing Christian woman, fulfilling his clearly stated intent "to display the strength or christian [*sic*] fortitude of the character" of his sister (I, xv). Just as the women patients discussed in chapter three shaped their legacies through the description of their experience with breast cancer, so do their family and friends in the memoirs.

Throughout her illness, Jane's letters also detail her growing religious interest and the relationship between her faith and her acceptance of mortality. In particular, letters addressed to Miss S. M., sometimes including her siblings, encourage S. M. to have faith. Jane's letter dated 15 August 1822 describes her own conversion facilitated by "a letter from a pious friend" (II, 301). Jane here performs the role of religious mentor for S. M. and her siblings, suggesting books and biblical excerpts to read and other activities to aid in their religious development. Even in her final letter to the group, dated 11 April 1824, Jane acknowledges that it is "the last I shall ever be able to send you" (II, 323) and that she cannot finish the letter, but she continues with her advice, suggesting that they "tell J. I hope he will read WILLIAM'S DIARY; and study to become such a character, as a man of business, and a christian [*sic*]" (II, 324). Again, Jane places great value on her contributions to the community of family and fellow Christians and makes concerted efforts to encourage and care for others despite her own suffering. In this instance, her care comes in the form of mentoring younger Christians and further contributes to the portrayal of Jane as a model of Christian behavior, which continues her literary commitment to guiding young people.

In addition to representing Jane's growing faith and position as a Christian mentor, the letters demonstrate her commitment to her friendships as she writes to support and encourage her friends even when she is feeling particularly unwell. As she describes in a letter to Miss. M. H——e on 7 June 1819, "never since the termination of a correspondence of unusual private interest has letter writing been in itself easy or agreeable to me;—though, as a means of maintaining friendship with the few I love, I value it as highly as ever" (II, 292). In two letters from early in her illness, Jane writes at times when she faces particular difficulties to commiserate with friends about their similar struggles. In a letter from 23 August 1817, just four months after her initial discovery of the lump in her breast, Jane writes to Miss S. G. about both women caring for their brothers during serious illnesses. Jane describes "a feeling of true sympathy which similarity of circumstances awakened" (II, 280) and the comfort she finds in "receiv[ing] expressions of affection from any one who, I know, in some degree understands me, and who has had the opportunity of observing many of my faults" (II, 281). For Jane, the shared experiences create community and give her the strength to continue her work to care for her family and to dedicate herself to religious pursuits. On 20 January 1818, Jane writes to Mrs. E. G. to share her sympathetic feelings while both writer and recipient face their own illnesses: “being myself at the time the account [of E. G.’s illness] reached me considerably indisposed, and in low spirits about my complaint, I felt a peculiar sympathy with you” (II, 286). As in the letter to S. G., Jane finds a sense of community in writing letters to those facing similar struggles to her own. She emphasizes the importance of the friendship in sharing her belief “that, after so many years connected in intimate friendship here, we might in a very short time recommence our intercourse in another world” (II, 286). Not only does the sense of community help Jane to endure her own illness and the nursing of her sick family members, but her expectation of a community in the afterlife also supports her faith and acceptance of her own impending death. The community of suffering women in these letters is one of the only places in the memoir where Jane’s support of others is reciprocated, which makes it resemble the breast cancer support groups of recent decades.

The community Jane finds in corresponding with her friends was equally important in her visits with them. Isaac describes a particular time in early 1821 when Jane visited her sister for four months at Hull and took side trips to York and Scarborough, noting that Jane “seemed to enjoy the pleasures of general society more than at any former time” (I, 171). These pleasures of community “appeared so much to have improved her general health, that there seemed reason to believe that, so long as her mind could be agreeably occupied, without too much excitement, her complaint might remain in a quiescent state” (I, 172). Jane also recognized the healing benefits of the time with friends “and believed…that this frequent change of scene, and these social pleasures, would be more likely that any other means to promote her recovery” (I, 172). Even as her condition worsened in February 1824, just two months before her death, Jane traveled to visit friends at Newington for a week. Though the journey was difficult for her, Jane “enjoyed the society of her friends; and returned home in amended health" (I, 183). Throughout Jane's illness, the sense of community in regular visits to her friends restored her strength and raised her spirits in her fight against the breast cancer, but like the descriptions of family and the church community, the memoir never describes these friends actually nursing or caring for Jane. In her final years facing breast cancer and other illnesses, Jane clearly needed care from others, but Isaac silences that need and instead focuses on Jane's service for others. This editorial choice continues his purpose of presenting Jane as an ideal Christian woman and demonstrates the way that such texts are carefully crafted to highlight certain characteristics in their subjects.

In her relationships with family, friends, and her church, Jane continued to involve herself in community throughout her illness. As she cared for and visited with those she loved, she found temporary reprieves from her suffering, which reflect the healing that community could bring. Many of Jane's interactions with others also demonstrated her willingness to sacrifice her own comfort in efforts to support her loved ones. Even though those around her did not appear to physically nurse Jane during her illness, the emotional and physical benefits of community are clear. As an unmarried woman, Jane's community consisted of friends, family, and fellow Christians, and most knew about her breast cancer and the pain that she endured. The hybridity of the memoir—combining Jane's own letters with Isaac's editorial selection and commentary—reveals that circles of support are by no means a twentieth-century invention. It is only through attention to the narrative evidence presented in the various forms of nineteenth-century life writing that shows the ways such communities were at work more than a century before our contemporary versions.

Emily Gosse

In her familial role, Emily Gosse's life was significantly different from Jane Taylor's since she was married and a mother to a young son at the time of her diagnosis. Gosse resembled Taylor, however, in her religious devotion and in her focus on community in spite of her own physical suffering. Emily Gosse married naturalist Philip Henry Gosse in 1848 and was herself a prolific writer of religious texts, including religious poems, articles in religious periodicals, and more than sixty tracts (Boyd and Rowdon). Shortly after her death, Emily's husband Philip composed a narrative of her final illness to circulate privately among friends who would want to remember her final days, titled *A Memorial of the Last Days on Earth of Emily Gosse*. Because Emily was a writer of religious tracts, Philip saw his wife's faith though her final, and very painful, illness as a testament, explaining in the preface: "the Lord may possibly make use of this simple record of one of his servants, for the stirring up of the faith and love of those who knew her not, and thus to the extension of his own glory" (iv). Throughout the narrative of Emily's ten-month-long journey, Philip describes Emily sharing her faith with those she met during her treatment. Because of his hope that Emily's story would inspire others, Philip shows little reticence and includes specific medical terms to describe Emily's condition and the severity of her suffering throughout the process. In addition to this narrative by her husband, Emily's son Edmund Gosse, painter and critic, included a narrative of his mother's illness from his perspective as a seven-year-old child in his memoir *Father and Son, A Study of Two Temperaments* (1907). Unlike his father, Edmund is extremely reticent in his description of his mother's illness, going so far as to censor the word *cancer* from the dialogue that represents the first time he realized his mother was ill. Instead, Edmund replaces the word *cancer* with the phrase "one of the most cruel maladies by which our poor mortal nature can be tormented" (60). Because Edmund's narrative serves a purpose different than his father's—to explore the relationship between himself and his father—he conceals the nature of his mother's malady. Also, Edmund's experience of the illness as a child was certainly traumatic, and it is likely that his reticence is a form of blocking the painful memories of his mother's final illness and death.

When Emily discovered the lump in her breast in April 1856, she shared the concern first with a friend, who accompanied her on a visit to the doctor. Once she was certain it was cancerous, Emily told her husband. Philip and Emily went together for a second opinion the next day. As he explains, "we consulted a relative of my own, an eminent physician, by whose recommendation we saw the first authority on cancer in London, Mr. Paget: by both, the case was declared to be indubitable cancer, and the instant excision was recommended" (6). Rather than having a mastectomy, Emily and Philip heard through the same doctor and relative of an American who was treating cancer through alternative non-surgical procedures. When they met with the American doctor, called Dr. F in Philip's account, he "professed to be in possession of a secret medicament, by the external application of which to a cancer the diseased portion gradually became dead, spontaneously separated from the healthy flesh, and sloughed away, leaving a cavity, which soon healed, and the patient was well" (6-7). Though Philip never names the doctor, Douglas Wertheimer identified the doctor as Jesse Weldon Fell (6).[49] Dr. Fell was a fellow of the New York Academy of Medicine and published a book titled *A Treatise on Cancer, and Its Treatment* in 1857. Relying on some images and reports shared by Dr. Fell and a conversation with one of his current patients, Philip and Emily decided on this alternative treatment.

During treatment, Emily frequently traveled across London (from their home in Islington to the doctor's office in Pimlico) and used her commutes to share her faith and her tracts with her

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[49] For more information about Jesse Fell, see Croft.

fellow passengers. For Emily, sharing the gospel tracts and talking with other commuters provided her with a sense of religious community and a sense of purpose to distract her from the torturous pain of the treatments. Edmund describes his mother's actions thusly: "In those last months, she scarcely ever got into a railway carriage or an omnibus, without presently offering tracts to the persons sitting within reach of her, or endeavouring to begin a conversation with some one on the sufficiency of the Blood of Jesus to cleanse the human heart from sin" (62). Philip more graphically describes this early treatment: "One of the unguents employed was attended with pain, presently causing a gnawing or aching in the breast, which at time was scarcely supportable" (17-18). Though the tumor itself was not painful, the treatment certainly was, but Emily used her mission of sharing her faith with those around her to distract her from the pain and to construct a community of supporters.

After the treatments had hardly reduced the size of the tumor over the first five months, Dr. Fell advised a different course of treatment that would completely, but still not surgically, remove the tumor. This treatment required Emily to spend so much time near the doctor that she and her son Edmund moved to a lodging next door to the doctor's office in Pimlico. As Philip describes this move, he emphasizes the work of their seven-year-old son Edmund as Emily's "faithful companion and assiduous nurse throughout her trial" (28). From Edmund's perspective, the lodging in Pimlico was gloomy and lonely, and the months they passed there dragged on like years. During their stay in Pimlico, Edmund frequently read aloud to his ailing mother from the Bible, Benjamin Wills Newton's *Thoughts on the Apocalypse*, and James Hyslop's "The Cameronian's Dream." The selection of texts proves a factor in shaping Edmund's memory of the experience, and in the narrative, he lists the titles that indicate the nearly insupportable gloom of the religious life that surrounded him. He recalls adjusting and readjusting his mother's pillows to help her prop her body into a more comfortable position. Edmund describes his father's visits as infrequent, since Philip worked to pay for the expenses related to Emily's illness, and the loneliness of the months as his mother's nurse and companion. Not only is the responsibility of caring for his dying mother an enormous task for such a young child, but the darkness of these texts and the other religious discussions about life, death, and the afterlife assume a maturity beyond Edmund's seven years.

While they were at Pimlico, Fell's new treatment began with the application of nitric acid to burn through the layers of skin and flesh above the tumor. Then the doctor commenced a daily routine of scoring the breast with a scalpel deeper and deeper each time and administering a purple plaster over the open sores. Next, when the sores were deep enough, the doctor placed narrow strips of rag covered with the plaster into them. This process was incredibly painful for Emily; in fact, her pain was so severe that about an hour after each treatment she was unable to sit or lie down, so she paced about her small room until the pain became more manageable. As Philip explains, "Abatement of suffering…was the most she could look for; suffering never *ceased* from the beginning of the operation, till her spirit was freed from the worn-out body" (30). In such statements, Philip's own experience with breast cancer enters the narrative with descriptions of his wife's continued suffering and the eventual relief that only came through death.

After several weeks of this treatment, the scoring was about an inch and a quarter deep, and Dr. Fell switched to a different plaster intended to force the tumor to separate from the skin, which he applied until the tumor finally fell out of the cavity six weeks into this phase of the treatment. With the main tumor out of the way, Dr. Fell re-examined the area and discovered "a piece of the diseased flesh was left—a sort of offshoot of the tumor, in the bottom of the cavity"

(34). Continuing his examination, Dr. Fell found “that there was a large piece on the outer edge of the cavity, which, though he could not say it was actually cancerous, he deemed it prudent to take away” (35). With this news, Emily and Philip learned that the doctor planned to begin the whole scoring and plaster process again. After another month, the second tumor separated like the first, and again, Dr. Fell planned at least two more areas for continued treatment, explaining that cancer was spreading because it was in her blood. With this news, Philip and Emily decided to end the course of treatment, move Emily and Edmund back to the family home in Islington, and seek help from a homœpathic doctor. That doctor, John Epps, found Emily’s case to be hopeless but offered treatment to lessen her suffering.[50] Though this addressed the cancer in her breast, a condition in Emily’s lungs led to a worsening cough.

At this point, Philip notes, the family realized Emily was nearing her death. One of Philip’s cousins, Mrs. Morgan, left her family in Clifton and came to help nurse Emily. Edmund’s description of this time emphasizes the companionship he had provided for his mother in Pimlico, as he notes, “After our return to Islington, there was a complete change in my relation to my Mother. At Pimlico, I had been all-important, her only companion, her friend, her confidant. But now that she was at home again, people and things combined to separate me from her” (78). Edmund vividly describes the horror of watching his mother become increasingly ill, explaining how the situation appeared through his seven-year-old perspective and demonstrating the importance of community for the family as well as for the patient.

Though she expressed sadness over leaving her husband and son, Emily now focused on her expectation of the Christian afterlife and an eventual reunion with her family in heaven. Like Jane Taylor, Emily found hope through religious expectations of community in the afterlife.

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[50] In *The Life of Philip Henry Gosse*, Edmund Gosse provides John Epps’s name as the homœopathic doctor whose treatment gave his mother relief from her suffering (270). Edmund

Together, Philip and Emily prepared their home, family, and friends for Emily's death. Throughout the narration of her final days, Philip focuses on discussions of heavenly rewards, prayer, and scripture, including her last words about being ready for death through "the blood of the Lamb" (78) just before she fell into a deep sleep and eventually died on 10 February 1857. Philip explains her final moments: "A few minutes after this she fell into a heavy doze, breathing stertorously with laborious heaving and with opened mouth….Her eyes now became fixed, and she was evidently unconscious, in no way noticing anything we said or did, till, exactly at one o'clock, she breathed a long expiration, and ceased" (78-79). Emily's final words emphasize the importance of community and her hope for her family to be reunited in heaven: "I shall walk with Him in white; won't you take your lamb and walk with me?" (75).

For Emily Gosse, her husband and young son provided essential material support as she faced not only the cancer in her breast but also as she endured painful treatments that did not cure it. Emily found emotional strength through her Christian faith in the hope of a reunion with her loved ones in the afterlife and in her continued work to share her religious beliefs with those she encountered during her treatment. The hybrid narrative clearly illustrates the physical and emotional forms of support through the combination of voices. The portions of narrative by Philip and Edmund present their experiences with breast cancer and the physical support provided through the familial community, while the quotations from Emily herself illustrate the importance of the hope of an imagined or expected community in the Christian afterlife.

Annie Keary

Annie Keary, a novelist and writer of children's poetry, received the diagnosis of breast cancer on 2 March 1878. In *Memoir of Annie Keary,* Annie's sister, the poet Eliza Keary, marks

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later married one of Epps's nieces.

the specific date of the diagnosis with certainty but avoids any clarification of Annie's illness. Eliza first mentions her sister's illness at the conclusion of Part IV of the memoir:

> Before the buds of the rhododendron she speaks about in this letter flowered,—"the already fully-formed buds, next year's flowers, getting ready now,"—the whole aspect of the future was changed for Annie. A little anxiety about her health had been growing up all the winter, so slight that it scarcely seemed to forewarn danger; but unknown to herself, or to any one else, she was the victim of a disease from which recovery is very rare, and which had been secretly sapping her strength for some time. Only a little cloud on the horizon, and in one day the whole heaven was overcast. (219)

This passage presents the onset of the disease in terms of nature, including the impact of changing seasons on the flowers. Not only does Eliza describe the tumor in euphemistic terms, but she also appears to accept the diagnosis as a part of a natural cycle that ends in death. Eliza only hints at the nature of her illness, calling it "a disease from which recovery is very rare" as she avoids naming the tumor in Annie's breast. Throughout the text, neither the word *breast* nor the word *cancer* appears; however, the *Oxford Dictionary of National Biography* confirms that her death on 3 March 1879, almost exactly a year after the initial diagnosis, was from breast cancer.[51] This description demonstrates the hybridity of the narrative, as Eliza's experiences observing breast cancer are blended with Annie's experience as the patient. Eliza is certainly more reticent in describing her subject's breast cancer than Taylor and Gosse, though like Isaac Taylor, Eliza Keary observes the dual audience for the memoir of her sister. She notes in Part I that she hopes her text "would give pleasure to those who knew Annie Keary personally, as well

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[51] Even the *Orlando* database does not include her suffering from breast cancer. It is likely that the *DNB* entry discovered the cause of death from the death certificate cited.

as to those who have known her heretofore only through her works" (1). Eliza's purpose explains the reticent coverage of Annie's breast cancer: "the task before me is indeed rather to trace the growth of a character than to give the record of a life" (1). Eliza distances the memoir of her sister from biographies that present every intimate detail about the subject and focuses the coverage of the final year of her sister's life on her character during that time. This statement of purpose certainly echoes that of Isaac Taylor in the memoir of his sister and demonstrates the ways in which these editors mold the representation of the subject in hybrid forms of life writing in the same way that individuals shaped their own legacy in their diaries and journals. As is clear in this and the previous two examples, Christian beliefs of both editor and subject influence the purpose of the memoir to include the representation of the exemplary Christian facing death.

The following chapter begins with a specific description of the day of Annie's actual diagnosis: "Annie went out quite cheerfully on the morning of the 2nd of March 1878, with her sister and her friend Emelia, to take advice upon the symptom that had roused the indistinct fear mentioned above; before she turned to go home again her friend knew that she had only one year more to live; Annie knew too that a sentence of death had been passed upon her" (220). This description of the three women going to the doctor together demonstrates a sharp contrast to Eliza's reticence about naming the illness in print: though she does not write about the disease with any specific details, Eliza, Emelia, and Annie share the process of the diagnosis and later the treatment of cancer. Eliza describes the following few days during which Annie "heard the opinions of the doctors [and] prepared to undergo an unusually painful operation—the only one possible in her case—that she might give herself the chance of a prolonged life" (221). Annie's friend Emelia remained "with her during the whole of the long day of suffering on which the operation took place" and wrote a letter to a friend describing Annie's "look of calm and perfect peace" rather than any details of the actual situation.

The importance of community to Annie is apparent in the letters she writes "shortly after the operation, which appeared to have been fairly successful" (221-22). The excerpts of these letters chosen by Eliza for the memoir include appreciation of each friend's sympathy, religious encouragement, and requests for prayer and demonstrate the network of friends and "adopted nieces" with whom Annie corresponded (222-23). This final chapter alone, which details the final year of Annie's life, includes 17 letters to a total of 14 recipients (222-45), emphasizing the extent of Annie's social and support network. Like Jane Taylor, many of Annie's letters encouraged younger women in their faith. In one letter "to her little Katie" written shortly after her mastectomy, Annie writes of the importance of "us[ing] the years to come altogether in our blessed Savior's service" (222-3). Because she had been saved from death through the painful operation, Annie believed that she and Emily, who had faced a life-threatening illness the previous year, should focus their energies on religious duty in thanks to God. In this and many other letters throughout this time, Annie mentors and encourages a number of recipients on performing good deeds, remaining faithful, and treating others with kindness and generosity. Even with those she did not see often, Annie worked diligently to maintain a strong sense of community in her letters.

As Annie's life began to fade, she was confined in her home and found an added sense of community in her reading practices; as Eliza notes, "a book was always able to soothe her in pain, or amuse her in weariness" (235). In an effort to revive Annie with a more active community around her, Emelia came to stay with her friend once again:

> Then Emelia, whose companionship had strengthened Annie during the early period of her illness, and whom the stress of personal affliction had separated from her through the succeeding months, came to Eastbourne on purpose to be with her, took a house for herself and her friends, made it as homelike as she could for the invalid, and stayed there and helped her to bear the darkening days of that saddest year. (238)

This home—which appears to have included Emelia, Annie, and some friends—represents a communal space for a number of women supporting one another. The time in this environment clearly helps Annie in the recovery from surgery, as she writes to a god-daughter, "I really have made progress lately" (239) and to a friend in America, "I am on the whole better" (240). While Annie may be writing on a day when her symptoms were less debilitating, it is likely that at least some of the letters describing her improvement are a performance of the Christian woman enduring a painful illness with a positive attitude. Throughout her time living with Emelia and their other friends, Annie's letters continued to provide community beyond the others in the house. In December 1878, Annie wrote to her invalid sister-in-law much in the way that Jane Taylor wrote to Mrs. E. G., celebrating the community shared by two women corresponding by letters while facing similarly troubling illnesses. Annie explains, "I feel such fellowship with you in your sufferings. I feel we are one now in even a closer way than we ever could be while the 'grasshopper is a burden,' and each little thing, getting up and going to bed and eating, involves an effort hard to make" (244). For Annie, though, it was not only that her sister-in-law understood her suffering, but that she also found thoughts of the other women gave her strength: "I think of you when I am very weary; and the thought of all your sweetness and goodness, and of how you work and think of others in the midst of your pains, helps me to take courage" (244).

Such remarks demonstrate the importance of support communities in Annie's life. Even though she lived with friends, she continued to build community through her correspondence, which may have prepared her for the time that Emelia "once more…had to leave her friend, to part with her for ever in this world" (247). When Emelia was forced to leave Annie, Annie's beloved cousin Emily, a recipient of many of Annie's letters, came to stay with her.

In the presentation of Annie's life in the year between her diagnosis and her death, the memoir emphasizes the number of friends who remained an important part of Annie's experience with breast cancer. As an unmarried woman, Annie relied on intimate religious friendships for support through the suffering. Based on the narration in the memoir, all of these friends were women whom Annie generally addressed in familial terms. Additionally, this memoir indicates the close relationship between Annie and her sister Eliza, who prepared the book. In the chapter detailing Annie's final year, Eliza inserts clarifying narration between the excerpts from Annie's letters, beginning with the description of the initial discovery of the tumor and continuing through the official diagnosis and the time spent with friends before Annie's death. Without close contact with Annie, it is unlikely that Eliza would have such extensive detail about the day-to-day life of her dying sister. Eliza works toward her purpose of presenting "the growth of a character" (1) through these clarifying insertions and the selection of which letters and excerpts to include. Though Annie Keary had a wide circle of friends in this final year, she relied on all of them in various ways and maintained close connections with each person through either personal interaction or regular correspondence.

Ellen O'Leary

Just over ten years after Keary's death, Ellen O'Leary died from breast cancer on 16 October 1889. Like the other women discussed above, O'Leary surrounded herself with close friends and family in the final years of her life; however, O'Leary's friends included those of both sexes, unlike Taylor's and Keary's female support networks. The social groups surrounding O'Leary throughout her life came from two sometimes overlapping groups: the young Irish literary circle, which included figures like W.B. Yeats, and members of the Fenian Society (also called the Irish Republican Brotherhood), for whom O'Leary worked in the 1860s. Though there is no book-length memoir of O'Leary, several essays and excerpts from the memoirs of others illustrate her situation in her final years, the community of family and friends that supported her, and the reticence of the essays about her life and final years.

In the introductory essay for Ellen O'Leary's book of poems *Lays of Country, Home and Friends*, T. W. Rolleston focuses on O'Leary's involvement with the Fenian Society.[52] Ellen O'Leary became involved with the group through "the influence which the powerful personality of her brother John…exercise[d] upon [his sister]" (xii). Because of her involvement with the Fenian leaders, O'Leary's poetry frequently appeared in their periodical, *The Irish People*.[53] Over time, she became a valuable member of the organization, completing a number of missions while her brother was in prison for his role as Editor of *The Irish People*. Eventually she was the only woman informed of the planned escape of Fenian leader James Stephens.[54] Rolleston's

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[52] In this "Introduction," Rolleston quotes from "an unpublished memoir of Miss O'Leary's." I have been unable to locate this source in my research thus far.

[53] Rolleston describes this periodical as having "a large circulation in Ireland, and the courage, high principle, and patriotic spirit with which it was written made its educational influence very valuable. Its policy was frankly revolutionary; Ireland's hope was placed in an appeal to arms" (xiii-xiv).

[54] The *Oxford Dictionary of National Biography* entry for Stephens explains that his political work begun in the 1840s led in the 1860s to his arrest and escape: "An American tour from March to August 1864 was a great propaganda and fund-raising success but led Stephens into promising a rising in Ireland (with Irish American help) by the end of 1865. Evidence of this

biographical sketch concludes with the reunion of the O'Leary siblings after John's release from prison in 1885 and their life at home together in Dublin. Rolleston notes that he "did not expect to have the sorrow of recording [her death] when this brief notice was begun" (xxiii) and remembers O'Leary for "the sincerity and sweetness of her character, as well as her poetic gifts, [which] endeared her to a host of friends upon whom she exercised [her] uplifting influence" (xxiv). The "host of friends" to which Rolleston refers clearly includes those of both sexes who were also involved with the Fenian Society.

O'Leary's importance in a literary circle is apparent in her appearance throughout W. B. Yeats's letters to Irish writer Katharine Tynan. He never mentions Ellen O'Leary's illness, even though he writes about her and potential advertising as late as 10 October 1889, just six days before her death. Yeats's next letter to Tynan, dated 23 October 1889, focuses on hearing about O'Leary's death and describes John O'Leary's reaction:

> Last week O'Leary wrote to me from Paris saying 'a horrible calamity has come and the light of my life has gone out.' He said nothing more definite. On Sunday and yesterday I saw him (he came Saturday from Paris). He gave me Miss O'Leary's proofsheets, saying that she had wished me to correct them. He is evidently grieving very much. He makes constant indirect allusions to his trouble but says nothing definite. (103)

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intention moved the Irish administration to arrest the leading figures in Stephens's movement (by then known as the Fenians) in September 1865. Stephens himself evaded arrest until 11 November 1865. Having been lodged in Dublin's Richmond prison on a charge of high treason, he escaped on the night of 23 November and subsequently made his way by Britain and France to America, where he declared that 1866 would be the 'year of action'. When in mid-December 1866 he announced another postponement of action, Stephens was cast aside by militant Irish Americans who went ahead to precipitate the ill-fated rising of March 1867 in Ireland. Fenian organization in Ireland was subsequently rescued from confusion by the emergence of a ruling body, the supreme council, whose creators were vehemently critical of the Stephens autocracy" (Comerford).

John O'Leary's oral avoidance of the topic of his sister's death likely reflects a similar silence on the subject of her breast cancer. The siblings remained especially close, both remaining unmarried and living together from the time of John's release from jail in 1885 until Ellen's death in 1889. Though Ellen O'Leary had several close female friends during these final years, including Tynan and Irish writer Rose Kavanagh, none of them mentioned Ellen's breast cancer or mastectomy during her lifetime. Certainly their silence in the months immediately before Ellen's death was because no one realized that the breast cancer returned as Tynan explains in "A Fenian's Sister," but even in her earlier experience with breast cancer, Ellen's friends and brother remained reticent and never mentioned the illness in print.

Another member of the group, Jessie Tulloch, published "Some Recollections of Ellen O'Leary" in a 1911 issue of *Irish Monthly*. An introductory section, likely composed by one of the editors, observes that because Ellen was a contributor to *Irish Monthly* during her lifetime, "it is strange that no memorial notes were set down here after her death" (456). With the memorial essay appearing over 20 years after Ellen's death, the introduction begins with correspondence from just shortly after she died in 1889. In response to a letter from the editors of *Irish Monthly*, John O'Leary writes of his grief, which is mixed with "remorse to think that I was away from her all these months" (qtd. on 456). John finds consolation in his absence at the time of Ellen's death and funeral as he "was at least trying to serve Ireland," recognizing "that it was a great mercy to me" (qtd. on 456). As John concludes the letter, he refuses to provide details about his sister's illness and death and offers to "ask Miss Tulloch to write something for [*Irish Monthly*]" (qtd. on 456). In her essay, Jessie Tulloch respects John's reticence in discussing his sister's illness and describes Ellen's breast cancer only by saying that Ellen endured "her painful illness with a brave woman's courage and a holy woman's resignation" (461). Even two decades after Ellen's death, those who remembered her chose not to share the details of her illness and kept the memory of her bravery and faith through breast cancer, a mastectomy, and death within a closed community.

As one of Ellen's close friends, the younger and admiring writer Katharine Tynan wrote "A Fenian's Sister" about Ellen O'Leary for the 19 May 1894 issue of *The Speaker* and also demonstrates reticence in describing her illness. In the essay, Tynan provides a history of the O'Leary siblings, focusing on Ellen as a dear friend: "This friend of mine—for I was deeply honoured by her friendship—what a contrast her strength was to the would-be strong women who would mend all the world but themselves and begin the work by shattering our old tender faiths and ideals" (554).[55] This memoir describes the large social circle of younger Irish writers that spent time in their home: "The two [Ellen and John] set up house, and attracted to them especially the young. It was a little knot of young people, working out their poems and stories, and well satisfied to have this brother and sister as their centre….She made friends of young men and young women" (555). Like Keary, Ellen O'Leary maintained a number of younger friends who seemed to admire her for her literary talent, political commitments, and religious devotion; however, this description of the O'Leary home illustrates the inclusion of both men and women in Ellen's social circle, which resulted from the close relationship between the O'Leary siblings. Expanding the community to include both men and women likely influenced ways the group discussed Ellen's illness, encouraging a sense of reticence based on the expectations of propriety. Essentially, the situation reflects that of Annie Keary in the way that knowledge of her illness

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[55] Though Tynan's language here is interestingly anti-feminist, the description of O'Leary, whom Tynan deeply respected, simply addresses a uniqueness in O'Leary's dedication to the causes of the Irish.

indicates narratives in oral forms, but inclusion of men in Ellen's community likely shaped the oral narratives as it shaped the written accounts.

Tynan continues to praise the strength and purity of her dear friend before she comes to Ellen's death in 1889 and prepares for the final moment by announcing it as "an old malady returned," which was "one for which [Ellen] had endured a terrible operation some years before, her crucifix in her hand, and calmly conscious, for she had refused anesthetics" (555). The return of breast cancer was clearly a surprise; as Tynan explains, "Most happily she died without pain, almost without warning, in the house of a niece, to whose Southern home she had gone for a change of air" (555). Tynan clearly knows about O'Leary's breast cancer, mastectomy, and the reappearance of the cancer that eventually killed her but chooses the same reticence as John and of Ellen's other friends. She concludes quickly after this narrative of O'Leary's death by returning to the importance of her friendship with both John and Ellen O'Leary: "For them, and such as them, one thanks God humbly as for knowledge and friendship vouchsafed of His noblest creatures" (556). Though she ends "A Fenian's Sister" with this uplifting comment on friendship, Tynan's connection with and respect for Ellen O'Leary meant that her death devastated Tynan and the other young writers in their circle.

These memorials by Rolletson, Tulloch, and Tynan illustrate the importance of the community of Irish writers and the close relationships that developed among the group's members. Though none of the narratives about Ellen and her final illness provide specific details on the way the group supported her, the closeness of the group and the fact that its members knew about Ellen's breast cancer and mastectomy indicate the existence of an active support network that has remained hidden from scholars and historians. The invisibility of this support results from the sense of reticence that intensified in the mixed-gender audiences, and accordingly, we must assume the existence of orally shared, perhaps whispered, breast cancer narratives circulating within the community. Though a mixed-gender group explains why there is less overt discussion about the support of friends, Tynan's knowledge of the details about O'Leary's operation and Yeats's letter to her expecting she would have immediate news of O'Leary's death indicate familiarity with the O'Leary siblings throughout Ellen's battle with cancer.

Christina Rossetti

While Keary and O'Leary both received support from large circles of friends who at times lived with the women, Christina Rossetti became famous for her seclusion. Like Keary, Rossetti was close to her sister Maria, who served in the Anglican sisterhood, and the other women in her family; and like O'Leary, she became involved in a literary circle, the Pre-Raphaelite Brotherhood, through her brothers. Despite the potential for social networks, Rossetti spent much of her time isolated within her home, caring for her aging mother and aunts, much as Taylor cared for her family. With only her brother William Michael Rossetti and his family still living during her diagnosis, operation, and treatment, Rossetti remained virtually alone, except for the companionship of a nurse who had served the family for many years. She received visits from several younger admiring writers, but Rossetti developed friendships with only two, Lisa Wilson and Katharine Tynan. Despite her seclusion, Rossetti faced breast cancer with the support of a community through William Michael's family and through correspondence with several friends.

After Christina Rossetti's death from breast cancer on 29 December 1894, her brother William Michael prepared a memorial volume of her poetry, which includes an introductory "Memoir" that resembles the memoirs prepared for Keary and O'Leary. He too mentions the initial visit to the doctor "towards the close of 1891" (lviii) but states the actual diagnosis: "the case was one of cancer—a word which had always been pronounced in the family with a certain shrinking. Christina took the announcement most bravely" (lix). William Michael continues with Christina's mastectomy: "In May 1892 an operation of a very severe kind was performed by the distinguished surgeon Mr. Lawson—skillfully and successfully performed. After rallying from the shock to the system, Christina went on in comparative ease for some months, although it was too clearly foreseen that the malady would return" (lix). Like Eliza Keary's explanation of Annie's operation for breast cancer and Katharine Tynan's description of O'Leary's surgery, this description remains quite vague.[56] Though William Michael does name the diagnosis as cancer, he is reticent about mentioning the location of the tumor and including any graphic details about the operation. In all three women's situations, the operation is clearly serious—described as "unusually painful" for Keary, "terrible" for O'Leary, and "very severe" for Rossetti—but the biographers maintain the propriety necessitated in publicly describing the situation, insisting on the privacy of both the body and the individual.

Rossetti maintained privacy during her illness. As Diane D'Amico suggests in "Christina Rossetti's Breast Cancer: 'Another Matter, Painful to Dwell Upon,'" she withheld information from her own brother and refused to name her illness in writing:

> Rossetti did not tell William of finding lumps in her breast until she was told she might need surgery. She may not have wanted to burden her brother with her health concerns since his wife was seriously ill, suffering from tuberculosis (Lucy died in April of 1894). Yet, there are signs that Rossetti and her immediate family felt a need for reticence, at least at first. In a 24 May letter to her friend Margaret

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[56] Though William Michael Rossetti's description of his sister's cancer remains somewhat vague, he certainly provides a more direct explanation of her illness. This may result from the gender dynamics in this situation, but it also may relate to the fact that his account was written

> Sadler, Rossetti mentions a ‘serious operation’ but does not provide any details: ‘If and when we meet again I can tell you more: at present all is in strict confidence’ (*Letters* 4:281). (33)

This choice of silence in written letters but the ability to share the situation in oral discourse clearly illustrates the way oral narratives are reflected in written texts as described in the opening of this chapter. In many ways, Rossetti’s experience reflected that of Ellen O’Leary in the sense of reticence in the letters and in the way she protected her brother from the illness she faced. As in publications of the same period, which often avoided attaching a woman’s name to the details of her illness, Rossetti chose to withhold her name when requesting prayers in her parish magazine (D’Amico 33-34). Like many other women in this chapter and chapter three, Rossetti protected those around her from the shock of the initial diagnosis.

Like Keary, Christina Rossetti had a close friend by her side during her suffering. In his *Some Reminiscences of William Michael Rossetti* (1906), Christina’s brother mentions this companion: “In these painful years one of the friends whom Christina saw with the most satisfaction was Miss Lisa Wilson; a lady accomplished in verse and sketching, who had been drawn to my sister by her poetry, and viewed her with deep affection and reverential regard” (526). He similarly described Wilson as a friend “who saw my sister most frequently and affectionately in her closing years” (qtd. in Marsh 538). A 10 August 1895 letter from Wilson to William Michael confirms her long friendship and intimate contact with Christina:

> Our first meeting after some years of correspondence, was in May 1885. After which, you will not wonder that my admiration and love deepened every time I was with her. Such a friendship is only possible once in a lifetime, and I find the

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later than the narratives about Keary and O’Leary. Later in the nineteenth century, such candor was more common regarding sexuality and physiology.

> silence now between us very hard to bear….The little book I gave her in ’92. I had meant it to be much longer, but after her operation, I hastily collected the leaves I had finished, and had them bound for her. (Wilson)

The relationship between the two women is remarkable because of Rossetti’s famous seclusion, especially in her final years. Wilson was clearly one of very few people who knew intimate details about Rossetti’s illness and regularly visited during her illness, which demonstrates Rossetti’s selectiveness in the small group of friends with whom she faced breast cancer.

During these years near the end of Rossetti’s life, which also happened to be shortly after the publication of “A Fenian’s Sister” about Ellen O’Leary, Katharine Tynan visited Rossetti to gather material for an essay for *The Bookman*.[57] Tynan admired Christina Rossetti enough to dedicate her first volume of verse to the older poet, though unlike her relationship with Ellen O’Leary, Tynan appears to have viewed Rossetti more as a mentor than a friend. Their correspondence began when Rossetti responded in a letter on 19 August 1885 to Tynan’s dedication and gift of her first volume of poetry *Louise de la Vallière and Other Poems*. From then on, it appears the pair regularly corresponded about their work and lives.[58] By the time of Rossetti’s 29 December 1891 holiday letter to Tynan, the women seem to have already met, and Rossetti includes references to a mutual friend and family members of both women. Then, in 1893, Tynan approached Rossetti with a request to write an essay about her, to which Rossetti replied in a 14 September 1893 letter:

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[57] Tynan’s admiration of both women appears in her memoir *Twenty-Five Years: Reminiscences*. In a passage about Ellen O’Leary, Tynan compares her appearance with that of Christina Rossetti: “The sober lace cap of elderliness, above [Ellen’s] richly tinted aquiline face and the abundant dark hair, became her like a crown. By the way, her large eyelids and the serene width between her brows made her so far resemble Christina Rossetti. The rest of her face was more dominant, far more robust, and of the open air” (222).

[58] Currently, I have access only to Rossetti’s side of the correspondence, so the conclusions about their relationship are based on those letters written to and about Tynan.

> Do come and see me,—only please do not "interview" me. I own I feel this modern fashion highly distasteful, and am tenacious of my obscurity. Not, of course, that I have aught to say against my friends (or foes: only I trust I have none) writing whatever they please about me, only I cannot lay myself out for the purpose. So far do I carry this that I would very much rather not see your article before publication. I am very much of an invalid now and expect to remain so permanently, and this seaside holiday was taken for health's sake. In the course of next week I trust to be at home again, all the better for the change yet not improved beyond a certain point.

Rossetti seems to consider Tynan a friend by this time, opening with congratulations on Tynan's recent marriage. For her part, Tynan respects Rossetti's wishes, and her December 1893 essay in *The Bookman* is titled "The Poetry of Christina Rossetti" and focuses on Rossetti's work rather than the interview or meeting.

After Rossetti's 29 December 1894 death, Tynan published another essay on Rossetti titled "Some Reminiscences of Christina Rossetti" for the February 1895 issue of *The Bookman*. In this piece, Tynan recounts her personal visits to the Rossetti family, including the visit discussed in the September 1893 letter. During the visits, mostly in the late 1880s, Rossetti and Tynan discuss poetry by Sarah Piatt and Alice Meynell before Rossetti discovers that Tynan has never read Elizabeth Gaskell's *Cranford*:

> She was especially fond of 'Cranford,' and when she found I had not read it she pressed upon me her own copy, an old one bound in the original brown cloth, and with an inscription 'from her affectionate uncle G. Polidori.' I remember how she sat running over the chapters and laughing here and there at bits she knew well

> and loved. I carried off on that or some other evening not only this very precious 'Cranford,' but also Miss Rossetti's umbrella, for it came on to rain suddenly. (141)

In this and the other accounts of her time with Rossetti, Tynan presents their relationship more as one of the older woman writer mentoring the younger. As she describes the need to borrow Rossetti's umbrella, Tynan expresses uncertainty about whether this was the same visit or not, indicating the fact that she visited Rossetti with some frequency. In concluding the essay with a description of that final visit "in the autumn of 1893," Tynan recalls their conversation in which Rossetti "talked with her old kindly human interest in my affairs" (141-42) that likely included Tynan's recent marriage. Because of Rossetti's apparent discomfort with being interviewed, Tynan promises to write nothing. As they part, though, Rossetti gives Tynan permission to write it after her death, saying, "Thank you for giving up the idea of writing about me. When I am gone will be time enough" (142). Though Tynan never calls Rossetti a friend in the essays as she did in those about Ellen O'Leary, her admiration for and connection to the elder poet is apparent throughout.

As the memoirs by both William Michael Rossetti and Katharine Tynan indicate, Christina Rossetti remained much more secluded than either Keary or O'Leary. This is especially apparent in Tynan's avoidance of the word "friend" in the essays on Rossetti, though she used it freely to describe a relationship with O'Leary as another older woman writer. Rossetti's solitude in life and secrecy about her illness extended even to her only surviving brother. Regardless of her desire for solitude, though, Rossetti continued to rely on others: Lisa Wilson visited often, and the two women wrote intimate poems to one another; Katharine Tynan corresponded with Rossetti and visited her several times during Rossetti's illness. The fact that both visitors were younger women writers illuminates Rossetti's choice of visitors in her final years, as she clearly mentored Wilson and Tynan. This presentation of Rossetti's illness in print indicates the existence of a support network at odds with the isolation for which Rossetti is so famous. Studying the intersections of illness and friendship in the various forms of life writing highlights the sociability of a woman assumed to be consistently reclusive and emphasizes the importance of a network of support, regardless of size, in the face of breast cancer.

Conclusion

In the experiences of these five women, communities of family and friends provided essential support during their experiences with breast cancer. Though all five women eventually died from cancer, each received comfort from her community as she suffered a combination of pain and uncertainty with the illness. They did not have access to breast cancer support groups of the twentieth and twenty-first centuries, but the women created their own support groups through interactions with their loved ones in person and in letters. Even in the case of more reclusive women like Christina Rossetti, the need for community is evident. In each of the memoirs published after the woman's death, the networks of support that each woman developed overshadow the often-reticent coverage of breast cancer and present a sense of fighting illness through community that appears throughout recent narratives of the illness.

While the reticence takes a variety of forms in the published texts, these narratives and memoirs also indicate much less reserve in oral narratives of the illness. The biographers and a number of friends and relatives all clearly know of the illness and treatment of the women subjects. This hybrid life writing also complicates the narratives of women patients in chapter three by showing the need for support in the face of such an illness. Though women of chapter three chose silence or reticence at strategic moments in their battles with breast cancer, none of them were able to maintain that silence as their conditions worsened and they approached death. As a genre, the hybrid forms of life writing that combine the voices of the women patients and their loved ones highlight the importance of community in facing illness and revise our current histories of breast cancer narratives and nineteenth-century women's experiences to demonstrate the existence of such support systems long before the more well-known breast cancer communities of the past decade.

CHAPTER FIVE: FICTION

Fictionalized portrayals of breast cancer have permeated popular culture in the past few decades as part of a larger breast cancer awareness movement. Viewers learned about breast cancer through television characters like Brenda Walsh, Murphy Brown, and Samantha Jones. In an episode of *Beverly Hills, 90210*, in 1991, viewers watched three teenaged female characters performing self-breast exams during which Brenda Walsh finds a lump in her breast and undergoes a biopsy that shows the lump is not cancerous ("It's Only a Test"). A few years later, the titular character of *Murphy Brown* faced breast cancer, a mastectomy, a decision about prosthetic breasts, and chemotherapy. Then, in the final episodes of *Sex and the City* in early 2004, one of the central characters, Samantha Jones, was diagnosed, faced chemotherapy, and shared the side effects of treatment while speaking at a cancer benefit dinner. All of these characters raised awareness about the realities of breast cancer and in the process taught many women about the importance of breast self-exams and mammograms. Though they were fictional characters, these women have been for the general public what real women who have faced breast cancer, like Rose Kushner, Susan Sontag, and Audre Lorde, have been to the feminist community.

Still, a number of feminist analysts have raised concerns about such popular culture representations of breast cancer. As Barbara Ehrenreich explains, "In the mainstream of breast-cancer culture, one finds very little anger, no mentions of possible environmental causes, few complaints about the fact that, in all but the more advanced, metastasized cases, it is the 'treatments,' not the disease that cause illness and pain" (qtd. in DeShazer 4). Indeed, of the examples discussed above, the lack of anger is notable. Particularly for Samantha Jones, it is the side effects of chemotherapy that inspire her removal of her wig and outburst about the symptoms she faces, exclaiming as she sweats through a hot flash, “It’s bad enough I lose my hair, and now I have my face running down my couture. Oh, to hell with it!” Then, Samantha removes her wig, inspiring other breast cancer survivors in the room to do the same (“An American Girl in Paris: Part Une”).[59] Perhaps a more realistic portrayal came in the character of Sybil Stone in the 2005 film *The Family Stone*. Sybil is the family’s matriarch, and her breast cancer becomes a proverbial elephant in the room throughout the family’s Christmas celebration. Once the entire family discovers that her breast cancer is no longer in remission, the otherwise romantic comedy takes a serious turn. As the film concludes with a brief glimpse of the following Christmas, it is clear that Sybil has died in the previous year, and the realities of breast cancer and deep sorrow of loss are apparent. In many ways, Sybil’s character appears to be a very realistic one as she shields her adult children from the truth about her cancer, hoping to maintain a lighter mood during the holidays.

In her discussion of mainstream novels about breast cancer, Mary K. DeShazer explains, “mainstream cancer fiction of the past ten years employs ultrafeminine and, at times, infantilizing themes to forge an updated version of the nineteenth-century domestic novel” (138). This model, as DeShazer argues, “glorifies the dying heroine, who becomes of necessity increasingly passive” (138). As the twenty-first century examples recreate nineteenth-century versions, the romance plot is also adapted, “privileg[ing] idealized love between a dying woman and the female supporters that surround her bedside” (138). While this model is certainly apparent in the fictional representations from twenty-first-century books, television shows, and films, the same models appear in nineteenth-century novels that incorporate breast cancer into

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[59] The portrayal of breast cancer in *Sex and the City* has recently received criticism because, in the 2010 *Sex and the City 2* film, Samantha discusses hormone therapy during menopause that, in reality, could increase her chances of a recurrence of breast cancer. Courtney Bugler,

the plot, and as with the narratives in each of the previous chapters, nineteenth-century fiction about breast cancer offers a precedent, and sometimes a source, for what we consider twentieth-century models of representation.

This turn to fiction represents a departure from the nonfiction genres of the previous three chapters, and it is important to note that I believe these fictional representations of breast cancer are equally as important as those in chapters two, three, and four. Indeed, like the mid-nineteenth-century fiction of social reform that took "as its subject-matter large-scale problems in contemporary British society" (Guy 3), the novels about breast cancer addressed the illness, treatments for it, and attitudes and anxieties about it that appear in the nonfiction of earlier chapters. The imbalance between fiction and nonfiction in this project results from the fact that very few novels or short stories incorporated breast cancer into the plot, and most that mention the illness only do so in passing.[60] Just as in the texts in the rest of this project, I have selected fictional works that clearly focus on the topic of breast cancer as one of importance. Of the four texts that appear in this discussion, two include a misdiagnosis of breast cancer, which means that my extensive research on the topic has uncovered only two fictional texts that include a woman actually facing breast cancer and a mastectomy. That alone is quite remarkable, but it becomes more so because both of the women patients who have breast cancer are from the working class. This issue of social class and medical treatment is relevant not only in the experiences of breast cancer in the nineteenth century, but also it is central to current medical debates about who has access to the latest advances in medical treatments and therapies. Before

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Executive Director of the Young Survival Coalition, explains, "It drives me crazy that some woman out there might think this is OK" (Cohen).

[60] Some of these texts that briefly mention breast cancer include Olive Schreiner's *The Story of an African Farm* (1883), Laura Ormiston Chant's *Sellcuts' Manager* (1899), and Ouida's *Moths: A Novel* (1906).

discussing the fictional representations of breast cancer in detail, I address the issues of social class, friendship and support, and illness as they appear in nineteenth-century fiction and culture.

Friendship, Class, and Illness in Nineteenth-Century Fiction

As in the genres discussed in earlier chapters, the relationships between the woman patient and her family and friends play a vital role in the fictional portrayal of breast cancer. Sharon Marcus explains in *Between Women: Friendship, Desire, and Marriage* that women's friendships are as significant in fiction as the more frequently discussed marriage plot in these novels; in fact, these friendships often lead to the heterosexual marriage that concludes many Victorian novels (75). In fiction, "the plot of female amity" appears as a complement to the marriage plot and includes a close friendship between the women early in the text, which remains almost constant, and at least one of the friends "help[s] her [friend] to realize her marriage plot" (82). Marcus notes, "By helping each other marry, friends expressed their love for one another in a world that valued female friendship but deemed marriage the most important tie a woman could forge with another adult" (71). As a plot device in the Victorian novel, friendship "generates plot but is not its primary agent, subject, or object" (71). Indeed, two of the novels discussed in this chapter contain traditional marriage plots, but the subject of breast cancer is inextricably linked to the young woman who finds her husband and the older friend who faces breast cancer. For the other two texts, the lower social class of the women with breast cancer impacts their ability to maintain friendships. As Marcus explains about class and friendships in lifewriting, women of the upper class used friendships as a connection to "elite social networks," and middle class women were "most prone to emphasize friendship as a matter of sheer emotion" (69). Both of these groups had the leisure to develop close friendships with other women, but those of the working class "wrote of friendships primarily in the context of the search for work and shelter, and their memoirs mostly failed to single friendship out as a category" (69). This model translates into the fictional texts that address breast cancer, and the women who do not have close friendships must rely instead on family and the kindness of the local community for the support needed to face breast cancer. This lack of leisure can also explain why life writing by working class women with breast cancer is largely absent. We see their experiences, instead, through two of the fictional representations discussed in this chapter.

Social class not only impacted the friendships and social support for women facing breast cancer, but it also led to different experiences with medical treatment. Regarding class and medicine more broadly, Mary Wilson Carpenter describes the differences between bedside medicine used by the wealthy and hospital medicine—and the corresponding increase in risk of infection—as the only option for the poor (25). Class differences accounted for extreme disparity in access to and quality of medical treatment, as the more qualified "physicians…catered to the wealthy" (26). Those in the lower class had little choice about which doctor they saw or where they were treated, as the cost of a physician visiting the home was prohibitively high. In the texts discussed in this chapter, the class divide is clear; the only option for both of the lower class women was to seek treatment away from the home in a hospital. Wilson Carpenter cites a study by nineteenth-century physician William Turnbull about the financial issues associated with medical treatment: "as the poor are unable to afford medical advice, they often are driven into debt by sickness, and from there into 'a sort of moral despair' which deprives them of independence of spirit" (31). Turnbull's argument is one in support of hospital treatment in order to keep poor patients out of debt so that they do not need financial support from the parish, but his statement is a clear indicator of the prohibitive costs of medical treatment for many of the working class.

In addition to marriage, friendship, and class, illness is an important subject in nineteenth-century fiction, for as Miriam Bailin observes, "There is scarcely a Victorian fictional narrative without its ailing protagonist, its depiction of a sojourn in the sickroom" (5). Arguably, this observation is applicable to the fiction of the long nineteenth century, as Romantic era literature of sensibility relies on the physical reactions—whether pain, illness, or stereotypical fainting spells—as evidence of the sensibility of its characters.[61] This prevalence of illness connects the discussions of nonfiction in previous chapters with fiction in the present chapter because the same social contexts of the period informed both genres. In *Strange Cases,* Jason Tougaw addresses the overlap of genres, focusing in particular on fiction and the medical case study. Tougaw observes that the genres of the case history and the novel "share subject matter—suffering protagonists—but more significantly, they appeal to readers by appearing to engage in, but ultimately also providing a respite from, the classification, system making, and categorization that the science, moral philosophy, and education of the period stressed" (2). Indeed, the fictional texts discussed in this chapter connect the realities of breast cancer with usual plot devices for Victorian literature, but they refrain from extensive medical jargon found in the medical texts discussed in chapter two. This coverage of medical issues with minimal scientific language is echoed in the more recent fictional representations of breast cancer in television and film, which provide enough information to raise awareness about the illness but not so much as to detract from the popular interest in the show or movie. Additionally, Tougaw argues that in both the novel and the case history, "The physical and emotional trauma of the subject becomes a rhetorical bid for the sympathy of the observer and produces a model of reading in which diagnosis and sympathy are both fundamental to interpretation" (13). In this

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[61] Elizabeth A. Dolan offers a useful discussion of the connections among sensibility literature, women's writing, and illness through the eighteenth and early-nineteenth centuries in the first

construction, the reader becomes both diagnostician and sympathizer, which leads the reader to identify with the narrating subject as well as the object of narration (13). This is particularly true for many readers of *Belinda* in their reactions to Lady Delacour, whose coquettish and irresponsible behavior is often less than sympathetic. Not only do many readers identify with Belinda's evaluation of Lady Delacour's situation and need to consult a qualified doctor, but they also do so with Lady Delacour's fear of a mastectomy. This overlap between novels and case histories is also an important reminder of the role of the reader in any text, regardless of genre, that represents patients and their medical treatments.

In this chapter, I analyze the impact of friendship, class, and illness on four fictional texts that address the issue of breast cancer in depth and incorporate the illness, its psychological effects, and the patient's treatment into the plot.[62] I begin in 1801 with Maria Edgeworth's *Belinda*, which includes one of the most well known breast cancer cases in literature. From there, I consider "Rab and His Friends," a mid-century tale written by a Scottish physician—and the only example in this chapter written by a man—based on a real case of breast cancer he treated. From the end of the nineteenth century, I discuss "Willie," a short story by Katharine Tynan. Finally, I draw an example from the early twentieth century in another text by Katharine Tynan, published in 1922 and titled *The House on the Bogs*.

Fiction is an important genre for the discussion of breast cancer because it can address important real issues behind the veil of literature. As Deepika Bahri argues, "In the absence of direct testimony, fictionalized and second-hand accounts have attempted to capture the elusive experiences of women during…turbulent time[s]" (218). In each of the texts discussed in this

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chapter of *Seeing Suffering in Women's Literature of the Romantic Era*.

[62] Excluded from this discussion are brief mentions of the illness as in Olive Schreiner's *The Story of an African Farm*, in which Tant' Sannie explains that she and Piet Vander Walt are

chapter, the author raises important issues in the medical treatment of women, their susceptibility to quack medicine, the uncertainties and pain that women with breast cancer endured, and the way class dictated the level of treatment a patient received. The reticence of the life writing in chapters three and four vanishes in the fictional representations of the illness. In these novels, diseased breasts are bared, treatments are described in explicit detail, and the issues of class and gender in medical treatment are explicit. Still, as fiction, the texts rely on a protagonist/antagonist construction and focus on conflict to drive the plot. One key conflict in each of these texts is between the woman patient and disease within her breast. In many ways, this conflict is like that between the heroic doctor and the incurable illness, which appeared in the medical texts of chapter two, but the fictional versions tend to cast the woman patient, rather than the doctor, as the protagonist. In both the medical and fictional texts, the conflict often is described in violent terms, much like the presentation of breast cancer today. Doctors and patients both battle the illness, while the pain that attacks the woman shoots or cuts like an arrow or a knife.

It is impossible to consider these texts—as the only four in British fiction from the period that offer an in-depth representation of breast cancer—without considering the fact that all are written by Celtic authors (two Irish and one Scottish) and are set outside of England. In the genre of the national allegory, to which Edgeworth and Tynan contributed important texts, the Celtic figure played a feminine role to the masculinity of England. Here, the women characters are central figures in their battles against the breast cancer that threatens to kill them. Importantly, the initial publication of the three Irish texts corresponds with significant dates in the conflict between Great Britain and Ireland. In 1801, the year Belinda was published, the Act of Union

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related through his aunt Selena and that aunt Selena's cousin “had the cancer cut out of her breast” (197).

went into effect. The 1898 publication of "Willie" corresponds with the centenary of the 1798 rebellion. Finally, *The House on the Bogs* was published in 1922, the same year as the establishment of the Irish Free State and the beginning of the Irish Civil War, which extends the allegorical national tale to parallel the heroine's coming of age in the novel. In each of these three fictional texts, the battle between the woman patient and the cancer attacking her body can allegorically represent the treatment of Ireland by England.

In addition to this allegorical reading, two aspects, in particular, connect these four fictional representations of breast cancer with nonfictional texts discussed in previous chapters and link the representations of friendship, class, and illness. First, the relationships between the women patients and their family and friends, which also appeared in chapters three and four, continue in these narratives, as each of the women facing breast cancer relies on supporters in the form of female friends, male relatives, the local community, and in one case, a pet dog. Secondly, the fictional texts present certain realities of breast cancer and medical treatment for readers who, more than likely, did not read the medical texts discussed in chapter two. These two connecting strands of illness and friendship appear in the more recent accounts as well, with fictional portrayals working to raise awareness and emphasize the importance of support in the fight against breast cancer. The parallels between the accounts separated by more than a century demonstrate the ways that nineteenth-century experiences with breast cancer lay the foundations for conventions in more recent narratives and emphasize my argument for the relevance of nineteenth-century breast cancer narratives today.

Maria Edgeworth's *Belinda*

Like Fanny Burney's 1811 mastectomy letter discussed in chapter two, Maria Edgeworth's novel *Belinda* is one of the most widely known representations of breast cancer in the nineteenth century, and many scholars have speculated about symbolic meanings for Lady Delacour's breast cancer scare.[63] Instead of adding another metaphorical reading of breast cancer in the novel, I focus on the text as a representation of certain realities about the illness in the nineteenth century, particularly embarrassment about breast cancer, the potential for misdiagnosis, and the widespread problem of quack medicine. Additionally, I consider the role of support in Lady Delacour's courage in facing a mastectomy and in her recovery from the illness. I do not disagree with the usual symbolic readings but instead argue here that Edgeworth's portrayal of Lady Delacour's experience with breast cancer also reflects the realities for many women in the early nineteenth century as Bahri suggests.

Early in the novel, Lady Delacour describes her history to Belinda, including her duel with Mrs. Luttridge and the injury to her breast that she believes has caused a tumor: "I was not used to priming and loading—my pistol was over charged—when I fired, it recoiled, and I received a blow on my breast, the consequences of which you have seen—or are to see" (57-58). Lady Delacour's assumption that a sharp blow to the breast or any other part of the body could lead to cancer was common in the nineteenth century when the causes of cancer were unknown. From that day, Lady Delacour experiences pain and "warning twinges" (65) in the breast, but she refuses to see a doctor about the disease primarily because of her embarrassment about having a tumor. She explains to Belinda that her servant Marriott, the only person who knew about her

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[63] Kowaleski-Wallace reads Lady Delacour's "injured breast [as] the center of her excruciating hurt, the psychic wound that she suffers in connection with her inability to perform the mother's role" and as "the locus of [her] vulnerability" (126). MacFayden describes a relationship between Lady Delacour's breast cancer and "familiar signs of domestic inadequacy—profligate spending, maternal inadequacy, and dubious sexual behavior—with a striking emphasis upon literary transgression" (425). Rosenberg suggests that Lady Delacour "blames wittiness for her predicament" (580). Chico sees the breast cancer as "an ailment that forecloses the possibility of her being a proper mother, unable as she is to hug her estranged daughter without great pain" (230). Larson argues that "her breast cancer (and its relation to motherhood) [is] both a metaphor of her unnaturalness and a symptom of her psychosomatic illness" (195).

malady, “urged me to consult a physician—that I would not do—I could not—I never will consult a physician—I would not for the universe have my situation known” (65). Later in the novel, when Belinda urges Lady Delacour to seek treatment for the illness, Lady Delacour believes that if her husband learns of her breast cancer, it would “disgust him with me” (181). For much of the novel, Lady Delacour’s insistence on secrecy results in severe pain in her breast and in her decision to trust a doctor whose treatments nearly kill her. All these elements demonstrate the social function of Belinda as a breast cancer narrative. Throughout the nineteenth century, women’s hesitance to consult a doctor, whether because they were afraid of the treatments or embarrassed about the illness, meant that their cancer became so severe or spread so much that it was untreatable by the time they sought help.

Lady Delacour refuses Belinda’s encouragement to seek medical care and instead finds a doctor willing to treat her with the utmost secrecy. She does not realize, however, that the doctor’s treatments would actually make her condition worse. Initially, she asks this doctor to perform a mastectomy, but “he was afraid to hazard it, and he prevailed upon her to give up the scheme, and to try some new external remedy from which he promised wonders” (259). By the time Belinda discovers that Lady Delacour has been undergoing these treatments, the medicines have weakened Lady Delacour both mentally and physically and caused severe convulsions (259, 261). Lady Delacour, with Belinda’s support, decides to dismiss the quack, share the truth with her husband, and consult a physician about the illness, expecting that he will perform a mastectomy to remove the diseased breast.

Throughout her experience with breast cancer, Lady Delacour fears the mastectomy that she believes is the only cure for her malady. Even before seeing the quack doctor, when Lady Delacour describes her assumed breast cancer to Dr. X——, the doctor shares a harsh reality about mastectomies in the nineteenth century, presenting it as a “temporizing expedient” and noting that “according to the usual progress of the disease, lady Delacour may live a year or perhaps two” (137). Doctors of the early nineteenth century were uncertain about how cancer spread through the body, and often, a mastectomy did not remove all of the cancerous cells. Between the trauma of the operation performed without anesthesia and the cancer’s continued spread, a woman rarely lived more than a few years, if that long, after a mastectomy. But Lady Delacour saw the few years of life after a mastectomy as a better option than constant suffering and imminent death from cancer in her breast. As she explains to Belinda, “I intend to live a few years longer after the amazonian operation is performed” (194). For Lady Delacour and many other women of the nineteenth century, the pain of a mastectomy without anesthesia was worth the possibility of living a few years before the cancer returned and caused death.

Through her preparations for the mastectomy she believes she will undergo, Lady Delacour demonstrates the horror that accompanied such a surgical procedure in the nineteenth century. Like the real case of Fanny Burney, she spends days “work[ing] up her courage to the highest point” and becomes frustrated with the surgeon’s delays (301). Lady Delacour even selects a room separated from the rest of the family’s in the hopes that they would not hear her screams during the operation. Then, as her courage begins to fail, Lady Delacour manipulates the situation to postpone the mastectomy by telling Dr. X——, “It is my belief that I shall die this night. To submit to a painful operation to day would be only to sacrifice this night, manage me as you please. But I am the best judge of my own feelings. I shall die tonight” (305). The next day, she admits the lie, saying, “I wanted a day’s reprieve, and I have gained it—gained a day, spent in most agreeable conversation, for which I thank you. Tomorrow…I must invent some new excuse for my cowardice” (305-6). This behavior demonstrates the fact that Lady Delacour’s resistance to the mastectomy extends beyond concerns about her reputation to fear of the pain that would accompany such an operation performed without anesthesia. Though Lady Delacour never undergoes a mastectomy because the surgeon discovers that she does not have breast cancer after all, her reaction to the potential operation represents a common horror related to treatment options. For many women like Lady Delacour, the fear—whether of the operation or of others learning of their conditions—led them to consult doctors who performed alternative treatments. Many of these treatments are now labeled as quack medicine, but in a time when mastectomies were not certain cures and were extremely painful, alternative medicine held a strong appeal.

Once the surgeon determines that Lady Delacour does not, in fact, have breast cancer and reduces her excessive doses of laudanum, she recovers rather quickly. An additional factor in her recovery results from a "change in [her] manner of life, in the hours and the company she kept" (316). Friendship also plays a role in her earlier experiences with supposed breast cancer, as she relies heavily on support from Belinda as a friend and Marriott as a servant. For Lady Delacour, sharing her supposed breast cancer with Belinda is an important step in her relationship because, at that point, only her servant Marriott and her former friend Harriet Freke know of the illness. After the conversation, Belinda reflects on the promise she made to Lady Delacour to remain by her side as she died from breast cancer: "This promise Belinda thought of with terror—she dreaded the sight of sufferings, which she knew must end in death—she dreaded the sight of that affected gaiety, and of that real levity, which so ill became the condition of a dying woman" (69). When Belinda leaves the Delacour home after she and Lady Delacour disagree about whether Lady Delacour should seek treatment, Lady Delacour laments the loss of her friend and the support she has provided, saying, "My dearest Belinda, are you gone? My best, my only friend! Say you are not gone for ever! Say you will return!" (210). During Belinda's absence, Lady Delacour seeks treatment from the quack doctor and, in her delirium, calls out for her only friend Belinda. Had Belinda remained, Lady Delacour would have been less likely to undergo treatment that only made her illness worse. Marriott recognizes the problems with the treatment but as a servant cannot persuade Lady Delacour to see the reality and discontinue it. In many ways, the story of *Belinda* follows Marcus's plot of female amity as Lady Delacour certainly helps Belinda into an amorous relationship with Clarence Hervey, and arguably Belinda facilitates the renewal of Lord and Lady Delacour's marriage. Though Belinda leaves Lady Delacour, she remains constant in her friendship and concerned about the one she has left. Here, the role of friendship is vital not only to Lady Delacour's recovery but also to the conclusion of the plot of *Belinda*.

The importance of her friend's support becomes clearer as Belinda returns to Lady Delacour and convinces her to tell Lord Delacour of her condition and to seek treatment from a physician. Lady Delacour admits the importance of Belinda's support as she talks with Lord Delacour: "My incomparable friend…I will now give you a convincing proof of the unlimited power you have over my mind. My lord, miss [*sic*] Portman has persuaded me to this step, which I am now going to take. She has prevailed upon me to make a decisive trial of your prudence and kindness. She has determined me to throw myself on your mercy" (267). As in "the plot of female amity" described by Marcus, the secrecy and confidence between female friends facilitate a similar trust and care between lovers (98). This path of openness and traditional medicine that Belinda encourages from the time she learns of Lady Delacour's illness reveals the truth that Lady Delacour does not have breast cancer after all. Without Belinda's support and intervention in the process, Lady Delacour likely would have died from the effects of the treatment by the quack doctor; essentially, Belinda's friendship saves Lady Delacour's life and revives her marriage.

Interestingly, Edgeworth, in her initial sketch for *Belinda*, intended for Lady Delacour to actually have breast cancer and to die from it.[64] In the sketch, Lady Delacour's breast cancer progresses rapidly, and despite her desire to keep the illness a secret, Lady Delacour is betrayed by her servant, who tells Mrs. Luttridge about the cancer. The gossip spreads and reaches Lady Delacour on the day of her mastectomy, after which she becomes fevered and eventually dies (482). The plan would have complicated both the issue of friendship through illness and the tragic realities of breast cancer in the period. In the novel, Marriott, though a servant, is devoted to Lady Delacour and honors her desire to keep her illness a secret from everyone. Marriott's betrayal in the sketch would further emphasize the importance of Belinda's support of Lady Delacour and would demonstrate her lack of a support system through the horror of breast cancer. Additionally, the sketch would have incorporated harsher realities of a real case of breast cancer, as a woman endures a painful mastectomy and still dies shortly thereafter. While the novel includes another type of experience with breast cancer and quack medicine, the operation would demonstrate the high rate of death after such a procedure, whether from the cancer spreading or from the shock of the mastectomy.

Though the completed *Belinda* operates as a moral tale about the importance of family and a life of modesty, the inclusion of breast cancer and the realities of early nineteenth-century medicine illuminate an alternative meaning and function of Lady Delacour's illness for Edgeworth's contemporaries. This reading of the realities underscores an additional lesson provided for the novel's audience: the importance of seeking medical treatment for breast cancer.

Additionally, Belinda's support for Lady Delacour through her illness and her recovery emphasize the critical role that friends and family played in the lives of the sick. In all these ways, *Belinda* serves as an important nineteenth-century breast cancer narrative.

John Brown's "Rab and His Friends"

Though he eventually chose to work as a physician, John Brown began his career by apprenticing under surgeon James Syme. His experiences with Syme led Brown to opt for the life of a physician and inspired the story "Rab and His Friends," originally published in his 1858 *Horæ Subsecivæ*. Brown first prepared the account for a speech in his hometown of Biggar and later revised that speech into the story.[65] In the Preface to an illustrated edition of *Rab and His Friends*, Brown explains how his uncle invited him to speak and his concern over what he should say: "I had an odd sort of desire to say something to these strong-brained primitive people of my youth, who were boys and girls when I left them. I could think of nothing to give them. At last I said to myself, 'I'll tell them Ailie's story'" (qtd. in Brown and Forrest 117). He describes a sense of urgency in the need to tell the story of Ailie Noble, the breast cancer patient, James her husband, and their dog Rab, saying, "it came on me at intervals almost painfully, as if demanding to be told, as if I heard Rab whining at the door to get in or out…or as if James was entreating me on his deathbed to tell all the world what his Ailie was" (117). In many ways, Brown's story, based as it is on reality, represents a hybrid version of the medical texts discussed in chapter two and the fictional texts of the present chapter. Not only is the story a fictionalized account of

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[64] Maria Edgeworth's father influenced this and other revisions to the sketch. Hawthorne suggests, "Mr Edgeworth insisted on keeping [Lady Delacour] alive in order to show the effect of reason on a dissipated lady of fashion" (169).

[65] Brown describes the differences in the two versions of the stories and his own troubles with public speaking: "I was at Biggar the other day, and some of good folks told me, with a grave smile peculiar to that region, that when Rab came to them in print he was so good that they wouldn't believe he was the same Rab I had delivered in the school-room—a testimony to my

Ailie's story, but it is also Brown's own narrative about the experience of treating a breast cancer patient. I discuss it here as a fictional version of real events following Erin O'Connor's consideration of it as "half sentimental animal tale…half medical memoir" (60) and based on the style of the narrative, which reads like fiction.

"Rab and His Friends" opens with two violent dogfights, the second of which begins with a small dog attacking Rab, a mastiff, and ends with Rab quickly killing it. This opening episode explains Brown's connection to Rab and his owners and demonstrates Rab's strength and his avoidance of violence until it is necessary. The story quickly moves to a time six years later when the narrator is "a medical student, and clerk at Minto House Hospital" and sees Rab and his owner, James Noble, weekly (299). As the narrator leaves the hospital one day, James explains that his wife is ill: "Maister John, this is the mistress; she's got a trouble in her breest—some kind o' an income we're thinkin'" (300).[66] Brown examines Ailie's breast and observes, "there it was, that had once been so soft, so shapely, so white, so gracious and bountiful…hard as a stone, a center 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" (302). In this brief description of Ailie's condition, Brown contrasts the diseased breast and the healthy breast while lamenting the effect of the illness on the patient herself. This inclusion of the patient's feelings and the suffering she endures with the tumor distinguishes Brown's story from the typical medical accounts that appeared in chapter two. The diagnosis by the surgeon for whom Brown works makes clear this difference, as Brown explains, "Next day, my master, the surgeon, examined

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vocal powers of impressing the multitude somewhat conclusive" (qtd. in Brown and Forrest 117).

[66] In her brief discussion of the story, O'Connor explains the nineteenth-century use of the term *income* for a tumor or growth and discusses the complicated associations between this definition and the more common monetary meaning (60).

Ailie. There was no doubt it must kill her, and soon. It could be removed—it might never return—it would give her speedy relief—she should have it done" (304). The short phrases of the surgeon's diagnosis, while not an actual quote, demonstrate the clipped language the surgeon uses in his interaction with Ailie and James, which differs significantly from Brown's eloquent description discussed above. Indeed, Brown describes the surgeon as "a man of few words" in the next sentence. The contrasting responses of Brown and the surgeon emphasize the uniqueness of Brown's presentation of Ailie's case in the fictionalized essay. Tougaw's extensive discussion of the overlaps of fiction and the case history completely overlooks the possibility of such a genre, which underscores how exceptional the story is. The fictionalized presentation of the actual story allows Brown to make clear the acute suffering of women that most medical discourse ignored by focusing on diagnostic details.

The story continues with an extended description of Ailie's mastectomy the next day. Because the surgery would be performed in an operating theatre, a number of medical students rush in to claim good seats for the mastectomy. Brown describes how Ailie's beauty quieted the excited students as soon as she walked in, confirming his own response to Ailie's appearance in his initial examination just a few days before. In addition to Ailie, Brown, and the surgeon, James and Rab are also present on the stage of the operating theatre; their attendance is never explained, but during Brown's initial examination, James asks if he and Rab can remain with Ailie. During the surgery, James holds Rab tightly, which provides a distraction from the horrors of observing his wife's treatment, and Rab reacts frequently to the horrors of the surgery as "he growled and gave now and then a sharp impatient yelp; he would have liked to have done something to [the surgeon]" (306). In fact, Rab responds more than Ailie herself, who "was still and silent" (306) throughout the operation performed without any sort of anesthesia. The attendance of her husband and dog at Ailie's mastectomy emphasizes the supportive role that both play in her illness. As the surgery ends, Brown describes Ailie's behavior: "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" (307). The shock of such a response to the horrifying and painful operation leads Brown and the previously casual observers in the gallery to "[weep] like children" as James and Brown help carry Ailie from the room (307). Brown uses the reactions of the medical students to illustrate the way that many medical professionals become desensitized to the horrors of surgery. He explains, "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 the best in tears and a long drawn breath, lessens, while pity as a *motive*, is quickened, and gains power and purpose" (305, emphasis original). The distinction Brown draws between pity as emotion and as motive is central for the representation of the medical students and the doctors in the story, as he explains how the appearance of coldness in medical professionals is actually a form of pity that makes them more effective in their treatment of patients. In Ailie's case, though, the medically distant pity dissolves into emotional pity as the students see beyond the case to the dignity and beauty of the patient.

James continues his support of his wife by refusing the help of nurses in caring for his wife during her recovery, explaining to Brown, "Maister John, I'm for nane o' yer strynge nurse bodies for Ailie. I'll be her nurse" (307). As Brown observes John's care for his wife as the two remain at the hospital, he notes, "Everything she got he gave her: he seldom slept; and often I saw his small shrewd eyes out of the darkness, fixed on her" (307). Ailie did not have friends around to care for her after the operation, but her husband provided the support and care as friends would have provided. James's support, however, goes beyond the care provided by a friend or a nurse; his desire to care for his wife, despite gendered norms about women as traditional caregivers, presents an implied narrative of unconditional love. Even with this loving care, Ailie contracts an infection shortly after the surgery, which was common before Lister's 1867 publication of *Antiseptic Principle of the Practice of Surgery* and the subsequent adoption of antiseptic surgical practices. Rab's presence in the operating room is a key indicator that the surgeon did not follow any sort of antiseptic procedures. After a few days of steady recovery, though, Ailie "had a sudden and long shivering," and Brown observes, "her eyes were too bright, her cheek coloured; she was restless, and ashamed of being so; the balance was lost; the mischief had begun" (308-9). Ailie's condition continues to worsen, and just before she dies, she deliriously gathers a gown lying on the bed to her breast as if nursing an infant (311-2). In this scene, Ailie behaves like an amputee with phantom pains in the lost limb. With the loss of a breast, though, the phantom sensations connect the mastectomy with a lost sense of femininity, which is deepened in the reversal of gender roles as James cares for Ailie. Throughout the story, Ailie's gender and performance of her middle-class femininity are highlighted, from the initial description of her beauty—including eyes "full of suffering, but full also of the overcoming of it" and her "pale, subdued, and beautiful" face (301)—to this final performance of maternal instinct.

Not long after burying Ailie, James catches a fever because of "his want of sleep, his exhaustion, and his misery" and he dies (316). Upon Brown's queries about Rab shortly after James's death, he learns that Rab, too, had died after refusing to obey his new master, behavior described almost in terms of suicidal desire as Rab acts in a way that forces the new master to kill him. And so the story ends with all three gone within a few weeks. This ending brings the story back to the opening that focused on Rab and on the violent dogfight, though in the end, with his family gone, Rab chooses not to fight back and accepts his own death.

While the outcome distinguishes Ailie's case from Lady Delacour's, James and Ailie's lower social class also separates their experiences, as do their location and historical moment. Brown describes James as "the Howgate carrier" (301), which meant that James transported goods with his horse and cart, a career that certainly impacted their ability to pay for medical treatment. As Wilson Carpenter explains, hospitals through much of the nineteenth century were places for the poor that seemed more like prisons in terms of the food and care provided. Doctors treated patients "as cases from which medical students could learn" (29), which explains the behavior of the medical students in the operating theatre as part of the motivating, rather than emotional, pity needed in practicing medicine. James and Ailie's appeal to Brown at the hospital seems the couple's only hope for treating Ailie's breast cancer. In contrast, as Lady Delacour prepared for her mastectomy, it was clear that the operation would take place within a private residence. Ailie's public experience of the mastectomy in the operating theatre and her recovery, or lack thereof, at a hospital rather than her home are both results of her social class. This effect of class is one of many parallels between nineteenth-century and more recent experiences with breast cancer, as finances still determine the kind of treatment available to women facing the illness.

Despite this important difference in the experience of cancer, the two key aspects of breast cancer fiction remain. First, the support of family plays a role like Belinda's for Lady Delacour. John's and Rab's support for Ailie cannot save her from the pain of the mastectomy and eventual death, and the strength of their familial connection is evident in the deaths of both man and dog shortly after Ailie's. Additionally, Brown's description of Ailie's mastectomy and death just ten days later demonstrates the reality of breast cancer for many patients in the nineteenth century and confirms the remarks made by Dr. X—— in *Belinda* and the many medical texts of the period. The style of the story brings important information about medical treatment for breast cancer and the risk of death following a mastectomy to an audience that was unlikely to be reading the medical literature of the period. The portrayal of a woman from the working class facing breast cancer makes the story even more significant because few, if any, narratives of breast cancer by or about nineteenth-century working class women exist, particularly in life writing. Brown's role as a physician and writer of medical essays expands the audience from the general public reading his book of miscellaneous essays to include other doctors who could learn from his account about the psychological trauma for a patient and her family as she undergoes a mastectomy.[67] In this way, the story operates much like Fanny Burney's mastectomy letter, which Marcy Jane Knopf-Newman reads as both literary text and medical document because it was later used by surgeons to understand the subjectivity of the mastectomy patient. The dual audience of such a text, including both general public and medical professionals, makes the story particularly important as a narrative of breast cancer.

Katharine Tynan's "Willie"

Published in the 18 June 1898 issue of *The Speaker*, Katharine Tynan's short story "Willie" centers on issues of illness and class in the final years of the nineteenth century. It clearly operates within a larger discussion of public health apparent in several articles published in *The Speaker* in the year preceding Tynan's story.[68] Willie is the seven-year-old son of Judy

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[67] Brown explains this purpose for his stories in the preface to *Horæ Subsecivæ* along with the importance of returning to the days when physicians were also involved in literary culture (xi-xii).

[68] Specifically, *The Speaker* discusses diphtheria epidemics and public health in "The Health of London" in its 24 April 1897 issue and Rollo Russell's "Public Health Administration" in its 7 August 1897 issue. More recently, Elizabeth T. Hurren has discussed this topic in "Poor Law

Carroll, described as the "poorest of the poor" because her husband Terrence drowned while she was pregnant with Willie (761). She begins to have "pain in her breast, sharper than an arrow," for which she sees Dr. Sharp a week or two later. The doctor's kindness to Judy is evident from the beginning, and the narrator describes his compassion toward women as a result of the loss of his wife early in their marriage (762). Dr. Sharp resembles Brown in his conversation with Judy, and this demeanor seems to be somewhat exceptional when compared to the surgeon's clipped speech in "Rab and His Friends." In "Willie," the doctor's kindness appears so unique that it warrants an explanation as to why he treated a woman patient in this way. He diagnoses breast cancer, which will need surgery: "He looked at the white breast disfigured by an eruption. 'My poor Judy,' he said. 'You'll have to go to the hospital. This thing has roots and will have to be taken away'" (762). Like Ailie, Judy's class dictates her treatment at a hospital, away from her home and her son. The diagnosis frightens Judy; she "trembled all over, and her eyes were like the eyes of a bird that has been shot. The terror of women had overtaken her, and she knew what it meant; for even in Oyster Creek women had died of cancer" (762). This knowledge of other women who had faced cancer shapes Judy's reaction as she recognizes the reality that few women were cured of breast cancer for the long term. After Judy asks the doctor several times about the chances that the operation will cure her malady, Dr. Sharp reluctantly assures her, "we'll do our best for you," and the text confirms, "he spoke with a confidence he was far from feeling" (762). Judy, too, knew the likelihood that her cancer would return because "she knew other women to be cut for the cancer, and it had always come back" (762). Still, Dr. Sharp and Judy determine that a mastectomy is the best treatment for her.

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versus Public Health: Diphtheria, Sanitary Reform, and the 'Crusade' Against Outdoor Relief, 1870-1900."

As a single mother, Judy faces a unique situation in undergoing the mastectomy because she needs to find someone to care for her son during the weeks she is away for the operation. Though the text includes little about the arrangements for Willie's care, it is clear the Judy leaves him in Oyster Creek when the narrator explains that "in a few weeks she was back again with Willie" (762). Her concern about leaving Willie becomes evident as she worries about what will happen to her son if the cancer returns and she dies, saying, "But it is leavin' Willie troubles me. No matter how good they are to him, he won't have his own mother" (762). The same fear about leaving her son is the reason Judy decides to have the mastectomy and delay what she sees as a certain, if eventual, death from breast cancer. Judy depends on other women in the town for help while she is away and when she is unable to work after the operation. Judy's neighbors are quite generous, sharing food they claim is extra in order to keep Judy and Willie from relying on "the relief." This model differs significantly from that of the wealthy Lady Delacour and Ailie as well. Even though Judy is poor like Ailie, Judy's status as a widow shapes her experience with breast cancer. Though the women of the town generously help Judy, they are not described as friends or supporters, likely because Judy lacks the leisure time to develop such social connections. Instead, as Marcus notes, for women of the working class, friendships were based on mutual searches for food, shelter, work, or other necessities, rather than on the social interaction of wealthier women (69). This distinction, based in reality, certainly appears in "Willie," as none of Judy's friendships is considered in any depth and her connection with other women is purely based on fulfilling life needs.

After winter and spring pass, Judy discovers that "the cancer [has] started in the other breast." Instead of consulting the doctor, she hides it by "wrapping her little shawl across the breast that was eaten as by vultures." This graphic description illustrates both the reality of how breast cancer could appear and how likely it was to return or spread even after a mastectomy. Around the same time, Willie becomes ill with diphtheria, which Judy quickly discovers has spread to nearly all of the children in the town. Willie dies lying in Judy's lap before the doctor arrives. Because Willie has died, Dr. Sharp wants to check on Judy's health. She exposes her cancerous breast and explains, "Look, doctor,…'tis not long I'll be after him. 'Tis eating into my heart, it is now, and I won't have to leave Willie, after all. I've kept it to myself afeard you'd want me to go to hospital again. I didn't want it to be cut. It's the breast Willie was fondest of when he was a baby." The story concludes with a brief description of the town "swept almost clear of children" because of the diphtheria (763).

Though the consideration of class and medical treatment in the short story centers on diphtheria in children, Tynan's representation of the issues of class and health is also significant in a poor widow's struggle with breast cancer: "Like all her class, she had a deep horror of an operation, but since it promised at least a respite, she endured what they feel to be the degradation of being cut and maimed, for Willie's sake" (762). This and other descriptions of Judy's reaction to the cancer in her breast and the need for her to be taken to a hospital for the operation seems unnecessary in a story that focuses on the issues of public health and epidemic in lower classes. Tynan's decisions to incorporate Judy's illness and to specifically make that illness breast cancer take the story beyond a fictional response to the dialogue of public health in *The Speaker*.

The coverage of breast cancer in this fictional representation demonstrates a connection with real women's experiences in several ways. First, Tynan's short story, along with "Rab and His Friends," offers a rare glimpse into potential complications of the interaction between class and illness, including access to medical professionals, support during the recovery process, and financial ability to treat the tumor. Also, this story connects with memorial essays that Tynan wrote about Ellen O'Leary and Christina Rossetti, who each died from breast cancer in the decade before the publication of "Willie."[69] Though Tynan did not face breast cancer herself, reading the nonfiction essays in connection with Tynan's short fictional piece illuminates the narratives and experiences of Tynan (as friend) and Rossetti (as author) with breast cancer in the nineteenth century. The addition of breast cancer to a text that in its title and its context seems to have initially focused on diphtheria and public health demonstrates Tynan's own, though secondary, experience with the illness. Based on the recent essays on public health, readers of *The Speaker* were likely familiar with the devastation of diphtheria epidemics in London. *The Speaker* targeted a politically liberal audience but included sections of general interest, like news, politics, science, the arts, verse, book reviews, and foreign correspondence ("The Speaker"). Tynan uses a topic of current public interest for her audience to introduce a narrative that was largely suppressed in nineteenth-century fiction. "Willie" and the issue of diphtheria in children also provided Tynan with an important basis (the affective appeal of a child) for talking about women undergoing medical examinations during which they disrobed and revealed that the symbols of maternal generosity and female beauty were also sites of disease and suffering. The short story fits into this mission well by making the topic of diphtheria of interest to general readers, while presenting the issues of class and illness in the politically charged context of the periodical. By giving the illness that killed two of her mentors equal billing with diphtheria in the story, Tynan emphasizes the devastating effects of breast cancer for patients and their friends and family.

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[69] See chapter four for discussion of these memorial essays and for more about Tynan's relationships with O'Leary and Rossetti.

The inclusion of breast cancer in this story also appears as homage to Maria Edgeworth as a literary predecessor. Tynan's familiarity with Edgeworth's work is apparent in her 30 September 1893 essay "A Book-Lover" for *The Speaker*, in which the male Irish subject of the essay has "curious taste" in books. She lists a number of texts which this "book-lover" enjoyed and then comes to "Miss Edgeworth, too. I think we knew 'Belinda' and 'Ennui' and 'The Absentee' from cover to cover" (355). Like this Irishman, Tynan herself knew Edgeworth's writing well and lists Edgeworth as a favorite author from childhood in her autobiographical *Twenty-Five Years: Reminiscences*.[70] Like Judy but for different reasons, Lady Delacour chooses to avoid telling a doctor about her illness. Though Lady Delacour does not have breast cancer, "the shooting pains that she felt in her breast" (129) quite clearly resemble those of Judy, whose pain is "sharper than an arrow" (762). The similarity in the two descriptions reflects language common in descriptions of the illness in terms of a violent attack that must be battled or fought by both woman patient and doctor. By providing a description of the pain from Judy's perspective, Tynan gives the periodical's readers important knowledge about the symptoms of breast cancer so that they, too, could recognize the illness if they felt such pain in their breasts. Because so little fiction of the nineteenth century includes any mention of breast cancer, such seemingly surface connections between Edgeworth's and Tynan's pieces demonstrate the likelihood that Tynan drew on memories of Edgeworth's novel in writing "Willie."

Katharine Tynan's *The House on the Bogs*

In her 1922 novel *The House on the Bogs*, Tynan draws even more heavily on Edgeworth's *Belinda* in incorporating breast cancer into the plot than she did in "Willie." The

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[70] Even if Tynan had forgotten the literary representation of Lady Delacour from her childhood reading, two new editions of *Belinda* appeared in the 1890s. In 1893, J.M. Dent and Company produced a new edition of Edgeworth's novels, which began with *Belinda* and was reviewed in

novel centers on the coming of age of Doreen O'Kelly and her friendship with former actress Peggy Hamilton, who financially supports Doreen after her mother dies when she is nine years old. Most of the novel occurs after Doreen returns from boarding school at age 21 to find that Peggy has been jilted and has isolated herself at her remote country estate called Moat with only two servants, Pierre and Margot. When Doreen returns to her benefactress, she discovers that Peggy has breast cancer, as Peggy points to her breast and says, "There is something here—a growth of some kind. I have had a gnawing pain for many months now. Margot is certain it is a growth" (118). Over the course of the novel, it becomes clear that Peggy does not have breast cancer, and the pain in her breast is caused by the bella-donna that Margot has been applying to it to make Peggy think she is dying. Though Peggy's malady, like Lady Delacour's, is not actually breast cancer, the novel provides a narrative of the realities of women's fears related to the illness, the effects of quack medical treatments, and the importance of friendship in recovering from those effects.

In Peggy and Doreen's initial conversation about the illness, Peggy expresses her fear of doctors (118). She later confirms this resistance to medical treatment, saying, "I am weary of telling you I will not have a doctor. I *won't* be cut to pieces" (142, emphasis original). Peggy's fear of doctors and of a mastectomy echoes the fears of both fictional and real women of the nineteenth century and serves as a reminder that this fear extended far beyond the nineteenth century. It is only when Doreen gives Peggy a reason to fight the cancer—the lover who jilted her was actually duped into marrying another woman—that Peggy agrees to see a doctor and undergo treatment (151). This change in her position on treatment certainly resembles Lady Delacour's eventual acceptance of treatment when her friend Belinda convinces her of the

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both *The Athenæum* and *The National Observer*. Then in 1896, Macmillan and Company released an edition of *Belinda* with an introduction by Anne Thackeray Ritchie.

necessity of seeing a doctor. As in the relationship between Belinda and Lady Delacour, Doreen's devotion to Peggy is a key factor in her recovery. During one of the discussions about consulting a doctor, Doreen confirms this sentiment, saying, "You need not think I am ever going to leave you….I shall *not* be sent away, I warn you, whatever happens" (143, italics original). This remark seals Doreen's commitment to her friend and inspires Peggy to fight for her own recovery as well as a future with Doreen and her former lover Stephen Verney. Just as Lady Delacour renews her relationship with her husband, so does Peggy with Stephen. Doreen facilitates the reunion of the two lovers and makes the novel's "plot of female amity" (Marcus 82) apparent.

Like the quack doctor in *Belinda*, Margot performs treatments on Peggy that cause her condition to worsen. Once Doreen observes the situation for several months, she better understands Peggy's "subjugation to her hideous nurse. The poor thing believed herself doomed to a death from cancer. The trouble had begun with acute pain in the breast. For this Margot had treated her mistress with stupes, poultices and blisters of one kind or another, which had but added to the suffering, for apparently sores and terrible eruptions had broken out following this treatment" (140). In addition to these external treatments, Margot also refuses to allow Peggy to eat nourishing foods, which she claims would "simply feed the thing that is eating [Peggy] up" because "the growth…is hungry" (120). Between the pastes and the starvation, Peggy is thin and frail when Doreen arrives at Moat, but Doreen provides much needed companionship and support for Peggy in facing the illness. Specifically, Doreen encourages Peggy to begin eating and to become more active, and months later, Peggy notes, "I am better than when you came and took me off the starvation diet" (150). The inclusion of such treatment and myths about what caused cancer to spread reflect realities of the period. Even though the radical mastectomy was the primary treatment at this time, doctors remained unsure about the progression of cancer, including the ways it spread, how it grew, and what caused it.

While Doreen returns to Dublin for just one week, Margot's treatment of Peggy worsens, and Doreen returns to find Peggy even weaker and more unwell than before. Peggy is concerned because the dressing on her breast has remained unchanged for several days, but she worries about the process of changing the dressing and seeing the cancerous breast being "too painful" for Doreen (231). Using her previous training in nursing, Doreen recognizes the plaster on Peggy's breast as bella-donna and recalls, "for one with [Peggy's] colour bella-donna is poisonous" (234). Doreen explains to Peggy that her diseased breast is actually an external irritation caused by the application of bella-donna and not cancer as Margot had told her. Throughout this scene, Doreen thinks about her experiences with nursing while in school and her natural ability to care for others because, for her, "disgust [in illness] was lost in compassion" (234). Doreen's care for Peggy is also related to her concern for her dear friend, and when she realizes what Margot has done, she becomes angry in defense of Peggy. Throughout her care for Peggy both before and after her trip to Dublin, Doreen's "nursing reinvigorates both patient and caretaker" (Marcus 100). Both women find Moat depressing and the behavior of Margot chilling, but they are enlivened in one another's company and through the process of one caring for the other. Doreen's nursing of Peggy, in particular, represents a deep level of intimacy between the two women both physically and emotionally. With the good news that she does not have cancer, Peggy expresses her gratitude for Doreen's work and speaks of their future happiness together as friends, almost in the form of a marriage proposal (235-6). In *The House on the Bogs*, Doreen's nursing of Peggy is a turning point, where both women realize Peggy is not dying and renew their hope for the future.

The relationship between the two women begins in Doreen's childhood when Peggy catches Doreen in mischief and instead of reprimanding her, invites her to return for tea. When Doreen's mother passes away, Peggy takes her in, pays for her to attend boarding school in Germany, and leaves her an annual allowance when she leaves the school. Their connection extends into a psychic connection, much like that of Jane Eyre and Mr. Rochester or like that between W. B. Yeats and Maud Gonne. Doreen returns to Ireland because of dreams and premonitions where she senses Peggy calling her, which Peggy later confirms she had done. Doreen explains, "Somehow I knew you were in danger, for I thought your heart called to me and I could not come" (124). Later, when Doreen is in Dublin and Peggy needs her to return, she uses the same psychic appeal to her friend, and once Doreen returns, Peggy explains, "I have been calling you, and calling you" (218). The two friends later discuss the connection when Peggy tells Doreen, "I put all my strength into one long cry for you. You always said that you knew when I needed you." Doreen confirms this connection, saying, "I heard. I got up at six a.m. to catch the early train—I am here" (232). Doreen's return also demonstrates the effect of her friendship and care on Peggy's health, the reinvigoration discussed above, as Peggy "looked better…because of Doreen's presence" (220). After their final struggle to free themselves from the manipulative servants who trap them in Peggy's estate, the novel reaches its resolution.

As Peggy's health and love are restored so is her role as Doreen's caregiver, much like Lady Delacour's restoration to her role as wife and mother in the conclusion to *Belinda*. For both women, health and feminine roles are closely linked, which confirms many of the standard scholarly readings of Lady Delacour's breast cancer as a defeminizing illness. Peggy reunites with her former lover and says that Doreen will be their "dear daughter," assuring Doreen that she and Stephen Verney are both wealthy and will bestow their fortune on her for her devotion to

Peggy and her reunion of the lovers (293). Peggy's verbal adoption of Doreen as daughter operates in the way Marcus describes "the ability of a mother to adopt the guise of female suitor," as this scene follows "the rhetorical rules of a Victorian proposal," including a description of financial standing and love for her future daughter (101). Once they have been reunited, Peggy and Stephen Verney make this proposal to Doreen together, which distinguishes the scene from Marcus's reading of a woman proposing such adoption as a form of maternal erotics. Instead, the scene further connects with the usual plot of female amity that facilitates the marriages of the friends to male suitors.

Though the novels are separated by 120 years, the similarities between Edgeworth's *Belinda* and Tynan's *The House on the Bogs* are unmistakable, reflecting a continued sense of uncertainty about breast cancer and effective treatments for it as well as a matrilineal literary tradition in the representation of breast cancer. The fear of surgery and the resulting faith in quack medicine function as important plot devices as does the discovery that the patient does not, in fact, have breast cancer after all. While breast cancer plays into the plot, it also raises awareness of the misconceptions about and misdiagnoses of breast cancer, the potential problems with alternative treatments, and the importance of sound medical attention. For upper class women like Lady Delacour and Peggy, their desire for secrecy and resulting avoidance of traditional medicine leads to much of their suffering in the novels.

Conclusion

These four fictional representations of breast cancer raise an important issue less apparent in the genres of the previous chapters: the relationship between social class and experiences with the illness. While the two women from the upper class are misdiagnosed and do not have breast cancer, their experiences before discovering the misdiagnosis demonstrate the fact that wealthier women enjoyed the right to both privacy and choice in seeking treatment. The distinction between their experiences also extends to the types of support for the women patients: Lady Delacour and Peggy seek comfort in female friends, but Ailie and Judy have no such figures in their stories. Interestingly, the differences in class that make such a difference in the nineteenth- and early-twentieth-century fiction are absent from the more recent representations discussed at the opening of this chapter. Brenda Walsh, Murphy Brown, Samantha Jones, and Sybil Stone are all firmly positioned in the upper middle or upper class and have access to the best medical treatment possible, but sadly, this is not the experience for many women who have faced breast cancer in the past few decades. Because narrative—whether in novels, television shows, or movies—has the power to raise awareness among women and in society more generally about breast cancer and treatments, it is important that our contemporary representations expand to follow those discussed above in illustrating the ways that a woman's class and network of supporters impacts her experience with breast cancer. Hopefully, as representations expand to consider the relationship between class and medical treatment, awareness of the imbalance in treatment options can inspire changes in the medical system and the options available to women without financial access to the best treatments.

EPILOGUE

At first glance, it seems that our twenty-first-century experiences with breast cancer couldn't be more different from those of the nineteenth-century. There was no anesthesia for much of the century, no chemotherapy or radiation, no post-mastectomy reconstruction, no organizations like Susan G. Koman to raise awareness or to advocate research, no support groups or blogs or discussion boards for women to share their experience, no memoirs about the experience, no children's books to address a son's or daughter's feelings about mommy who has cancer. As in many other areas, we fancy ourselves much more evolved than our nineteenth-century predecessors. But just as studies over the past forty years disproved our perceptions of Victorian prudery, the texts in the four main chapters of this study raise questions about just how different we are. We still don't fully understand what causes breast cancer. We still aim to find more effective treatments that are less invasive or traumatizing for the patient.

Through this study, I aim to demonstrate, among other arguments, the presence of nineteenth-century precedents for nearly everything we see as twentieth-century developments in breast cancer. The narrowness of knowledge about breast cancer before the 1960s or 1970s is evident in the common question I am asked (mentioned in the preface): did they even have breast cancer back then? I hope this study can dispel that assumption, but I also hope it raises awareness of the ways we can learn from nineteenth-century experiences with breast cancer. For example, if we do not find a less invasive or traumatizing treatment option for breast cancer, women will continue to consider alternative treatments that may be less effective. If we do not address the ways class status impacts a woman's experience with breast cancer, many women will continue to lack information about and access to the most effective treatments for the illness. In each of the chapters, I have worked to highlight connections between current and nineteenth-century experiences and representations of breast cancer. These correlations illuminate the importance of finding support systems to endure the suffering and of narrating the experience of illness to overcome trauma because both coping mechanisms have existed for more than two centuries.

By reading the texts in their distinct genres of medical nonfiction, life writing, and fiction, I have analyzed the individual works through the relevant theories, but as I conclude, it is important to consider the ways these texts fit together within the genre category of the breast cancer narrative. Thomas Couser defines the genre and the texts within it as "conditioned by the physical manifestations of the disease and the medical protocols of treatment," as "women's responses to the disease, individually and collectively," and as "an autobiographical… subgenre" that emerged in the 1970s and 1980s (37, 39). Based on the texts included in this project and in my research into the subject, I propose an amended version of this definition that removes the limitations of time, gender, and medium: narratives in a variety of form—textual or nontextual, fictional or nonfictional—that convey experience(s) with breast cancer at any stage in the process—including, but not limited to, discovery of a lump, diagnosis, treatment, recovery, and/or death—from the perspective(s) of those affected by the illness. While such a definition sounds unnecessarily broad, I believe it is the only way to include the variety of forms and perspectives a breast cancer narrative can take.

With these observations about the relationship between nineteenth-century and recent experiences and representations of breast cancer and this revised definition of the breast cancer narrative genre, I invite a variety of expansions that will continue this work. First, as chapter five demonstrates, social class strongly influences a woman's experiences with breast cancer. For future work on this project, I hope to locate sources that will more fully illustrate the experiences of lower and working class women. Additionally, though I have expanded the common limits of breast cancer studies to the time before Halsted, the radical mastectomy, and the women's health movement of the twentieth century, the beginnings of this project around the start of the nineteenth century could be expanded to address differences in the genre of the breast cancer narrative and experience with the illness before and after the paradigmatic shift described by Foucault in *The Birth of the Clinic*. Finally, an expansion of this study could explore the experiences with breast cancer beyond Britain. For example, a transatlantic study could illuminate the relationship between medical knowledge and experiences in Britain and the United States. Expansions to continental Europe or to British colonies could further explore the ways location and culture impacted the experience of breast cancer.

While the expansions discussed above offer the possibility of different understandings of the genre of the breast cancer narrative and experiences with the illness, the project in its current form offers an important addition to the current scholarly conversation on breast cancer literature. So many scholars have relegated discussion of breast cancer before the 1950s to brief introductory chapters that often squeeze centuries of experiences into a fraction of the book to make room for the seemingly more important narratives from the twentieth and twenty-first centuries. In this study, however, I have sought to demonstrate that narratives from that "prehistory of breast cancer" (Leopold 23) not only exist but are important to our understanding of more recent experiences. Until we move away from this prioritization of experiences from recent memory, we will never fully understand the larger realities of breast cancer. This project is only a beginning to what I hope will be a much larger effort to recognize the diversity of experiences with breast cancer through history.

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ABSTRACT

A SENTENCE OF DEATH HAD BEEN PASSED ON HER: REPRESENTING THE EXPERIENCE OF BREAST CANCER IN BRITAIN THROUGH THE LONG NINETEENTH CENTURY

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This project revises current histories of women's experience with breast cancer in nineteenth-century Britain, including assumptions that women remained silent about the disease. The interdisciplinary study relates medicine to three genres in the nineteenth century—medical nonfiction, personal nonfiction and life writing, and fiction—noting the ways those genres address and incorporate experiences with breast cancer. Though these three genres seem distinct, the dissertation argues for connections that bring them together through the genre category of the breast cancer narrative. The project recovers primary texts that relate to breast cancer in the period, some of which have been published with little (if any) discussion of the impact of breast cancer on the text. Many others, however, have remained unpublished and have been recovered from archives and libraries for the purposes of this project. The larger implications of this project include four key areas of significance. First, I offer possibilities for a change in the way we discuss assumed silences in women's experience, with this study specifically expanding current

knowledge about breast cancer in the nineteenth century to include voices and narratives that have been frequently overlooked. Second, this study proposes a method for reading the hidden narratives of breast cancer and for analyzing details beneath the surface texts of life writing. Additionally, though this project focuses on assumed silences specifically related to the experiences of breast cancer, it provides a model for reading other seemingly hidden narratives in print culture and recognizing alternative means of expression that have remained effaced and submerged. Finally, this project offers an interdisciplinary and transhistorical approach to women's experiences with breast cancer. In order to fully analyze life writing, fiction, poetry, periodicals, medical texts, art, and more generally women's experiences with illness, the study adapts and develops models for making connections among the fields of literature, periodical studies, history of medicine, art history, gender studies, and disability studies. The project includes an introductory chapter followed by chapters on medical nonfiction, life writing by the patient, life writing by the patient's friends and family, and fiction.