

# NARRATIVES OF BREAST CANCER IN THE 18<sup>TH</sup> CENTURY

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During the “long” eighteenth century, Britain witnessed a lot of changes, which led to the transformations in its medical and literary landscapes. Both medicine and literature flourished greatly due to the explosion of literacy, print culture and wide readership. Medical and literary texts of the day were deeply rooted in the social and cultural context of the Age of Enlightenment. In medicine, physicians and surgeons accumulated new medical ideas and practices, adding them to the scientific knowledge and making medicine an “autonomous discipline and practice in its own right.”<sup>1</sup> In literature, new genres of writing appeared and developed rapidly, the range of themes the authors wrote about grew. Characteristically, the writers of the period demonstrated an increasing awareness of medicine and widely incorporated medical topics into their works.

The increased female authorship shaped the face of the British literature. In their works women writers began to discuss specific women’s experience in many spheres of life, including ill health and medical treatment. In fact, in the “long” eighteenth century British women not infrequently suffered from breast troubles. Among breast cancer sufferers were Mary Astell, Lady Elizabeth Hastings, Lady Mary Wortley Montagu. Women’s narratives of breast tumours, which appeared in the second half of the eighteenth century, reflected the deep concern with many problems sick women faced at that time.

The purpose of this article is twofold: first, to place women’s narratives of breast cancer in a wider medical context of the period; second, to show that women’s texts can shed additional light to our understanding of eighteenth-century attitudes to breast cancer and how female patients experienced – and were considered to experience – their cancerous body.

With this purpose in mind, a number of the eighteenth-century medical works on surgery and cancer were studied to understand the medical mainstream of that period. The key medical texts selected and focused on in the present study are two treatises on breast cancer, which were written in the second half of the eighteenth century and went through several editions. They are *A Treatise on the Management of Female Breasts during Childbed; and several new observations on cancerous diseases with prescriptions* by William Rowley, and *A Treatise on Cancers; with an account of a new and successful manner of operating, particularly in cancers of the breast or testis...* by Henry Fearon.

In order to enter into the world of female patients who suffered from breast tumour three women’s narratives were chosen for the study. Two of them are fictional ones, representing the case histories of Lady Delacour in Maria Edgeworth’s novel *Belinda* (1801), and a nameless young gentlewoman in Frances Sheridan’s novel *Memoirs of Miss Sidney Bidulph* (1761). In fact, these novels were the first noticeable literary works in Britain that depicted women with breast problems. In *Sydney Bidulph*, the story of breast tumour is rather schematic and incorporated into the plot as a separate additional story. In *Belinda*, Lady Delacour is the central character of the novel, and the story of her disease is more detailed. Her disease is an important part of the plot, a kind of lens through which the author examines the current medical and social debates, criticizes the gender codes of her day. The third narrative is the text of the letter written by the famous British novelist Frances Burney to her sister (1812) about the mastectomy she underwent in Paris in 1811. The letter is “the preeminent early example of the genre that has blossomed since 1950s, the ‘pathography’ – the story of an illness or medical intervention from the patient’s viewpoint.”<sup>2</sup> Burney’s account of mastectomy is a personal narrative that documents breast surgery in the pre-anaesthesia epoch. Its style is “an odd mixture of reportage and melodrama, relating all the fact with forensic accuracy but underpinning them with a symbolic language of intrigue, mystery, sacrifice and assault.”<sup>3</sup>

Close reading and textual study of the medical and women’s narratives revealed, firstly, a number of overlapping problems both medical men and women were concerned with. Throughout the

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eighteenth century British doctors - physicians and surgeons - tried to understand the origin of breast cancer. Galenic theory of humours that dominated in medicine during the previous centuries lost its importance, and a variety of new ideas and theories appeared. Some authors thought breast cancer was a contagious disease, others wrote about its hereditary nature. Many physicians who practiced midwifery linked the disease with childbed and breastfeeding problems, but most medical men were convinced that breast tumours resulted from external injuries.

Both doctors and patients were unanimous on the subject of mechanical causes as possible reason for a cancer, and patients were frequently able to ascribe the history of their tumours to some accident or other mechanical cause. ... One very common explanation for a cancer in the breast was a blow received to the breast.<sup>4</sup>

For instance, in his treatise Henry Fearon gave a detailed report on twenty-two cases of breast tumour, and in three of them a blow on women's breast was mentioned as the cause of illness.

In their turn, the fictional narratives show that the nature of cancer interested women writers as it did their contemporary medical men. In *Sidney Bidulph*, the young gentlewoman received "a hurt in her breast, by falling against the sharp corner of a desk from a stool, on which she stood in order to reach down a book."<sup>5</sup> Later this accident was considered the main cause of the problems the heroine had. In *Belinda*, the fashionable beauty Lady Delacour also believed her illness was caused by the accident. She received a violent blow on her breast after she fired the overcharged pistol that recoiled heavily. In case of Frances Burney, we know that before the mastectomy she had had several breast troubles caused by childfeeding.

Thus, as for the origin of breast tumours, women's narratives fit well into the framework of the current medical knowledge, and two of them serve additional confirmation that the idea on blows to the breast, resulting in breast troubles, was the most popular belief in the public discourse of the period.

It is important to note that medical men of the period debated a lot about the origin of breast tumours, treatment or surgical techniques used in mastectomy, but one problem united all of them: they were against self-medication and the growing army of quack doctors who ruined the health and lives of women. Sick women were commonly reluctant to seek medical assistance. For instance, Frances Burney admitted that she did not like the idea to be treated by doctors. At first the writer ignored the problem, and "hoped, by care & warmth, to make all succour unnecessary."<sup>6</sup> It was her husband and their friend Madame de Maisonneuve who pressed the writer to be examined by a surgeon, and later Frances Burney was grateful to them for their importunities.

The medical writers warned their readers against numerous ignorant empirics who advertised their quack medicines in newspapers and cheated sick women. As W. Rowley observed in his treatise:

Quacks and impostors never hesitate to boldly assert their certainty of curing these disorders; and they gain credit, however ignorant, by the boldness with which their promises and falsehoods are generally expressed. Surgeons in general are vehement against the fallacious promises of impostors and empirics.<sup>7</sup>

The physician tried to explain the alarming tendency he observed in female patients who in case of breast tumours were more disposed to seeking for miraculous nostrums:

...persons afflicted with the apprehension of cancerous complaints are frequently very impatient: they often fly from skill, learning, and sincerity, into the merciless hands of unskillfulness, presumption and mean artifice: thousands thus become victims ... and voluntary shorten their own existence.<sup>8</sup>

In fact, the clientele of quacks included not only poor uneducated women. A lot of aristocrats and rich citizens got into the nets of the impostors, because, as Rowley explained, "people love the

marvelous, and believe most what they understand least.”<sup>9</sup> The physician wrote with regret that “cancerous patients, otherwise with good understandings, become the most egregious dupes to the various snares and artifices of low cunning and unskillfulness.”<sup>10</sup> He mentioned that quack doctors “treated” their patients with the help of a dying man’s hand, applications of toads, undressed veal, spittle, various plasters, substance taken from the leg of a horse, urine of a child fed on goat’s milk, and all kinds of innumerable charms, amulets, and exorcisms.<sup>11</sup>

In his treatise, Henry Fearon pointed out that in four cases of breast tumour his patients were treated by quack doctors before or after visiting him. In his opinion, such practice proved its ineffectiveness at best, but most certainly resulted in further suffering, rapid progress of the disease and inevitable death.

Maria Edgeworth’s novel reveals the author’s concern with this problem. Lady Delacour, having noticed the troublesome signs, was initially reluctant to seek proper medical treatment and invited a quack doctor who persuaded the poor woman that she had cancer. Lady Delacour bought from him some medicines that nobody knew what they were, but “they affected her head in the most alarming manner.” As a result of such treatment Lady Delacour’s health was “terribly injured by the ignorance and villainy of the wretch to whom she had so long and so rashly trusted. The nostrums which he persuaded her to take... would have ruined her constitution, had it not been uncommonly strong.”<sup>12</sup>

Clearly, both medical men and women writers were against self-medication and ignorant quacks who thought of economic gain but not cure. They believed that early professional medical assistance could do much to maintain women’s health.

Interestingly, however, in Frances Sheridan’s novel we also find evidence of the characteristic eighteenth-century debate between physicians and surgeons about necessity and utility of radical breast surgery. Traditionally, learned physicians in Britain looked down upon surgeons as craft specialists.<sup>13</sup> William Rowley, a physician and man-midwife, thought surgeons were “commonly too ready to use the knife, not only in cancerous complaint, but likewise in tumours of the breast, not cancerous.”<sup>14</sup> Meanwhile, Henry Fearon, a surgeon of Surrey dispensary, stressed “the earlier the operation is performed, the greater probability there will be, of the disease not returning.”<sup>15</sup> Undoubtedly, the economic factor was not the least significant argument in this debate, as medical service at that period was quite expensive. In *Sidney Bidulph*, Sheridan paints a convincing picture of how a hidden confrontation develops into an open conflict between an ‘unfeeling operator,” the advocate of immediate mastectomy, and a young doctor Maine who is against it:

The disappointed surgeon hardly forbore rude language to the women; and telling Mr. Main he would make him know what it was to traduce the skill of a practitioner of his standing, marched off in a violent passion, saying to his patient, if she had a mind to kill herself, it was nothing to him.<sup>16</sup>

In addition, another shared concern expressed by many medical writers of the period was the extensive usage of medications, which contained narcotics. Indeed, they were widely prescribed to treat a considerable range of illnesses including breast tumours. Laudanum was the name for a number of preparations in which opium was the key ingredient, and it was an official drug generally recommended to reduce physical pain. Both William Rowley and Henry Fearon considered laudanum more harmful than useful. Rowley recognized that “*opiates*, hemlock, or such *narcotics*, will be highly improper, as they would defeat the salutary attempts by diminishing the moving powers, and they appear highly contradictory to any intention of cure.”<sup>17</sup> Fearon, in his turn, was sure that opium offered only short-term relief to the problem.<sup>18</sup>

Maria Edgeworth, like the medical contemporaries of her day, criticized the common practice of prescribing opium. The negative influence of laudanum on Lady Delacour’s health is portrayed in *Belinda*. For many months the heroine was “under the dominion of laudanum”, which she took in “terrible quantities.”

Her devotion was by no means steady or permanent; it came on by fits usually at the time when the effect of opium was exhausted, or before a fresh dose began to operate. In

these intervals she was low-spirited ... Whilst the stimulus of laudanum lasted, the train of her ideas always changed, and she was amazed at the weak fears and strange notions by which she had been disturbed; yet it was not in her power entirely to chase away these visions of the night, and they gained gradually a dominion over her, of which she was heartily ashamed. She resolved to conceal this *weakness*...<sup>19</sup>

The command "Give me my laudanum" was heard in such increasing frequency, that it frightened even her servant Marriott. Belinda Portman, Lady Delacour's close friend, found alarming the habit of repairing "spirits with opium" and insisted on consulting Doctor X who recommended "her ladyship to abstain gradually from opium, and this advice she had the resolution to follow with uninterrupted perseverance."<sup>20</sup> Certainly, Maria Edgeworth, showing negative influence of opium on her heroine, supported the progressive medical ideas and promoted them in wide circles of female readership.

As to tumours, chancres and other outer lesions and injuries many people suffered from in the eighteenth century, they were traditionally treated by surgeons, who performed a wide range of surgical interventions and amputations, including mastectomy. Breast surgery was extremely painful and dangerous in the pre-anesthesia and pre-sterilization epoch. Being the advocate of breast surgery, surgeon Henry Fearon admitted all the dangers of it.

... the operation be the only alternative to which the patients must have recourse in order to preserve life, yet it requires a greater degree of resolution than most of them can readily summon up, to submit to it. The certainty of very severe and acute pain during the operation, as well as of that which must naturally follow it, the fear of a great effusion of blood, the uncertainty of success, the long confinement, and in many cases, mutilation and deformity, are difficulties of considerable magnitude, and not easily surmounted.<sup>21</sup>

In his turn, physician William Rowley insisted that in most cases conservative treatment was more preferable than breast surgery. In his opinion, the effect of the latter was "*doubtful*" and "frequently fruitless", as mastectomy often resulted in a "rapid augmentation of the disease" and "death with additional misery."<sup>22</sup>

Through examining both medical and women's narratives it was discovered that an entirely common vocabulary was used to describe breast surgery: "dreadful/horrid/painful/cruel operation", "trial/pain/danger/misery," "uncertainty/no other alternative/death". The same words used in both types of narratives make it clear that the patients faced particular danger, and they and their doctors were aware of it. On the other side, it proves that the frames of the disease were similar in medical and literary texts of that epoch.

In addition, all three women's narratives are practically similar in describing the patient's behaviour before the dangerous operation, stressing female stoicism and stamina. For instance, Frances Burney and two fictional heroines fixed the time or/and place of operation, made all the necessary preparations before it, wrote or/and discussed their wills, controlled their husbands or/and other family members. In such a way women patients wanted to keep control over their own bodies and to be ready to face the forthcoming ordeal with calm and dignity. The verbal presentations of their readiness to go through the surgery are also strikingly similar.

*Sidney Bidulph*: heroic young woman, the only composed person amongst them, countenance perfectly serene, with much composure, "I am determined to submit", "I am ready for you".

*Belinda*: an air of determined dignity in all her motions, calm and collected, calm self-possession, "I am ready", "I am prepared."

*F. Burney's letter*: I assumed the best spirits in my power, to meet the coming blow...

Surprisingly, Fearon and Rowley also recognized in their works the change in the behaviour of their patients. At first women always got terrified and rejected operation, but later in the face of

unavoidable surgery they became stoical and resolute. They wrote that women who were to undergo mastectomy tried to control the situation. Moreover, despite extreme suffering during the operation and after it, there were women who consented to undergo breast surgery for the second time to get rid of the revived disease. Henry Fearon informed his readers of four cases of repeated operations performed by him.

Nevertheless, the medical writings of the period do not offer a complete picture of breast surgery in the eighteenth century. For instance, when it comes to promoting his new surgical technique in breast surgery, Henry Fearon describes quite an idyllic process of operation, distorting the real picture of it. No doubt, he does this to convince his readers and future patients in his professional skills:

The operation is so simple, that my patients have hardly complained of pain; they generally feared they should faint, but on the contrary, as soon as the dressings and bandage were applied they got up and walked to bed without any assistance.<sup>23</sup>

Frances Burney's letter gives us a wealth of information regarding the operation. Quite opposite is our evidence for breast surgery that comes from her pen, notwithstanding the fact that in her case the mastectomy was performed by the eminent French surgeon Larrey:

[T]he operation, including the treatment and dressing, lasted 20 minutes! a time, for suffering so acute, that was hardly supportable ... Twice, I believe, I fainted... When all was done, & they lifted me up that I might be put to bed, my strength was so totally annihilated, that I was obliged to be carried, & could not even sustain my hands and arms, which hung as if I had been lifeless.<sup>24</sup>

In the letter, Burney also confessed that the rehabilitation period was long and tormenting. Even after nine months since the operation the recollection of it was still very painful, and the woman felt physical pain while writing.

Besides, women's texts reveal what patients felt when the disease became evident and danger of breast removal appeared. Their narratives also serve as valuable sources of information, which show the public "face" of the disease. How did women perceive their sick body? Were extreme physical pain and fear of death the only things women were afraid of? How did society react to the disease and were other people always tolerant and compassionate towards them? The answers to these questions can be found reading the women's texts.

The language of women in cancer narratives is very emotional and full of metaphors. There are descriptions of ruminations on a bleak future visualized as body "dying by inches" or "eaten away" by the "loathsome disease."<sup>25</sup> Lady Delacour compares herself to a tree: "What am I? The outside rind is left – the sap is gone. The tree lasts from day to day by miracle – it cannot last long."<sup>26</sup> For Frances Burney, the tumour in her "poor breast" was "the evil to be deep, so deep that... if it could not be dissolved, it could only with life be extirpated."<sup>27</sup>

The women's narratives also provide a window onto possible public response of society in eighteenth-century Britain. They reveal that sick women tried to keep their disease in secret, because they were afraid of gossip and public scandal, which could make their life even more intolerable. For instance, Frances Burney, who was a popular woman writer at that time, sent the letter to her sister only in nine months after the surgery. The author confessed that she wrote about the operation in full detail to avoid possible gossiping in Britain.

In *Belinda*, Maria Edgeworth presents a detailed picture of Lady Delacour's "anxiety, that her secret should not be discovered." The beautiful woman, who was admired as "a fashionable *bel esprit*" in London's society, feared to lose her position and did everything "to conceal the state of her health from the world" and even from the household. The mysterious boudoir where she kept her bandages and medicine was always locked, and nobody knew of secret visits from the quack doctor. Later Lady Delacour confessed to her friend Belinda:

I will never consult a physician, - I would not for the universe have my situation known... if I lose admiration, what have I left? ... Consider what a dreadful thing it must be to me ... to be confined to a sick room – a sick bed.<sup>28</sup>

Lady Delacour's obsession with secrecy was also caused by her fear of losing sexual attractiveness. Her imagination constantly drew the horrifying pictures of public dishonour and humiliation:

But it would be inexpressible, intolerable mortification to me, to have it said or suspected in the world of fashion, that I retreated from the ranks disabled instead of disgusted. A voluntary retirement is graceful and dignified; a forced retreat is awkward and humiliating. You must be sensible that I could not endure to have it whispered – 'Lady Delacour now sets up for being a prude, because she can no longer be coquette.' Lady Delacour would become the subject of witticisms, epigrams, caricatures without end... We should have 'Lord and Lady D', or the Domestic Tête-à-tête,' or 'The Reformed Amazon,' stuck up in a print-shop window!<sup>29</sup>

Frances Burney's reaction was more reserved and veiled, but it echoed Lady Delacour's fears. She wrote "I felt no courage – my dread & repugnance, from a thousand reasons *besides* the pain, almost shook my faculties."<sup>30</sup> The writer who at the time of the operation she was 59 admitted that she felt shame as the physical examinations were performed by men. She was "as rebellious to the first visit of this famous anatomist [doctor Ribe – *the author*]... so odious to me was this sort of process."<sup>31</sup>

Thus, by using a combination of women's and medical texts on breast cancer, and reading them against one another to assess what is said in which type of source, this study demonstrates that the frames of the disease prove to be similar in rhetoric and coincided in the range of problems under consideration. At the same time the medical representations of female physical and emotional sufferings authored by men are rather schematic and sometimes even distorted. The women's personal records and fictional narratives, which are the literary embodiments of individual female voices, give us better understanding of the intimate experience of the disease from the perspective of the patients, making the whole picture of the disease in the eighteenth century fuller and multidimensional.

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## Notes

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<sup>1</sup> Tristanne Connolly and Steve Clark, introduction to *Liberating Medicine, 1720-1835*, ed. Tristanne Connolly and Steve Clark (London: Pickering & Chatto, 2009), 4.

<sup>2</sup> John Wiltshire, "Journals and letters," in *The Cambridge Companion to Frances Burney*, ed. Peter Sabor (New York: Cambridge University Press, 2007), 86.

<sup>3</sup> Claire Harman, *Fanny Burney: A Biography* (New York: Alfred A. Knopf, 2001), 293.

<sup>4</sup> Marjo Kaartinen, *Breast Cancer in the Eighteenth Century* (London: Pickering & Chatto, 2013), 17.

<sup>5</sup> Frances Sheridan, *Memoirs of Miss Sidney Bidulph Extracted from her own Journal, and now first published*. <http://www.gutenberg.org/files/43437/43437-h/43437-h.htm>.

<sup>6</sup> Frances Burney (Madam D'Arblay). "A Mastectomy (1811)". In *Medicine and Western Civilization*, ed. David J. Rothman, Steven Marcus and Stephanie A. Kiceluk (New Brunswick: Rutgers University Press, 2003), 383.

<sup>7</sup> William Rowley, *A Treatise on the Management of Female Breasts during Childbed; and several new observations on cancerous diseases with prescription*, (London: Printed for J. Wingrave et al., 1790), 5.

<sup>8</sup> *Ibid.*, 30-31.

<sup>9</sup> *Ibid.*, 71.

<sup>10</sup> *Ibid.*, 69.

<sup>11</sup> *Ibid.*, 19.

- <sup>12</sup> Maria Edgeworth, "Belinda," in *Tales and Novels, Volume 3 (of 10)*, by Maria Edgeworth, <http://www.gutenberg.org/files/9455/9455-h/9455-h.htm>.
- <sup>13</sup> William E. Burns, *Science in the Enlightenment: an encyclopedia* (Santa Barbara: ABC-CLIO, 2003), 192.
- <sup>14</sup> William Rowley, *A Treatise on the Management of Female Breasts during Childbed; and several new observations on cancerous diseases with prescription*, (London: Printed for J. Wingrave et al., 1790), 6.
- <sup>15</sup> Henry Fearon, *A Treatise on Cancers; with an account of a new and successful manner of operating, particularly in cancers of the breast or testis...* (London: Printed for J. Johnson, 1790), 79.
- <sup>16</sup> Frances Sheridan, *Memoirs of Miss Sidney Bidulph Extracted from her own Journal, and now first published*. <http://www.gutenberg.org/files/43437/43437-h/43437-h.htm>.
- <sup>17</sup> William Rowley, *A Treatise on the Management of Female Breasts during Childbed; and several new observations on cancerous diseases with prescription*, (London: Printed for J. Wingrave et al., 1790), 18.
- <sup>18</sup> Henry Fearon, *A Treatise on Cancers; with an account of a new and successful manner of operating, particularly in cancers of the breast or testis...* (London: Printed for J. Johnson, 1790), 56.
- <sup>19</sup> Maria Edgeworth, "Belinda," in *Tales and Novels, Volume 3 (of 10)*, by Maria Edgeworth, <http://www.gutenberg.org/files/9455/9455-h/9455-h.htm>.
- <sup>20</sup> Ibid.
- <sup>21</sup> Henry Fearon, *A Treatise on Cancers; with an account of a new and successful manner of operating, particularly in cancers of the breast or testis...* (London: Printed for J. Johnson, 1790), 8.
- <sup>22</sup> William Rowley, *A Treatise on the Management of Female Breasts during Childbed; and several new observations on cancerous diseases with prescription*, (London: Printed for J. Wingrave et al., 1790), 24.
- <sup>23</sup> Henry Fearon, *A Treatise on Cancers; with an account of a new and successful manner of operating, particularly in cancers of the breast or testis...* (London: Printed for J. Johnson, 1790), 131.
- <sup>24</sup> Frances Burney (Madam D'Arblay). "A Mastectomy (1811)." In *Medicine and Western Civilization*, ed. David J. Rothman, Steven Marcus and Stephanie A. Kiceluk (New Brunswick: Rutgers University Press, 2003), 389.
- <sup>25</sup> Maria Edgeworth, "Belinda," in *Tales and Novels, Volume 3 (of 10)*, by Maria Edgeworth, <http://www.gutenberg.org/files/9455/9455-h/9455-h.htm>.
- <sup>26</sup> Ibid.
- <sup>27</sup> Frances Burney (Madam D'Arblay). "A Mastectomy (1811)." In *Medicine and Western Civilization*, ed. David J. Rothman, Steven Marcus and Stephanie A. Kiceluk (New Brunswick: Rutgers University Press, 2003), 386.
- <sup>28</sup> Maria Edgeworth, "Belinda," in *Tales and Novels, Volume 3 (of 10)*, by Maria Edgeworth, <http://www.gutenberg.org/files/9455/9455-h/9455-h.htm>.
- <sup>29</sup> Ibid.
- <sup>30</sup> Frances Burney (Madam D'Arblay). "A Mastectomy (1811)." In *Medicine and Western Civilization*, ed. David J. Rothman, Steven Marcus and Stephanie A. Kiceluk (New Brunswick: Rutgers University Press, 2003), 385.
- <sup>31</sup> Ibid.

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