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Writing the Unspeakable: Fanny Burney's Mastectomy and the Fictive Body

ON 30 SEPTEMBER 1811, in Paris, Frances Burney d'Arblay (1752–1840) underwent a simple mastectomy of the right breast to remove a growth her surgeons believed to be a cancerous tumor. A wine cordial, possibly containing laudanum, served as anesthetic. During the months that followed, Burney painfully composed a detailed narrative of her illness and operation for her family and friends in England.¹ This narrative appears at first reading to be an oddly paraliterary document: its nonprofessional descriptive history encapsulates the psychological and anatomical consequences of cancer in a text that is part medico-surgical treatise and part sentimental fiction. While its wealth of detail makes it a significant document in the history of surgical technique, its intimate confessions and elaborately fictive staging, persona-building, and framing make it likewise a powerful and courageous work of literature in which the imagination confronts and translates the body. Can this story be told? Fanny Burney's letter asks. By questioning the narratability of her medical experience and bodily violation, Burney's mastectomy document also questions the nature of representation in the highly codified genre of the medical case history. The formal, stylized operation retold in Burney's letter and her intimately encoded response constitute two approaches to the same timeless human need—the need to avoid pain and suffering—and demonstrate the complex ways in which the act of writing, like the act of surgery, can be simultaneously wounding and therapeutic.

I

Fanny Burney's mastectomy narrative imaginatively reenacts the anatomization of the author's body, a private body violated and made public through the experience of surgery. In doing so, it creates the author's very selfhood as a response to violence. Long before 1811, however, Burney's writings had depicted physical and mental pain to satirize the cruelty of social behavioral strictures, especially for women, and to pillory the sentimental conventions of eighteenth-century fiction. Burney showcased moments of endured violence in the three novels that predated her mastectomy, and these moments serve as frameworks

for her analyses of female fear and the forced loss of control that constantly lurks beneath society's polite forms and coerces women into self-suppression. Whether as medical catastrophe, social embarrassment, or criminal brutality, violence cracks the surface of polite and acceptable social engagement and raises the specter of exposure. This threat, the dread of public nakedness, informs Burney's mastectomy writing as well, but to understand its dynamics fully there we need first to look at the moments of violence in her earlier writings.

It is not surprising that the narrative and rhetorical strategies Burney employed for this difficult composition reflect techniques she had mastered in her fiction. Three of her novels had appeared by 1811—*Evelina; or, The History of a Young Lady's Entrance into the World* (1778); *Cecilia; or, Memoirs of an Heiress* (1782); and *Camilla; or, A Picture of Youth* (1796)—granting their author popular fame and critical attention, though not fortune, for her literary efforts. A fourth, *The Wanderer; or, Female Difficulties*, would be published shortly, in 1814. The heroines Burney portrays share a problem that is also that of their creator's nonfictional surgical ordeal: how to remain a properly behaved, decorous eighteenth-century lady while burdened with legitimate, and terrorizing, anger at situations that limit her autonomy—how to weigh the risks of rebellion against the humiliations of submission. Burney's four fictional heroines each, on occasion, find ingenious ways to subvert social constraints while they also each suffer from binding conventions. In the three novels composed prior to 1811, episodes of violence (nasty practical jokes and catastrophic social gaffes, accidents and illness, nightmares and madness) reveal a complicated relationship between decorous propriety and its potential for unexpected explosion.

Burney's dread of such explosions drew on her own experience at court, that most code-bound and most dangerous of social milieus. Her writings from the court of Queen Charlotte, where she served as Second Keeper of the Robes from 1786 to 1791, demonstrate a preoccupation with uncanny forms of violence. Her first impressions of court etiquette appear in a letter to her sister Esther dated 17 December 1785. Burney composed the "Directions for coughing, sneezing, or moving, before the King and Queen" contained in that letter to amuse her family and to exorcise her own oppression and pain, and it is a passage that bristles with ironic detachment:

In the first place, you must not cough. If you find a cough tickling in your throat, you must arrest it from making any sound; if you find yourself choking with the forbearance, you must choke—but not cough.

In the second place, you must not sneeze. If you have a vehement cold, you must take no notice of it; if your nose membranes feel a great irritation, you must hold your breath; if a sneeze still insists upon making its way, you must oppose it, by keeping your teeth grinding together; if the violence of the repulse breaks some blood-vessel, you must break the blood-vessel—but not sneeze.

In the third place, you must not, upon any account, stir either hand or foot. If, by chance, a black pin runs into your head, you must not take it out. If the pain is very great,

you must be sure to bear it without wincing; if it brings the tears into your eyes, you must not wipe them off; if they give you a tingling by running down your cheeks, you must look as if nothing was the matter. If the blood should gush from your head by means of the black pin, you must let it gush; if you are uneasy to think of making such a blurred appearance, you must be uneasy, but you must say nothing about it. If, however, the agony is very great, you may, privately, bite the inside of your cheek, or of your lips, for a little relief; taking care, meanwhile, to do it so cautiously as to make no apparent dent outwardly. And, with that precaution, if you even gnaw a piece out, it will not be minded, only be sure either to swallow it, or commit it to a corner of the inside of your mouth till they are gone—for you must not spit.²

Burney narrates here the need to control private and natural physicality. The final motionlessness—a state of absolute imprisonment—explodes into a literal bloodbath in which self-control leads inexorably to self-cannibalism. Burney's control over her bodily responses is paralleled by her control over language, so that self-wounding conquers vulnerability both literally and in written representation.

Burney's novels also encode struggles against forced loss of control in the way their apparently benign domestic settings turn out to foster eruptions of violence. Violence repeatedly shatters the apparently conventional social economy the novels' settings appear to subscribe to and protect in stunning episodes of unprepared, gratuitous brutality. In *Evelina*, crude verbal and physical abuse is woven into the fabric of the dangerous social world in which Evelina seeks a place. One episode in particular demonstrates Burney's narrative use of transformatory violence. Captain Mirvan masquerades as a highway thief and attacks Madame Duval, Evelina's mortifyingly vulgar grandmother, who ends up wigless in a ditch with her feet tied together and the rope attached to a tree:

Her head-dress had fallen off; her linen was torn; her negligee had not a pin left in it; her petticoats she was obliged to hold on; and her shoes were perpetually slipping off. She was covered with dirt, weeds, and filth, and her face was really horrible, for the pomatum and powder from her head, and the dust from the road, were quite *pasted* on her skin by her tears, which, with her *rouge*, made so frightful a mixture, that she hardly looked human.³

It is not primarily physical injury that is here sustained but the violation of appearance. Madame Duval becomes a debauched witch; the Captain has literally undressed her. The victim's own description exaggerates the event's violence while making clear the actual nature of the crime:

He lugged me out of the chariot by main force, and I verily thought he'd have murdered me. He was as strong as a lion; I was no more in his hands than a child. But I believe never nobody was so abused before, for he dragged me down the road, pulling and hawling me all the way, as if I'd no more feeling than a horse. I'm sure I wish I could see that man cut up and quartered alive! . . . So, when I was got there, what does he do, but, all of a sudden, he takes me by both the shoulders, and he gives me such a shake!—*Mon Dieu!* I shall never forget it, if I live to be an hundred. I'm sure I dare say I'm out of joint all over. (*Ev* 149–50)

Madame Duval, never pacific herself in either language or gesture, internalizes the violence that has been done to her and becomes from this moment forward “out of joint all over” in the narrative economy of Burney’s novel. But the episode’s final blow for her involves the loss of her “curls”; bald and naked because wigless, she cannot run for justice but must hide herself in the carriage. Captain Mirvan has removed her from the public sphere where justice resides and has rendered her not merely symbolically naked but fundamentally private and forcibly enclosed as well. Justice, thus, becomes radically unavailable because the *appearance* of injustice—torn clothing; a bald head; a muddy wig—precludes seeking re-dress. Violence in *Evelina* abuses the façade rather than the edifice, the hair rather than the head. In this way violence threatens social containment by subverting social decorum, underwriting a sort of brinksmanship diplomacy of the drawing-room.

That edgy, precarious diplomacy continues to rule *Cecilia*, Burney’s second novel, yet a more depraved atmosphere pervades it. Cecilia’s guardian Harrel shoots himself to avoid the debts that have decimated Cecilia’s inheritance and humiliated his family. Burney’s description of Harrel’s death introduces a connection between physical pain and silence, horror and speechlessness, that permeates the rest of *Cecilia*, dominates *Camilla*, and will reappear in inverted form in the mastectomy letter:

He had lingered, she found, about a quarter of an hour, but in a condition too dreadful for description, quite speechless, and, by all that could be judged, out of his senses; yet so distorted with pain, and wounded so desperately beyond any power of relief, that the surgeon, who every instant expected his death, said it would not be merely useless but inhuman, to remove him till he breathed his last.⁴

Violence here takes on a characteristic it will retain from 1782 on in Burney’s writings: whereas in the comic *Evelina* of 1778 it induces volubility, in the later writings it is accompanied by muteness, inarticulateness, and “speechless agony.”

Cecilia’s climactic scene occurs when “grief and horror, next to frenzy, at a disappointment thus unexpected, and thus peremptory, rose in the face of Mrs. Delvile, who, striking her hand upon her forehead, cried, ‘My brain is on fire!’” She bursts a blood vessel, an episode that may have been on Burney’s mind when she composed her court directions in 1785, three years after *Cecilia*’s publication: a sudden, involuntary gush of blood signifies the ultimate loss of control for Burney, the incapacity to stanch passion. Cecilia and Mortimer find his mother “extended upon the floor, her face, hands, and neck all covered with blood” (*Cec* 2:219). The physician’s instructions for Mrs. Delvile’s cure are that “she should be kept extremely quiet, and on no account be suffered to talk” (*Cec* 2:224). For Mrs. Delvile as for Harrel, emotional and financial extremity result in violence to the body, whose therapy (or curse) is speechlessness: “speechless agony,” “too dreadful for description,” much less narration. Later, Cecilia’s own madness takes

the form of distracted speech and confused cries in a sequence that anticipates the fragmented delirium and absolute silence of Camilla's similar madness (*Cec* 2:428–41).

This silencing power of violence—its capacity to render language inaccessible and thereby to make narration impossible—particularly controls the plot of *Camilla*.⁵ In the novel's final cataclysm, Camilla has a paradigmatic nightmare in which the figure of Death forces her to write an account of herself. First struck mute, she then picks up a "pen of iron" and scribbles dementedly, her words burning into the page (*Cam* 874–78). In Camilla's nightmare, in which the writing implement represents a weapon to deploy against madness and death, words embody a commitment to a finished and sealed self that terrorizes her. "Write with thy own hand thy claims," calls a voice, to which Camilla replies, "O, no! no! no! . . . let me not sign my own miserable insufficiency!" She "involuntarily" takes up the pen and writes "with a velocity uncontrollable" words that become "illuminated with burning sulphur" everywhere she looks (875). She cannot narrate, but she must; ultimately, she cannot stop narrating. Camilla's nightmare story, her entry in the "Records of Eternity," parallels the author's story years later when Burney, in a frenzied need to write her body's experience and turn it into history, composed her mastectomy letter.

These paradigmatic sequences of violence in Burney's novels expose normally hidden oppression and social pain by moving beyond the limits of physical endurance and hence beyond those of social convention. The sequences themselves become a discourse defining the outer limits of language through the difficulty and necessity of narrating violence, whether social, emotional, or physical. The conventional social themes of Burney's surface plots—orphanhood, inheritance, courtship—are not themselves available for narrative representation, her writing suggests, except through the interventions of violence. Burney needs to crack surfaces, to get beneath the façades of politeness, decorum, and propriety, in order to tell her story. Writing and violence operate together for Burney; she continually ties language to eruptions of dread, delirium, and the tyrannies of social convention.

II

The compositional history of the narrative describing Burney's breast disease illuminates part of the matrix of violence in her writing. For Burney, the physical act of writing, both before and after her mastectomy, was not only an act of social defiance but a self-inflicted violent act, literally physically painful. It had become extremely uncomfortable for her to write long before the mastectomy itself. Immediately before the surgeons arrive, she takes up a pen with effort to make a will and to write notes to her husband and son, but she writes later that "my arm prohibited me" from writing to others to exorcise her dread while the

surgery was in preparation. Holding and using a pen remained painful and difficult for her until at least 1815. She refers to being “still but *convalescente*” from “a dangerous & almost desperate illness” a year later, in a letter to Dr. Burney dated 18 September 1812 (*JL*, 7:20), and in the winter of 1813 she complained of the effects of nasty English weather and inappropriate activity on her health. “I have cruel fears,” she wrote to her brother in January, “as I am a slave to care & precaution, or an instant sufferer: for the least cold—damp—extension of the right arm, bending down the chest,—quick exertion of any kind,—strong emotion, or any mental uneasiness, bring on either short, acute pangs, or tolerable, yet wearing & heavy sensations” (*JL*, 7:72). To her friend Georgiana Wadding-



ton, she lamented that “the oppression upon my breast makes all talking so fatiguing, so painful in its effect” and remarks that “you can difficultly conceive how I am forced to shut myself, from a cough that tears me to pieces when I talk” (*JL*, 7:102). She also remarked to her husband, in two letters written in July 1812, that writing fatigued and pained her as she was required to rely entirely on wrist rather than shoulder muscles (*JL*, 6:643). A drawing of a woman with a mechanical arm, included with the Burney family papers in the Berg Collection and perhaps done either by Burney’s friend Frederica Locke or, more likely, by her artist cousin Edward Francesco Burney (a portraitist, book illustrator, and caricaturist who produced occasional comic drawings of the family) was probably executed some time after this surgery. The drawing may have been inspired by Burney’s postoperative difficulties, and it seems to comment on the ironic effects of surgical (and quasi-technological) intervention on the body (fig. 1). Although Burney claimed not to have reread or revised her mastectomy account at the time she originally composed it, her arm physically prevented her from dashing it all out in a blind heat. Indeed, in the letter itself she refers to “this miserable account, which I began 3 months ago, at least” (*JL*, 6:613). Manuscripts reveal Burney’s handwriting to change markedly after 30 September 1811; the hand becomes larger, less steady, and erratic. Of physical necessity, the composition process was slow and laborious for her, as she often mentioned, and such a writing process, one can speculate, lends itself to self-consciousness of style rather than to spontaneity of expression.

Burney completed the last sheets of her letter to her sister Esther in June 1812 (the first sheets are dated 22 March) at a time when she was still convalescing, both physically and psychologically. The letter actually sent through the Napoleonic blockade to Esther is in an envelope marked “Account from Paris of a terrible Operation—1812” and contains no apparent revisions or emendations, but the fact that Burney gave this letter a title when she returned to it for editorial work years later suggests a more studied text than the usual casually informative, familiar letter. Changes of ink corroborate Burney’s own statement that it was not composed at one sitting. It contains only five paragraph breaks, and it does not appear to have been recopied (fig. 2). The whole is in Burney’s own handwriting. The second manuscript, however, is a fair copy of the original letter made before it left Paris in the handwriting of Burney’s son Alex and of her husband, General Alexander d’Arblay. This copy omits the background to the operation and begins with “All hope of escaping being now at an end . . .” (*JL*, 6:604). A sheet Burney marked herself with “Breast operation / Respect this / & beware not to injure it!!!”

FIGURE 1 (*opposite*). Ink drawing by a member of the Burney family. Henry W. and Albert A. Berg Collection, New York Public Library (Astor, Lenox, and Tilden Foundations).

8

I suppose, appeared, though not my wish, for M. Dubois himself now—
 softened, and spoke soothingly.—"Can you," he cried, "feel for an operation
 that, to you, must seem so trivial?"—"Trivial?" he repeated, taking
 up a bit of paper, which he tore, unconsciously, into a million of pieces,—
 "oui"—"I'll tear it short"—"oui"—he flattered, and could not go on. No
 one else attempted to speak;—but I was, of course, myself, when I said
 even M. Dubois grew agitated, while Dr. Larrey kept always aloof;—and
 a glance showed me he was pale as ashen.—I knew not positively, then,
 the immediate danger;—but every thing convinced me danger was at hand
 about me, and that this experiment could alone save me from its grasp.
 Seeing then now all patients, be touched for me, I could myself to order, and pass
 the mounted, therefore, unbidden, the bedstead, and off. Dubois placed me
 upon the mattress, and spread a cambric handkerchief ^{over} my face.
 —It was transparent, however, and I saw, through it, that the bedstead
 was instantly surrounded by the fifteen men and my nurse. I refused to
 be held; but when, bright through the cambric, I saw the glances
 of justified steel,—I closed my eyes. I would not trust to—
 overstep for the sight of the terrible ^{very} incision.

I knew the most profound silence, which lasted ~~some~~ some minutes,
 during which I imagined they ^{gave} their orders by signs, & made their examination
 & what a horrible suspension! I did not breathe, & M. Dubois tried vainly
 to find any pulse. This pause, at length, was broken by Dr. Larrey, who in a
 voice of solemn melancholy, said: "qui me tiendra ce sein?"

I now opened my eyes: for this account

FIGURE 2 (above). Fanny Burney, original letter to Esther Burney, dated 22 March 1812, p. 8. Berg Collection, New York Public Library.

FIGURE 3 (right). Fair copy of mastectomy letter to Esther Burney, p. 13. Berg Collection, New York Public Library.

incision. A silence the most profound ensued, which lasted for some¹³ minutes, during which, I imagined, they took their orders by signs, & made their examination. Oh what a horrible suspension! I did not breathe & Mr. Dubois tried vainly to find any pulse. This pause, at length, was broken by Dr. Lorry, who, in a voice of solemn melancholy, said "Lui me tundra ce sein?" No one answered; at least not verbally; but this assured me none my painful submissive state, for I feared they imagined the whole breast infected—feared it too justly, for, again through the lambric, I saw the hands of Mr. Dubois held up, while his fore finger 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. Excited by this idea, I started up, threw off my veil, & in answer to the demand "Lui me tundra ce sein?" 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. I was heard attentively, but in utter silence, & Mr. Dubois then replaced me as before, & as before, pressed my veil over my face. How vain, alas, my representation! immediately again I saw the fatal finger describe the cross & the circle—Hopeless, then, desperate, & self-given up, I closed once more my eyes, relinquishing all watching, all resistance, all interference, & sadly resolve to be wholly resigned.

My dearest Esther, & all my dears to whom the commandments this doleful duty, with rejoice to hear that this resolution once taken, was firmly adhered to, in defiance of a terror that surpasses all description, & the most torturing pain. Yet when the dreadful steel was plunged into the breast—cutting through veins, arteries, flesh—nerves—I ~~needed~~ needed no injunctions not to restrain my cries. I began a scream that lasted uninterruptedly during the whole time of the incision & I almost marvel that it rings not in my ears still! so excruciating was the agony. When the wound was made, & the instrument was withdrawn, the pain seemed undiminished, for the air that suddenly rushed into those delicate parts felt like a mass of minute but sharp & forked poniards, that were tearing the edges of the wound—but when again I felt the instrument describing a curve—cutting against the grain of I may so say, while the flesh resisted in a manner so forcible

(*JL*, 6:597) covers this version. Most curious, the fair copy contains several later emendations (almost certainly dating from the years 1820 to 1835 when she sorted through and edited her papers) in Fanny Burney's handwriting (fig. 3). Some examples of these additions to the text (in brackets) reflect Burney's attitude toward her composition:

I affected to be long [deciphering] the note . . . (*JL*, 6:608)

Dr. Moreau, [the Magician] instantly . . . (*JL*, 6:609)

I now began to tremble violently, [or rather shiver,] more with distaste & horror . . . (*JL*, 6:610)

I began a [tortured] scream . . . (*JL*, 6:612)

I thought I must have expired [, in torments beyond] human life. (*JL*, 6:612)

The recollection is still so painful [, so enfeebling—] my arm still, & always in a sling . . . (*JL*, 6:613)

However, [from the time the operation began,] I bore it with . . . (*JL*, 6:613)

These revisions are neither extensive nor profound in themselves. They prove, however, that Burney did reread the copy, if not the original, and that she reread it ten or more (probably at least twenty) years later with an ear to style and with an intention to preserve as dramatic a record as she could. Thirteen years later, in 1825, her Dunkirk journal conveys the writer's postoperative sense of the experience in a passage that refers to Mrs. Waddington: "She [Mrs. W.] little knew my then terrible situation:—hovering over my head was the stiletto of a surgeon for a menace of a Cancer—yet, till that moment Hope of Escape had always been held out to Me by the Baron de Larrey—Hope which, from the reading of that fatal Letter, became extinct" (*JL*, 6:707). Even in a passing reference, she remembers and renders the event not merely as grim fact but as gothic melodrama overlaid with imaginative structure and symbol.

The revisions Burney later made in the letter when she edited her correspondence suggest that she composed it with particular narrative rhythms and pacing in mind. The long section leading up to the day of surgery imitates and reenacts the drawn-out waiting period Burney endured, and the speeded up, virtually out-of-control, catapulting prose that describes the surgery itself, periodically and abruptly halted by the agonizingly repeated false sense that it was over, then follows the slow, tense opening pages. Burney's family's participation in the recopying, and briefly in the composing, of the letter turn the work into a collective, participatory act, a sort of confessional epistolary theater-in-the-round. All of these acts of writing—revising, recopying, preserving, turning to familial authorship—serve as coding mechanisms by which Burney translates surgical privacy into literature and the dread-provoking body into language. The obsessive intensity of the writing process, clear from the manuscripts, suggests that Burney endured the physical pain of writing to exorcise the remembered pain of surgery. This was not a new procedure for her; she had always turned to "scribbling" when under stress, as is demonstrated by her extraordinary statement that during the two hours before the surgeons arrived she would have written to her sisters and friends as a means to pass the time had her arm not physically prevented her. By treating the manuscript as a literary text, complete with all the appropriate editorial apparatus, Burney enables herself to experience it in memory as a literary event; by reactivating her physical pain in the act of writing itself, she detaches herself from it.

III

Burney may have wanted to write before the operation, but afterward she relates she had to be coaxed out of silence by circumstance. She wanted to keep inflated or misinformed rumors from reaching and alarming those she cared about in England: "I would spare, at least, their kind hearts any grief for me," the letter begins. But, she claims, "nothing could urge me to this communication" except learning that someone ignorant of her intention to be secretive had written about it. She had not planned that any of her family, and especially her father, should ever learn of her illness. "But to You, my beloved Esther, who, living more in the World, will surely hear it ere long, to you I will write the whole history, certain that, from the moment you know any evil has befallen me your kind kind heart will be constantly anxious to learn its extent, & its circumstances as well as its termination" (*JL*, 6:598). Thus, this "whole history" has for its inspiration a goal: to document and prove Burney's "perfect recovery." She presents it almost as a legal brief, a piece of evidence that the "whole history" metonymically authorizes a newly unwhole body. Though addressed to her sister, the letter is not intended solely for one correspondent, as she ends with instructions for its distribution and consumption by an extensive public: "I entreat you to let all my dear Brethren male & female take a perusal," as well as Amelia Angerstein, she commands, singling out her father, Frederica Locke, Charlotte Cambridge, and Sarah Baker for exclusion and asking Esther to use her own judgment about "all others" (*JL*, 6:614–15). Finally, Burney exhorts her sister to "read, therefore, this Narrative at your leisure, & without emotion—for all has ended happily" (*JL*, 6:615).

Fanny Burney presents her mastectomy letter as a confession of an event kept secret, but she also presents it as a medical case history, a chronological ordering of symptoms and signs, a presentation she would repeat many years later when she came to write of her childhood inability to read. By writing her experience as a public history, however costly the effort for her, she divests it of some of its power of intimacy and veils herself as well as her audience from the full impact of the agony and fear her story simultaneously embodies and disembodies. Yet afterward she disclaims the "history" she has composed: "I fear this is all written—confusedly, but I cannot read it—& I can write it no more" (*JL*, 6:614). She suggests an odd, and oddly powerful, version of herself as writer here, refusing to reread her own work but obsessed with how it will be received, offering it to others as absolute truth because unadulterated by revision yet revealing her own ambivalent and fearful relation both to its writing and to its subject matter. In many ways, she thus presents herself as both physician and patient.

Two weeks after the birth of her first and only child in 1794, when she was 42, Burney had suffered from an abscess caused, she thought, because the infant

Alex had contracted thrush and “communicated it to my Breast.” The lump disappeared but, Burney wrote, “they have made me wean my Child! . . . What that has cost me!” (*JL*, 3:94). Many seventeenth- and eighteenth-century explanations of carcinoma of the breast did connect the disease with complications from breastfeeding immediately following childbirth. Burney probably understood a remote causal connection between the 1794 illness, which had been painful though not dangerous, and the discomfort she began to notice in her right breast in August 1810. Her understanding of the illness, in any case, was that it was cumulative and progressive; Marianne Francis expressed that notion in a letter to Hester Thrale Piozzi of late September 1811: “A year ago—near two, now—she had a lump in her left breast, which at first she neglected but which afterwards encreased so much, the french surgeons, who are very skilful, told her that if it was not speedily extracted, it would become a *cancer*.”⁶ It is impossible to speculate with any accuracy at this remove, but modern physicians have questioned the validity of the diagnosis made of Burney’s illness. Her twenty-nine-year post-operative survival—she lived to the age of 87—suggests that the amputated breast had probably not contained a malignant tumor in the first place.

Most of Burney’s letter to Esther organizes the events that led up to her mastectomy, from the first awareness she had of discomfort in 1810 to the preparations she made for the surgery itself. At first, she avoided and ignored the problem, refusing to see a surgeon. She was not, however, an ignorant patient. She had done extensive medical research in preparation for the smallpox episode that begins *Camilla*, and she had been most attentive to health matters in raising an only son who was never terribly robust. Finally, she consented to see Antoine Dubois, a well-known surgeon, anatomist, and obstetrician who was attending the empress. Although neither Dubois nor Burney’s husband d’Arblay confronts her directly after the first consultation, she knows immediately their implied diagnosis: “I had not . . . much difficulty in telling myself what he [her husband] endeavoured not to tell me—that a small operation would be necessary to avert evil consequences!” (*JL*, 6:600). Already, Burney uses euphemism and circumlocution (“small” and “evil consequences”) simultaneously to conceal and to represent her horror, and that subversion of professional medical discourse undercuts this document as case history at the same time the novelistic, veiled language breaks through the letter’s objective surface. Dubois’s treatments, however, only made the symptoms worse, and the d’Arblays next consulted Baron Dominique-Jean Larrey, surgeon to Napoleon and now best remembered for his battlefield inventions of the “flying ambulance,” the mobile field hospital, and the technique of amputation at the hip joint. Larrey’s ministrations helped for a time, and Burney, become hopeful, felt both admiration and affection for him. Larrey called in François Ribes, a surgeon and anatomist who had served under him, and they consulted Jacques-Louis Moreau de la Sarthe. Happily for Burney, these sur-

geons had not yet been called to join Napoleon's Russian campaign; she was attended by the most eminent medical practitioners then in Paris.

From the moment when the doctors agree on the diagnosis, the mastectomy letter begins to rattle with contradictions, with rhetorical concealment, and with Burney's brilliant and courageous attempt to detach herself as narrator from the patient (and the body) under the knife in her story. Her detachment comes from both layers of the text's discourse: its case-history language and its "feminine" narrative of euphemism and disguise. Both elements remove Burney from direct contact with her body's representations and its fears and turn her to the narrative options of fiction. The doctors, she writes, "formally condemned [me] to an operation" (*JL*, 6:603) after a joint consultation. Indeed, much of this account uses the terminology of criminal sentencing. The doctors "pronounced my doom" (*JL*, 6:604); Burney twice refers to the operation itself as "the trial" (*JL*, 6:604, 607). When the decision to perform surgery is made, Burney writes, "After sentence thus passed, I was in hourly expectation of a summons to execution" (*JL*, 6:606). And when the surgeons finally arrive, Burney's readers *are* invited to witness an execution, complete with "the glitter of polished Steel" (*JL*, 6:611) and an ineffectual blindfold.

Before the day of execution, however, there is a good deal of suspenseful waiting around, and a struggle for power occurs that involves Burney's access to information about what is to be done to her. At every turn, those around Burney try to reassure her, to mask the real danger she quite well knows she is in, and to keep her in ignorance. Her doctors treat her like a child who must be shielded from the truth because she would be capable neither of understanding nor of enduring it. Even Larrey, a family friend whose respect Burney, by then a famous novelist, valued, patronizes her with incomplete candor. They never inform her that they mean to amputate the entire breast; she comprehends the extent of the surgery only when she watches the doctors' sign language (used instead of speech because she was fully conscious) while the knife is poised above her.⁷ Burney's writing, however, makes it clear that she understands her own justified resentment and sees through attempts to keep her from the facts. Dubois, for example, "uttered so many charges to me to be tranquil, & to suffer no uneasiness, that I could not but suspect there was room for terrible inquietude." D'Arblay, she says, also "sought . . . to tranquilize me—but in words only; his looks were shocking! his features, his whole face displayed the bitterest woe" (*JL*, 6:600).

The most telling irony in this letter comes from the fact that Burney herself shields and pities both doctors and husband in the end, getting the latter out of the way on the day of the operation and, during the surgery, helping the surgeons by steadying her breast with her own hands, and apologizing for causing Larrey emotional distress: "'Ah Messieurs! que je vous plains!—' for indeed I was sensible to the feeling concern with which they all saw what I endured" (*JL*, 6:613).

Yet earlier she had reproached Dubois: “Can *You*, I cried, feel for an operation that, to *You*, must seem so trivial?—Trivial? he repeated—taking up a bit of paper, which he tore, unconsciously, into a million of pieces, *oui—c’est peu de chose—mais—*’ he stammered, & could not go on.” She relents in her resentment only when “I saw even M. Dubois grow agitated” (*JL*, 6:611). Even those nineteenth-century critics, like William Hazlitt and Thomas Babington Macaulay, who have been nastiest about Burney’s talents as a writer have granted that she was one of the most observant and perceptive women ever to take up a pen; she is not reassured by these efforts to “tranquilize” and console her. In fact, the tables completely turn in her relationship with her husband, who becomes the one in need of protection: “My poor M. d’A was more to be pitied than myself, though he knew not the terrible idea I had internally annexed to the trial—but Oh what he suffered!—,” and her son Alex, then 16, she “kept as much as possible, and as long, ignorant of my situation.” Burney controls her husband here precisely as she herself is being controlled by her physicians. As soon as the alternative of surgery has become a certainty, a curious apparent shift occurs in the narrative. From repugnance, concern for herself, and anxiety about the prognosis, Burney turns all energy to her family in order to remove and defuse her own fears and to establish her autonomy in an ordeal that she knew ultimately she must endure alone: “All hope of escaping this evil being now at an end, I could only console or employ my Mind in considering how to render it less dreadful to M. d’A” (*JL*, 6:604).

The doctors explain that Burney’s suffering will be intense, and Moreau asks whether she had screamed during the birth of her son: “—Alas, I told him, it had not been possible to do otherwise; Oh then, he answered, there is no fear! —What terrible inferences were here to be drawn! I desired, therefore, that M. d’A. might be kept in ignorance of the day till the operation should be over” (*JL*, 6:605). That sequence of sentences moves swiftly from its starting point: the efforts of the doctors to stay her fears while still meeting their obligation to warn her of the severity of the physical pain she would have to tolerate. The “terrible inferences” she understands them to be masking are immediately evident to her, and they are made more fearsome by the doctors’ transparent effort to downplay them. No sooner does she sense this dynamic of condescending and hiding, which of course reveals to her the real horror of her situation, than she converts her reaction into concern for her husband—“therefore,” because a procedure of sidestepping “terrible inferences” is at work, she instantly switches roles and does for her husband what the doctors fail to do for her. Fanny Burney is not for a moment confused by the reassurance she receives; it makes her fears more vivid and makes her angry as well. But she does successfully protect her husband. D’Arblay’s comment at the end of the letter to Esther, a document finally completed nine months after the operation and from which he first learns its details (so that his participation

becomes literary—as reader and commentator) shows that Burney was correct in her impulse to keep him from witnessing the surgery. He writes:

No language could convey what I felt in the deadly course of these seven hours. . . . Besides, I must own, to you, that these details which were, till just now, quite unknown to me, have almost killed me, & I am only able to thank God that this more than half Angel has had the sublime courage to deny herself the comfort I might have offered her, to spare me, not the sharing of her excruciating pains, that was impossible, but the witnessing so terrific a scene, & perhaps the remorse to have rendered it more tragic. For I don't flatter my self I could have got through it—I must confess it. (*JL*, 6:614)

It was not, however, easy to get advance notice. The surgeons do not want their patient to have any knowledge of the time set for the operation, a plan to which Burney vigorously objects—“I obtained with difficulty a promise of 4 hours warning, which were essential to me for sundry regulations” (*JL*, 6:605). The doctors refuse to tell her what preparations to make and will not inform her of what to expect beyond their cryptic, and appalling, “*Vous Souffrirez—vous souffrirez beaucoup!*” (*JL*, 6:604). They tell her only to provide an armchair and some towels. Still, she senses danger and makes her will, a gesture she concealed from d'Arblay. She refuses the attendance of friends and retains only two servant women to stay with her.

Three weeks passed from the time Burney agreed to the operation until the date it was performed. D'Arblay, finally, wrote to ask that no further delay occur. It turned out, as Burney discovered two months later, that the doctors had given up her case as hopeless. Larrey, at last, takes Burney's wishes seriously: “I had said, however, he remembered, once, that I would far rather suffer a quick end without, than a lingering life with this dreadfulest of maladies” (*JL*, 6:607). When the letter announcing the day arrived—“Judge, my Esther, if I read this unmoved!”—her first thought is to keep it from her husband.⁸ She contrives to have him called away on urgent business: “—yet I had to disguise my sensations & intentions from M. d'A! . . . 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” (*JL*, 6:608). This “third person,” of course, represents both the husband become “other” and the omniscient narrator, the pseudo-objective observer who encircles the surgery patient in this text, the physician taking a history. Burney becomes both novelist and physician, narrative and historiographical roles that transform her into an outsider who witnesses her own most private experience, the only position from which she will be able to recount the operating scene. By so composing her account, Burney repackages the experience both for her readers and for herself. Fiction and case history here intersect.

The persona of the outsider-narrator remains during the hours of preparation. Burney made the room ready and supervised the folding of bandages—

“business was good for my nerves.” Then, another delay. For two hours, she waited for all the surgeons to return—“a dreadful interval. I had no longer any thing to do—I had only to think—TWO HOURS thus spent seemed never-ending. . . . I strolled to the Sallon—I saw it fitted with preparations, & I recoiled—.” That repugnance is her first direct confrontation of the reality to come. “But I soon returned; to what effect disguise from myself what I must so soon know?—.” The mistress of disguise and of feigned innocence in the heroines her novels celebrate now faces a physical reality that “artlessness,” the consummate eighteenth-century virtue for proper ladies, cannot alleviate. It is now that she writes, “I would fain have written to my dearest Father—to You, my Esther—to Charlotte James—Charles—Amelia Lock—but my arm prohibited me.” When she returns to the scene, “the sight of the immense quantity of bandages, compresses, sponges, Lint—Made me a little sick . . .” (*JL*, 6:609). She gets through the waiting period by pacing herself into a catatonically detached absence of emotion.

The final four pages of Burney’s letter recount the actual operation, a narrative that again weaves fiction with medical history, novelistic setting and suspense with surgical data. First, the doctors arrive—“7 Men in black.” She had not been warned about their numbers and is briefly outraged: “I was now awakened from my stupor—& by a sort of indignation—Why so many? & without leave?—But I could not utter a syllable.” What follows is a careful description whose tension makes it nearly unbearable to read. The tension comes, not simply, as might be expected, from the horror and gore of the event described in such detail but from the curious dual quality with which Burney depicts her own behavior. She is indignant but mute. Dubois orders her to a bed, when she had been told an armchair would suffice—she is “astonished.” Her fear and powerful anger now come from her helplessness; she will be supine, denied all dignity: “I now began to tremble violently, more with distaste & horror of the preparations even than of the pain,” because those preparations underline her powerlessness, her acquiescence, and the role her body has taken of an objectified entity over which she has lost control, or, rather, that she can only control afterward by narrating this history. The doctors disagree about whether her maids can remain with her; one is dismissed. Dubois “now tried to issue his commands *en militaire*,” and, Burney writes, “I resisted all that were resistable” (*JL*, 6:610). Another indignity follows when the doctors compel Burney to disrobe. She focuses her attention in this retelling on her effort to take charge, to survive the ordeal without humiliation, to become one of the physicians. Indeed, the entire letter depicts and metonymizes a dynamic of male-female power relations, a play of professional authority against female autonomy as symbolized by the sacrosanct female body here to be defiled. She now would have wanted her sisters near, not for moral support but “to protect—adjust—guard me” from the intrusion of these black-robed men who outnumber her.

The first part of the struggle ends when Burney confronts the medical men

with their inability to understand what she feels, with the fact that for them this is a clinical, routine, impersonal event. She retrieves some ironic measure of control by getting on the bed “unbidden,” as though the gesture were her will. Dubois spreads a transparent cambric handkerchief over her face. The handkerchief shields her from nothing; in fact, it serves to emphasize the image she creates of being converged upon, overpowered, ganged up on—“The Bedstead was instantly surrounded by the 7 men & my nurse.” Literally surrounded, she refuses to be held, in another attempt to maintain autonomy and dignity, and “bright through the cambric, I saw the glitter of polished Steel”—she becomes quite literally here the prisoner awaiting execution. “A silence the most profound ensued, which lasted for some minutes . . . —Oh what a horrible suspension!” (*JL*, 6:611). Throughout, Burney emphasizes the hovering terror, the waiting, the anticipation, the continuous effort to detach herself and to become a clinician and historian.

Through this suspense comes an extraordinary courage: the prisoner turns out to have more stomach for what is to come than do her executioners. Larrey breaks the silence with, “Qui me tiendra ce sein?—,” and the response comes from the patient herself: “I started up, threw off my veil, & . . . cried ‘C’est moi, Monsieur!’ & I held My hand under it.” Her “veil” is only symbolic, as the choice of term for the cambric handkerchief makes clear. But the presence of a “veil,” a gauzy swaddling cloth through which she discerns her fate, makes the blurred scene ironically more vivid: “Through the Cambric, I saw the hand of M. Dubois held up, while his fore finger 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.” She had not known the extent of the surgery, and this pantomime of a priest blessing a penitent or administering last rights “aroused me from my passively submissive state” (*JL*, 6:611).

Her protests met with silence, and the veil is replaced: “How vain, alas, my representation! immediately again I saw the fatal finger describe the Cross—& the circle—.” She resigns herself, “self-given up,” and closes her eyes. Then a curious thing happens. Now begins the operation itself—“The dreadful steel was plunged into the breast—cutting through veins—arteries—flesh—nerves,” and although Burney says her terror “surpasses all description,” she gives us a marvel of detail. The ability so closely to observe, habitual with her, may itself have been a defense mechanism, an absorption into the trauma in order to control it, to become the historian during the making of the history. An eighteenth-century American patient, undergoing an amputation, remarked on that quality of surgical experience: “During the operation, in spite of the pain it occasioned, my senses were preternaturally acute, as I have been told they generally are in patients under such circumstances. . . . I still recall with unwelcome vividness the spreading out of the instruments, the twisting of the tourniquet, the first incision, the fingering of the sawed bone, the sponge pressed on the flap, the tying of the

blood-vessels, the stitching of the skin, and the bloody dismembered limb lying on the floor.”⁹ Burney remains resolute; she defies her own fear and pain and does not resist, though she obeys the injunction to cry out with “a scream that lasted unintermittingly during the whole time of the incision—& I almost marvel that it rings not in my Ears still! so excruciating was the agony” (*JL*, 6:612). The explicit description that follows is one of the most astonishing, and bravest, medical passages in literature.

This, the climax, Burney describes with the powerfully ironic phrase, “this doleful ditty”:

When the wound was made, & the instrument was withdrawn, the pain seemed undiminished, for the air that suddenly rushed into those delicate parts felt like a mass of minute but sharp & forked poniards, that were tearing the edges of the wound—but when again I felt the instrument—describing a curve—cutting against the grain, if I may so say, while the flesh resisted in a manner so forcible as to oppose & tire the hand of the operator, who was forced to change from the right to the left—then, indeed, I thought I must have expired. I attempted no more to open my Eyes,—they felt as if hermetically shut, & so firmly closed, that the Eyelids seemed indented into the Cheeks. The instrument this second time withdrawn, I concluded the operation over—Oh no! presently the terrible cutting was renewed—& worse than ever, to separate the bottom, the foundation of this dreadful gland from the parts to which it adhered—Again all description would be baffled—yet again all was not over,—Dr Larry rested but his own hand, & —Oh Heaven!—I then felt the Knife [rack]ling against the breast bone—scraping it!—This performed, while I yet remained in utterly speechless torture, I heard the Voice of Mr. Larry,—(all others guarded a dead silence) in a tone nearly tragic, desire every one present to pronounce if any thing more remained to be done; The general voice was Yes,—but the finger of Mr. Dubois—which I literally *felt* elevated over the wound, though I saw nothing, & though he touched nothing, so indescribably sensitive was the spot—pointed to some further requisition—& again began the scraping!—and, after this, Dr. Moreau thought he discerned a peccant atom—and still, & still, M. Dubois demanded atom after atom—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 head ache from going on with the account! (*JL*, 6:612–13)

All description was not, after all, “baffled” (any more than *Cecilia*’s narrator found Harrel’s pain “too dreadful for description”), as this literally bone-chilling account makes clear. The sickness and “head ache” engendered by the writing itself suggests that, for Burney, to represent her surgery in language was to undergo it—mediated this time through words instead of silence and screams—again, but this time because she is the *writer* she is also the *surgeon*. “Speechless agony” finds words; the patient becomes her own surgeon and medical historian. Burney’s biographer Joyce Hemlow, citing her subject’s “realistic powers of description,” warns readers that they should be prepared “either to enter the gruesome operating-theatre, feel the cutting and hear the screams, or to turn over the leaf and choose another tale.”¹⁰ Burney does transport us, with a novelist’s skill, to the scene. More

than that, she writes an itemized chronicle of this surgery that reads very much like a surgical treatise of the period; from it, we learn details about the procedures used to perform her mastectomy, and the implicit theories behind them. She may have been in screaming agony during the twenty minutes it took Larrey to complete his task, but she nevertheless took careful notice of each turn of the knife, including the operator's appalling shift of hand. The combination of surgical particularity and personal trauma gives this letter its energetic ambivalence.¹¹

The term "doleful ditty" raises some intriguing questions about Burney's view of herself as both woman and writer when she composed this narrative. The term itself, often in the form "dismal ditty," is, according to Francis Grose's *Classical Dictionary of the Vulgar Tongue* (3rd ed.; London, 1796), a colloquialism for "a psalm sung by a criminal just before his death at the gallows," and Burney had used the phrase in *Camilla*. The mastectomy letter is, indeed, "dicté"—an account written down as it might have been spoken and, Burney claims, unread and never revised. Yet that alliterative phrase undercuts the power of the written performance. In fact, Burney seems determined to diminish the message here—an image of unswerving strength and endurance. She claims to have fainted twice—"At least, I have two total chasms in my memory of this transaction, that impede my tying together what passed" (*JL*, 6:613), and it is not unusual for a traumatic event to cause memory loss. However, the loss of consciousness is conveyed only insofar as it might have caused a break in narrative continuity. We can only imagine what that "single question" was that "disordered" her mind during the ordeal—the trauma of losing her breast? of mutilation and disfigurement? the fear of dying under the knife? At the end, while her own face, she says, "was utterly colourless" and her strength "totally annihilated," she finds time to worry about Larrey, become a gory specter in a gothic dénouement, "pale nearly as myself, his face streaked with blood, & its expression depicting grief, apprehension, & almost horror" (*JL*, 6:614).

Many writers have used the composing process as a means of coming to terms with the terror of their illnesses. Samuel Pepys's canonization of his bout with the kidney stone in his *Diary* is probably the most famous example, and recent writers as diverse as Norman Cousins and Audre Lorde have made their private medical ordeals public by composing confessional narratives.¹² Kidney stones seem especially to have inspired early writers to take up their pens. Along with Pepys, Cicero, Montaigne, Horace Walpole, David Garrick, and Benjamin Franklin were sufferers who turned their illnesses into prose. Montaigne justified his medical journalizing thus:

For lack of a natural memory I make one of paper, and as some new symptom occurs in my disease, I write it down. Whence it comes that at the present moment, when I have passed through virtually every sort of experience, if some grave stroke threatens me, by glancing through these little notes, disconnected like the Sibyl's leaves, I never fail to find grounds for comfort in some favorable prognostic from my past experience.¹³

Writing itself can provide a “favorable prognostic,” can have medicinal properties. Fanny Burney’s therapeutic strategies in writing about her mastectomy are neither so straightforward nor so cheerful as Montaigne’s. Her narrative detaches Burney the writing voice from Burney the physical body in a paradoxical attempt at once to disembodify the surgical event and to fuse bodily experience with the writing self, to novelize her terror and to take her own medical history.

IV

A document of this sort could only have been written by someone with a capacity to displace herself from her own body. Fanny Burney channeled her fear and anger into a medical history, reenacted her own “case,” and thereby defused the framework of dominance and submission that she found as oppressive as the physical pain. The history of medicine has traditionally focused on practitioners and institutions and has treated patients only as the given precondition for medical knowledge rather than as its central concern. As a medical narrative, Burney’s letter emphasizes the *reception* of surgery rather than its *production*.¹⁴ As a literary artifact, the mastectomy letter also reveals the healing power of language, or “logotherapy.”¹⁵ Burney organizes and recasts her experience by transforming it into a historical text; she reopens, relives, and recloses her wound by representing it in writing.

Burney’s deliberateness in opening her letter to both literary and medical interpretation derives from her narrative’s relation to a form of clinical writing that has been called “a specialized literary form” and that follows absolute guidelines of structure, syntax, and discourse: the physician’s medical history.¹⁶ This document by definition is composed not only to be interpreted but to yield a particular type of interpretation: the differential diagnosis. If we examine the discrepancies between the official medical report and Burney’s letter, an exchange of discourses emerges—the physician’s depersonalized, authoritative, neutral history as against the patient’s super-personalized, nonprofessional, self-consciously angled narrative. Burney annotated this report, which is sewn to her letter to Esther and dated 1 October 1811, with this title: “Account of the Breast operation drawn up by the chief Pupil of the Baron de Larrey who passed the Night by the side of the Nurse to watch the still dreadfully suffering Malade.”

Madame D’arblay a subi hier à 3 heures 3/4 L’extirpation d’une tumeur Cancéreuse du Volume du poing et adhérente au muscle grand Pectorale et Développée dans le sein droit.

L’opération faite par Mr. Le Baron Larrey, assisté du Professeur Dubois & des Docteurs Moreau, Ribes, [Hereau] & Aumont, a été très douloureuse & supportée avec un grand Courage.

La Squirre a présenté dans son centre un Commencement de dégénérescence Cancéreuse; mais toutes ses racines ont été enlevées & dans aucun Cas une opération aussi grâce n’a offert plus d’espoir de succès——

L'extrême sensibilité de la malade a rendu très violent le spasme qui a suivi l'opération, il n'a diminué que pendant la nuit et par l'emploi des potions calmantes anti-spasmodiques—

De 2 à 3 heures du matin madame a éprouvé quelques instans de sommeil très agité à 4 des douleurs de tête des nausées et des vomissemens lui ont procuré beaucoup de fatigue & de faiblesse. Ces accidens que le Docteur Larrey avait indiqués comme devant terminer le spasme ont en effet été suivis de calme & de deux heures de sommeil paisible—

À 10 heures la malade est étonnée du bien être qu'elle éprouve —M^r Larrey la trouve sans fièvre, la douleur est presque nulle dans la plaie, l'appareil n'offre pas même la transsudation sanguine ordinaire que l'exacte ligature des artères a empêché

On prescrit dans la journée quelques bouillons des crèmes de riz — de la gelée de Viandes

Pour boisson l'eau de poulet, & la décoction d'orge gommée & acidulée avec le citron, alternativement

Ce soir une Médecine avec la décoction de graine de lin & de têtes de pavots. (*JL*, 6:615–16)

Yesterday at 3:45, Madame d'Arblay underwent the removal of a cancerous tumor the size of a fist which had developed in the right breast adherent to the *pectoralis major* muscle.

The operation performed by the Baron Larrey, assisted by Professor Dubois and Doctors Moreau, Ribes, [Hereau] and Aumont, was very painful and was tolerated with great courage.

The scirrhus [hardened tumor] showed the beginnings of cancerous degeneration in its center; but all its roots were removed and no case of such a serious operation has offered greater hope of success.

The patient's extreme sensitivity made the spasm which followed the operation very violent, it did not diminish until during the night and with the administration of calming antispasmodic potions.

From 2 to 3 in the morning madame experienced some moments of agitated sleep at 4 headaches attacks of nausea and vomiting made her quite tired and weak. These events which Dr. Larrey had indicated would necessarily end the spasm were indeed followed by calm & by two hours of peaceful sleep.

At 10 the patient was surprised at the well-being she felt—Mr. Larrey found her without fever, the pain almost nonexistent in the wound, the precise ligature of the arteries had prevented even the ordinary transsudation of blood through the dressing.

We prescribe during the day boiled rice pudding—meat jelly.

To drink chicken broth, and a potion of barley gummed and acidified with lemon, alternately.

This evening a medication with a potion of linseed and poppy-head. (My translation)

The medical student, like Burney herself, narrates a story in order to represent the patient's postoperative medical condition. What story, though, is available to him for narration? Burney's body, now an arena of surgical intervention, becomes a text, one whose surface grammar reveals symptoms and signs that require interpretation and prescription. The student offers a chronology of events (the operation; the spasm; agitated sleep; calm) and a firm postoperative diagnosis (almost certainly incorrect) on the basis of tissue analysis: a cancerous tumor. He reports on her wound (nearly painless; bleeding under control) and prescribes a bland liquid diet.

The official medical report of Burney's breast disease, even in its incompleteness, follows the basic outline for a medical history, whose purpose is to narrow down the possibilities for disease by a rigidly structured account that moves from first impressions to hypotheses to firm diagnosis, and that carefully differentiates between symptoms (the patient's complaints) and signs (the physician's objective findings). The medical history is written in such a way as to "recapitulate the steps in the process of thinking by which a physician reaches a diagnosis."¹⁷ This recapitulation involves, first, a conversion of symptoms, signs, and prior medical and other data into a narrative and, second, the interpretation of that narrative, a process that involves analysis, recognition, and extrication of the crucial detail. Clues may include vocal inflection, facial expression, or posture as well as specific complaints: the physician seeks a syntax in the patient's presentation and records that syntax in the written medical history. The narrative reliability and storytelling skills of both patient and physician are called into question in the patient history, and history writing in clinical medicine has crucial implications for medical epistemology.

The patient's relating symptoms to a physician has often been hailed as therapeutic in itself. While the patient's reliability as a narrator may be called into question, that very unreliability can serve as a diagnostic clue, and a proper medical history includes a note on the history-taker's impression of the informant's accuracy. Patients tell their stories, to be sure, in order to seek relief from physical complaints, but they may also want solace. The therapeutic or cathartic function of giving (as opposed to taking) a history—a cure through verbalization, the talking cure—relates the medical history to a more recent model, the psychoanalytic dialogue. In its most extreme form, the patient narrates, like Scheherazade, in order to survive. But one psychoanalyst has recently pointed out that the physician's questions prompt a continuous retelling, a retelling as performance, by regulating for patients the narrative possibilities of their symptoms.¹⁸

That narration is enlisted in a scientific discipline as a major problem-solving technique itself raises questions. The right to narrate, Hayden White remarks, always hinges on some defined relationship to authority, but its use in science is suspect because science is "a practice which must be as critical about the way it *describes* its objects of study as it is about the way it *explains* their structures and processes."¹⁹ Louis O. Mink draws a related conclusion, arguing that science, unlike inherently narrative disciplines such as history, can produce "detachable conclusions," whereas historical assertions are "*represented by the narrative order itself . . . exhibited rather than demonstrated.*"²⁰ The issue always returns to one question: What relation can narration or narratability bear to historical truth? For physicians and patients, the narratable is curable disease, an event that intervenes in the course of health, then subsides into health again. Burney's illness and surgery represent for her a violent intervention in the smooth order of everyday discourse. As an event, it matched in narrative energy and possibility

the stories she created in her fictions. By focusing on her own narration as narration and self-representation, Burney simultaneously gives and takes her own medical history.

Narrating violence became a pattern for Burney's writing. Her Ilfracombe journal (*JL*, 10:690–714) recounts her entrapment in a flooded cave; her "Narrative of the Last Illness and Death of General d'Arblay" (*JL*, 10:842–910) is a document similar to the mastectomy letter in length, detail, and exorcistic function. Many years later, when she wrote her *Memoirs of Doctor Burney* (published in 1832) in homage to her deceased father, Burney again produced an autobiographical and retrospective history of her own case, this time focusing on the visual-perceptual deficits she may have suffered from as a child. This situation has been diagnosed in a recent article as "severe childhood dyslexia"—a learning disability with neurological implications.²¹ But Burney's voracious reading, her copious citations of other writers in her journals and letters, the ambitious reading lists she set herself, and the evidence of her own manuscripts and handwriting call into question whether her lack of reading ability at eight may correctly be labeled as "dyslexia" or even as odd for a young girl in the eighteenth century. It seems more likely that her status as a middle child and her mother's illness and death took family attention away from her instruction. She was 74 when she wrote that third-person account of not being able to read: "At eight years of age she was ignorant of the letters of the alphabet; though at ten, she began scribbling, almost incessantly, little works of invention; but always in private; and in scrawling characters, illegible, save to herself."²² Despite, or perhaps in consequence of, her early inability to read, she developed the facility to memorize poetry recited aloud to her along with an early obsession with writing, which she refers to as "this writing mania." While her brother James teased her by holding books upside down to pretend to teach her to read, a ruse she was unable to discern, "these scrambling pot-hooks had begun their operation of converting into Elegies, Odes, Plays, Songs, Stories, Farces,—nay, Tragedies and Epic Poems, every scrap of white paper that could be seized upon without question or notice." And the secret nature of her writing obsession derived from these public humiliations: "She grew up, probably through the vanity-annihilating circumstances of this conscious intellectual disgrace, with so affrighted a persuasion that what she scribbled, if seen, would but expose her to ridicule, that her pen, though her greatest, was only her clandestine delight" (2:123). Only in old age could she recount the history of her early reading disability, which she understood as an "intellectual disgrace." But by coming clean with this confession of retroactive amused embarrassment, Burney again repossesses an arena of language. It is not by accident that this distanced third-person narrative of childhood humiliation is interpolated in Burney's final published work, because to write the history of her own language dysfunction is by definition to overcome it, to prove it cured. She had similarly conquered breast cancer by writing about it twenty years earlier.

V

To write the medical history of her mastectomy was, for Burney, to detach and obscure the covert narrative her letter contains, the narrative of mutilation and disfigurement. Only recently has medical literature taken up the psychological, sexual, and social implications of breast cancer treatments; virtually no formal discussion of this issue occurs before the middle of the twentieth century. In the eighteenth and nineteenth centuries, the psychosexual implications of breast amputation are obscured by the period's characteristic silence on the subject. The only direct reference I have located to the mutilating effects of mastectomy comes in Samuel Warren's *Diary of a Physician*, a series of sketches that had first appeared in *Blackwood's Edinburgh Magazine* and that were published in 1832. In Warren's account, narrated from the surgeon's point of view, the following elliptical passage describes the patient's postoperative convalescence:

She was alluding, one morning, distantly and delicately to the personal disfigurement she had suffered. I, of course, said all that was soothing.

'But, doctor, my *husband*—' said she, suddenly, while a faint crimson mantled on her cheek; adding, falteringly after a pause, 'I think St—— will love me yet!'²³

Another nineteenth-century writer also glorifies, through a similar beatific disembodiment, a victim of breast cancer in the account of a mastectomy performed by Professor James Syme at Minto House, Edinburgh, in 1821. Syme was a conservative proponent of mastectomy; in his *Principles of Surgery* (1842) he notes that though the only efficacious procedure for defeating a cancer is to cut it out, "it would be subjecting the patient to useless pain and would bring surgery into discredit to attempt extirpation in cases where the extent or connections of the disease prevented its complete removal."²⁴ Unfortunately, many of Syme's patients died of infection following surgery, an all too common result of pre-antiseptic surgery, and this is the fate that befalls Ailie, the patient in a story by John Brown entitled "Rab and His Friends." Brown shows her arranging herself on the table and turning pale but remaining still and silent through the procedure. Afterward, "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."²⁵ She does well for four days before succumbing to sepsis and delirium. Like Dr. Warren's patient, Dr. Syme's is celebrated for maintaining, even to excess, feminine decorum and modesty despite the horrors of the knife. A character in Maria Edgeworth's novel *Belinda* (1801), Lady Delacour, also reflects this notion of feminine virtue when she confronts a breast injury she thinks to be cancer contracted from a blow received during a duel. Lady Delacour refuses to see 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. . . . Why my dear, if I lose admiration, what have

I left?’”²⁶ These characteristics of submission, meekness, and vanity also appear in Burney’s autobiographical account; they veil the sexual emblemization and symbolic (and actual) mutilation of mastectomy in early depictions of the ordeal and its aftermath.

The breast emblemizes both privacy and sexuality, and breast cancer, by intruding on the radical privacy of the body and thus medicalizing sexuality, threatens and breaks down that emblemization. Mary Astell, an early feminist who died of breast cancer in 1731, is reputed to have reported only “I prayed to God and I didn’t cry out” of her mastectomy. George Ballard, her first biographer (1755), described her final illness:

She seemed to enjoy an uninterrupted state of health till a few years before her death, when, having one of her breasts cut off, it so much impaired her constitution, that she did not long survive it. This was occasioned by a cancer, which she had concealed from the world in such a manner, that even few of her most intimate acquaintance knew any thing at all of the matter. She dressed and managed it herself, till she plainly perceived there was an absolute necessity for its being cut off: and then, with the most intrepid resolution and courage, she went to the Reverend Mr. Johnson, a gentleman very eminent for his skill in surgery (with only one person to attend her) entreating him to take it off in the most private manner imaginable: and would hardly allow him to have persons whom necessity required to be at the operation.²⁷

Ballard’s strangely ambivalent syntax disguises Astell’s theme: the disease and its cure represent a kind of sexual shame, and the rest of Ballard’s account emphasizes her stoic patience, her lack of struggle or resistance, and her silent resignation in the face of pain. The whole event, in this telling, smacks of duty answered. Yet it was precisely during the century between Astell’s ordeal and Burney’s, an era of considerable breast display, that the breast became medicalized and that medical and scientific language became, concomitantly, sexualized.

Breasts had been symbols of fertility from antiquity, and they represented the sexual power women embodied, as the title of a 1678 treatise, *A Just and Seasonable Reprehension of Naked Breasts and Shoulders*, demonstrates. The breast has received less attention than the uterus in studies of anatomical representation, but it is as significantly tied to female sexuality, motherhood, and natural morality, and it is, importantly, the visible sign of femininity. Late eighteenth-century medical writers discussed the nutritional and moral functions of breastfeeding in the same sentences as they proclaimed, in an interweaving of social ideology with physiological destiny, the breast’s beauty.²⁸ The body enfolds social as well as medical meanings, and its efforts to maintain balances, both visible and hidden, reflect this.²⁹ And the breast as a seat of natural morality and imminent moral anarchy remains a theme into the nineteenth century. One treatise counsels, for this reason, that women curb their pleasure while breastfeeding:

The mammary glands—which by their seat and form constitute the ornaments of the sex, become by their functions, the source of a new existence, and are placed, by their structure,

under the influence of the moral activity. We cannot, then, too strongly recommend to mothers who suckle their children, to endeavour to acquire the calmness and tranquillity necessary to the direction of a good education.³⁰

That Mary Astell and Lady Delacour and Fanny Burney never explicitly address the moral and sexual threat breast disease and breast amputation posed for them does not mean they were not aware of that threat. But the ideological usefulness of emblemizing the female breast for the eighteenth century coincides with the empirical medical truth, recognized then as now, that premenopausal women suffer less from breast cancer than do women who are postmenopausal.

Galen's observation, still current in Burney's time, that breast cancer predominantly afflicts postmenopausal women produced some psychosocial theories to explain the origins and processes of the disease. The Galenic view held currency into the nineteenth century, but one medical writer commented on "the singular immunity from disease which is often observed after [menopause]" and suggested that the "autumnal majesty" that accompanies this "vast improvement in health" can be turned to the cultivation of literary pursuits and salon society.³¹ An early explanation of this view as it pertained to breast cancer occurs in Nicholas Fontanis's *The Womans Doctour* (1652): "The Matrix [womb] hath a Sympathy with all the parts of the body. . . . It hath likewise a consent with the breasts; and from hence proceed those swellings, that hardness, and those terrible cancers that afflict those tender parts, that a humour doth flow upwards, from the Matrix to the Breasts, and downwards, again, from the Breasts to the Matrix."³²

To conquer a cancer and live cured suggested a moral success on the part of the afflicted woman. The first lay notice of a mastectomy performed in North America occurs in a curious announcement printed by Edward Winslow in the *Boston Gazette* of 21 November 1720:

For the Publick Good of any that have or may have Cancers—These may certify, That my Wife had been labouring under the dreadful Distemper of a Cancer in her Left Breast for several Years, and altho' the Cure was attempted by sundry Doctors from time to time, to no effect; And when Life was almost despair'd of by reason of its repeated bleedings, growth & stench, and there seemed immediate hazard of Life, we send for Doctor Zabdiel Boylston of Boston, who on the 28th. of July 1718 (in the presence of several Ministers & others assembled on that Occasion) Cut her whole Breast off; and by the Blessing of GOD on his Endeavours, she has obtained a perfect Cure.

I deferred the Publication of this, lest it should have broke out again.

Rochester, October 14, 1720³³

The patient, Sarah Winslow, was 36 when she had surgery, and had already borne six children; she died at the age of 85. Her medical triumph, as Burney's, was probably not, in fact, over cancer—in both cases, the patient's multidecade survival more likely indicates a benign cystic disease.

VI

While the breast surgery Fanny Burney underwent was not entirely routine in 1811, it was neither an extraordinary measure nor an uncommon procedure. Surgical intervention as a last resort treatment for carcinoma of the breast had been practiced since antiquity, and Burney's illness deviates from the historical record of breast disease only in the narratives it produced.³⁴ For this reason, Burney's mastectomy letter insinuates itself into the historiography of breast cancer, its etiology, diagnosis, and treatment. The earliest known medical record, the so-called Edwin Smith Surgical Papyrus which has been dated to between 3000 and 2500 B.C., contains a series of eight cases concerned with tumors or ulcers of the breast removed surgically.³⁵ The Ebers Papyrus, written between 1600 and 1500 B.C., speaks of treating certain fatty tumors "with the knife," though it does not mention breast cancer specifically.³⁶ Celsus performed surgery for cancer of the breast in the first century A.D., stressing the involvement of the axillary glands. Galen (130–200 A.D.) knew about metastases—he described breast cancer as resembling a crab—and though he treated the disease primarily with diet and purgation, he too advocated the excision of tumors with knife and cautery in certain cases. The Alexandrian Leonidas (c. 200 A.D.) provides the first detailed account of mastectomy technique, and his procedures were followed, with modifications, through the eighteenth century. Henri de Mondeville (1260–1320) used arsenic and chloride paste to treat breast cancer, but he favored extirpation followed by cauterization for small tumors.³⁷ Guy de Chauliac (1300–67) describes treatments and surgical procedures in his text, *Chirurgia Magna*. Vesalius excised the tumor as widely as possible and used ligatures to control bleeding. A German surgeon, Wilhelm Fabry of Hilden (Hildanus; 1560–1624) suggested radical excision with either knife or ligatures in cases in which the tumor was mobile. Ambroise Paré (1510–90) proposed an especially painful treatment for cancer of the breast: he compressed the base of the breast with lead plates, a treatment also advocated by the German physician Leonard Fuchs (c. 1501). Scultetus' surgical manual included an explicit diagram of whole breast tumor excision (fig. 4), and Paré's writings on surgery contain an illustration of a surgical lancet, of the curved blade type used for Burney's operation, whose hilt bears the likeness of a supine woman (fig. 5). Paré, one of the earliest vernacular writers on medicine, introduced the term *chancre* and described the ulceration of cancerous tissue, emphasizing the frequency of the disease in women. So Fanny Burney's ordeal was neither rare nor new in 1811. While no reliable statistics are available, medical and surgical treatises published during the century or so before Burney's operation—such as Richard Wiseman's *Eight Chirurgical Treatises* (3rd ed., 1696), John Colbatch's *The Doctrin of Acids in the Cure of Diseases* (2nd ed., 1699), La Vauguion's *Compleat Body of Chirurgical Operations* (English trans., 1699), John Moyle's *Experienced Chirurgion* (1703), Richard Boulton's *System of Rational and Practical Chirur-*

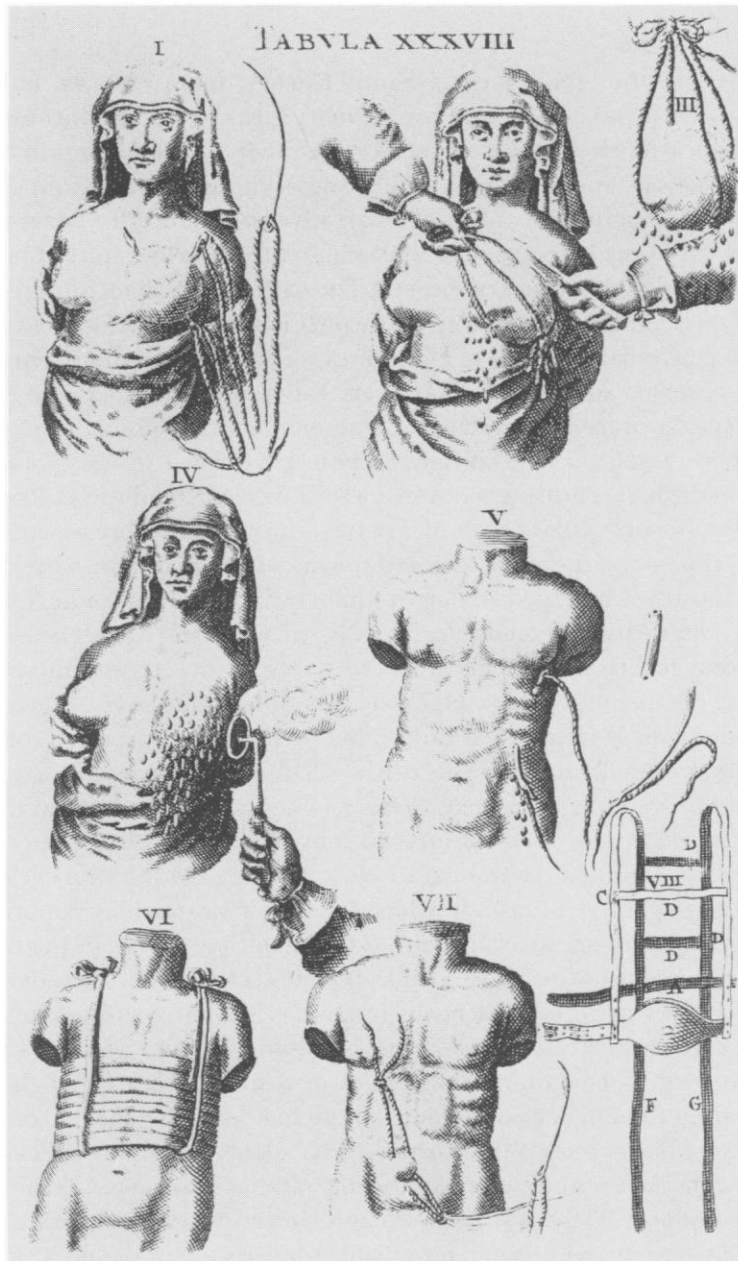


FIGURE 4. From Johannes Scultetus, *Armamentarium chirurgicum* (Hagae-Comitum, 1656), plate 38, p. 146. Special Collections, Van Pelt Library, University of Pennsylvania.

gery (1713), Sir Kenelm Digby's *Nouveaux Secrets Experimentez, pour conserver la beauté des dames, et pour guérir plusieurs sortes de maladies* (7th ed., 1715), Daniel Turner's *Art of Surgery* (3rd ed., 1729), and William Smellie's *Treatise on the Theory and Practice of Midwifery* (1752)—all contain accounts of breast cancers treated either with herbal potions or with surgery.

There was no theoretical justification, however, for the use of surgery to treat cancer until the eighteenth century, a century during which several important advances occurred in the surgical treatment of carcinoma of the breast.³⁸ Writing in 1693, Guillaume de Houppeville, a surgeon in Rouen, had reported the first removal of the pectoral muscles along with the breast. Henri François le Dran (1685–1770) was the first to recognize the possibility of lymph node involvement (the discovery of lymphatic circulation had been made in the mid-seventeenth century). In 1735, the English surgeon Samuel Sharp, in his *Treatise on the Operations of Surgery*, recommended removing the axillary glands in the armpit as well as the breast. Jean-Louis Petit (1674–1750), the first president of the Académie française de chirurgie, set the precedent for later radical mastectomy procedures in his *Traité des opérations*, which was not, however, published until 1774. Petit believed a cancer's roots to be enlarged lymphatic glands, and he may have been the first to try to cure rather than remove cancer of the breast. In cases where surgery was required, Petit advocated removing the lymph glands along with the pectoral fascia and muscles while preserving the nipple and the skin. In 1784, Henry Fearon's *A Treatise on Cancers, With a New and Successful Method of Operating, Particularly in Cancers of the Breast and Testis* appeared, and it outlined the simple mastectomy and bone-scraping procedure Fanny Burney graphically describes. By 1784, Benjamin Bell, surgeon to the Edinburgh Royal Infirmary, writing in his *System of Surgery*, had also recommended removing the entire breast even if only a small part was diseased. These were the prevailing views as they had evolved at the time Burney faced the knife.

Efforts to pinpoint the etiology of cancer have as ancient a history as the disease itself, and it is the disease's etiological possibilities that underlie Burney's narrative impulses in composing her own medical history. Galen had attributed cancers to an excess of black bile, or melancholy humor, and the Galenic humoral explanation held at least partial sway through the first half of the eighteenth century. Tumor theory was subsumed by theories about inflammation from antiquity to the early nineteenth century, and for most of this period the humoral system, in one form or another, prevailed. Galen specified a reproductive connection with regard to breast tumors in an offshoot of his humor theory when he wrote that "cancerous tumors are found in all parts of the body, but particularly in the breasts of women, after the cessation of menstruation, which so long as it is regular, preserves good health."³⁹ In the sixteenth century, Paracelsus launched the first tentative attack on the humoral theory, and Jean Baptiste van Helmont in the next century rejected it entirely in favor of his own idiosyncratic iatrochem-

ical theory. In the eighteenth century, the lymphatic system began to be implicated in views concerning the pathogenesis of cancer. Louis Florent Deshais Gendron, in a work entitled *Recherches sur la nature et la guérison des cancers* published in 1700, claimed that cancers were solid structures derived from a degeneration of nervous, glandular, and vascular parts. Later in the century, John Hunter introduced the term “coagulating lymph” in his *Lectures on the Principles of Surgery*. Hunter’s theories were an important step in the gradual transition from humoralism to the cellular pathology initiated by Marie-François-Xavier Bichat at the beginning of the nineteenth century. Cell pathology introduced a long history of controversy concerning the histological origins of cancerous tumors, a controversy that spanned the nineteenth century.

In the meantime, versions of humoralism persisted, and even a cursory review of the applications of humor theory to breast cancer reveals a complex of medico-moral views about women and disease pathogenesis. Richard Wiseman, in one of his *Chirurgical Treatises* published in the last third of the seventeenth century, blames cancer on “an atrabilious humor” (1696 ed., 98). A few decades later, Daniel Turner, in his *Art of Surgery*, asserted that cancers most often afflict the breasts of women “either through the corrosive Nature of the Serum, or other Discracy in some Juice secerned from the Mass, by the Antients termed Atra Bilis” (1729 ed., 80). In 1703, John Moyle wrote in *The Experienced Chirurgion*: “A Cancer riseth from a certain degree of Acidity in the Melancholy Humour; and sometimes Flegm commixed.” Moyle recommends, after extirpation, purging “the Melancholick and Phlegmatick Humours, with proper Catharticks, but very lenient, and not too robust” (48–49). Richard Boulton cites crudities in the pancreatic juices and melancholy humors as the cause of cancer in his 1713 *System of Rational and Practical Chirurgery* (109). These statements reflect the standard Enlightenment view, and then as now women were thought to be, in general, more prone to melancholia (depression) and its attendant diseases than men. The humors, their complicated interactions and transformations, lost ground during the eighteenth century, but they did not disappear completely from pathophysiological explanation until the following century.⁴⁰

VII

Fanny Burney’s mastectomy letter participates in a key historical moment in the development of both literature and medicine as professional activities, repositories of knowledge, and narrative disciplines. At issue is a mode of perception and an underlying epistemology. How is the body/self to be known and interpreted? And how is it to be represented in narration? Michel Foucault, in his controversial *The Birth of the Clinic: An Archaeology of Medical Perception*, claims that Bichat, as the first to reorganize the understanding of disease processes, inaugurated “one of those periods that mark an ineradicable chronological thresh-

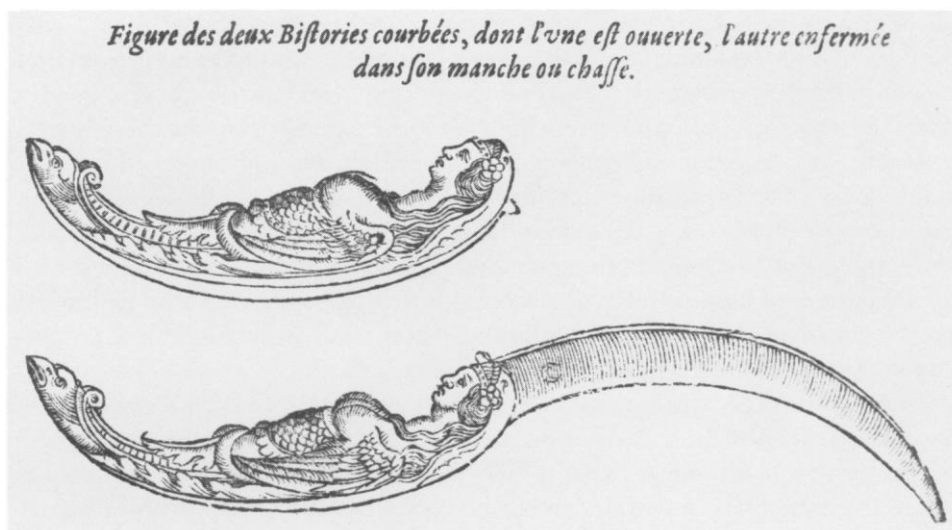


FIGURE 5. From Ambroise Paré, *Les Oeuvres corrigées et augmentées par luy-mesme* (Paris, 1614), 296. Special Collections, Van Pelt Library, University of Pennsylvania.

old,” the moment at the turn of the nineteenth century when clinical experience becomes a form of knowledge. “What is modified in giving place to anatomoclinical medicine,” Foucault writes, “is not . . . the mere surface of contact between the knowing subject and the known object; it is the more general arrangement of knowledge that determines the reciprocal positions and the connexion between the one who must know and that which is to be known.”⁴¹ Early physicians manually examined their patients only on rare occasions. They relied instead on patients’ narratives and on observation without touch, and the patient’s narration of chronology and symptoms frequently was the sole basis for diagnosis, which was sometimes even done by letter. Habitual physical intrusion upon the patient’s body for diagnostic purposes, by either physician or instrument, is a practice dating from the mid-nineteenth century. When autopsy became a common procedure in the eighteenth century, it inaugurated this shift from theory and word to observation and touch. The stethoscope on which Foucault focuses—and later the ophthalmoscope, the laryngoscope, the speculum, and, ultimately, the X-ray—distanced physicians not only from their patients’ bodies but from their narratives as well—because one of the things these instruments exposed was narrative unreliability.⁴² In literature, too, the question for writers became how to find a means to express the writing subject as written object, to test and codify narrative possibilities: this was Fanny Burney’s specific dilemma in her diaries and letters, and in externalized form in her novels, and it is particularly acute in the mastectomy letter. How can she narrate this story?

Narrating stories, for Burney, served two related purposes. First, narration—writing the intimate and vulnerable self—represents an act of violence, a wrenching exposure that amounts to a self-inflicted incision, an aggressive attack on the writer's self. Second and concurrently, narration—exteriorizing the self's story—represents a therapeutic and healing process, a resolution and closure of wounds. In this sense, writing for Burney is like surgery: a deliberate infliction of pain in order to excise the pain, a violation of the body in order to cure the disease. Pen and scalpel, sharp objects both, coincide.⁴³ At the age of 15, for example, she made a bonfire of her juvenilia “to combat this writing passion” and “to extinguish for ever in their ashes her scribbling propensity.” But to no avail; this surgery failed: “This grand feat, which consumed her productions, *extirpated* neither the invention nor the inclination that had given them birth” (*Mem.*, 2:123; my italics). The therapeutic function of writing for Burney is clearest when she writes about her own physical and mental health: her childhood reading problems and adult breast disease. The “conscious intellectual disgrace” of her youthful visual-perceptual difficulties yielded in late middle age to a bodily disgrace, an anatomical betrayal that had literally to be cut out. Burney wielded her pen on that occasion as Larrey had wielded his knife, as a natural instrument of aggression and necessary wounding that permitted her, by veiling and dissecting the body, also to construct and to take possession of a female self rendered invulnerable in writing precisely in response to its radical vulnerability in surgery. Her reading dysfunction had likewise promoted, in avenging response, a writing obsession in which a disability was overcome by an answering hyperability. To write her own medical history (as she used her novels to document her own social and political history) was to re-undertake her own surgery; to control the probe, the knife, the wound, and the blood herself; to speak for the wound's gaping unspeakableness—the woman her own surgeon, both reopening and reclosing the incisions in her own body and in the body of her writing.

Fanny Burney's mastectomy letter presents, then, an intersection of medicine and the anatomized body with literature: it is a text that articulates medical reality by overlaying it with the imaginative and dramatic possibilities intrinsic to the aptly named operating theater, as it is a text that carves a writer's self-representation out of the body's encounter with the knife. Knowing the body as subjective experience merges with a knowing of the body as objective nature. In medicine, the body becomes spectacle; in imaginative prose, the writer's language repossesses the theater. Montaigne exemplifies this aggressive effort to repossess in his essay “Of Experience” when he writes:

I do little consulting about the ailments I feel, for these doctors are domineering when they have you at their mercy. They scold at your ears with their forebodings. And once, catching me weakened by illness, they treated me insultingly with their dogmas and magisterial frowns, threatening me now with great pains, now with approaching death. I was not floored by them or dislodged from my position, but I was bumped and jostled. If my

judgment was neither changed nor confused by them, it was at least bothered. It is still agitation and struggle.⁴⁴

Burney's mastectomy letter exemplifies and enacts Montaigne's "agitation and struggle." It is a historical text that narrates violence by organizing its language, its structure, and its strategies around the experience of surgery—bodily presence circumscribed by bodily violation—and that contains a narrative persona who emerges from a mind overseeing its body, a body circumnavigating its mind, a subject become object.

Notes

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1. The two manuscripts of Burney's mastectomy letter are housed in the Henry W. and Albert A. Berg Collection of the New York Public Library. The letter is printed in *The Journals and Letters of Fanny Burney (Madame D'Arblay)*, ed. Joyce Hemlow, et al., 12 vols. (Oxford, 1972–84), vol. 6 (1975), 596–616. Hereafter this edition will be cited as *JL*, with volume and page numbers given parenthetically in the text. Volumes 11 and 12 (1984) contain full accounts of Burney's editorial work on her manuscripts in the years 1819–35. Esther Burney died in 1832, and in the normal course of events Fanny's 1812 letter would not have been returned until after its recipient's death, so revision on this letter may have been especially late. The symbols ÷ and ✕ are, according to Hemlow, infallible signs of late revision. See Joyce Hemlow, "Letters and Journals of Fanny Burney: Establishing the Text," in *Editing Eighteenth-Century Texts*, ed. D. I. B. Smith (Toronto, 1968), 25–43.
2. *The Diary and Letters of Madame d'Arblay*, ed. Charlotte Barrett, 4 vols. (London, 1891), 2:54–55.
3. Frances Burney, *Evelina; or, The History of a Young Lady's Entrance into the World*, ed. Edward A. Bloom (London, 1970), 148. Page references are to this edition.
4. Frances Burney, *Cecilia; or, Memoirs of an Heiress*, 2 vols. (London, 1882), 1:407. All page references are to this edition.
5. Fanny Burney, *Camilla; or, A Picture of Youth*, ed. Edward A. and Lillian D. Bloom (Oxford, 1983); references to this edition are cited in the text.
6. Cited in *JL*, 7:20, n. 4. This remark is inaccurate on two counts: first, it was the right breast that was affected; second, the diagnosis was already of cancer.
7. See Owen H. and Sarah D. Wangenstein, *The Rise of Surgery: From Empiric Craft to Scientific Discipline* (Minneapolis, 1978), 456.
8. The letter from Larrey survives and is sewn to the cover of the fair copy in the Berg Collection.
9. Cited by William C. Wigglesworth, "Surgery in Massachusetts, 1620–1800," in *Medicine*

- in *Colonial Massachusetts, 1620–1820*, ed. Philip Cash, Eric H. Christianson, and J. Worth Estes (Boston, 1980), 224–25.
10. Joyce Hemlow, *The History of Fanny Burney* (Oxford, 1958), 322.
 11. For a discussion of Burney's procedure by a practicing surgeon, see Anthony R. Moore, "Preanesthetic Mastectomy: A Patient's Experience," *Surgery* 83 (February 1978): 722.
 12. Pepys underwent a lithotomy on 26 March 1658, and he always kept that date as an anniversary "festival." *The Diary of Samuel Pepys*, ed. Robert Latham and William Matthews, 11 vols. (Berkeley, 1970–83), 1:97; Norman Cousins, *Anatomy of an Illness as Perceived by the Patient: Reflections on Healing and Regeneration* (New York, 1979); Audre Lorde, *The Cancer Journals* (Argyle, N.Y., 1980).
 13. Cited from Donald Frame's English edition of *The Complete Essays of Montaigne* (Stanford, Calif., 1958) by John O'Neill, "Essaying Illness," in *The Humanity of the Ill: Phenomenological Perspectives*, ed. Victor Kestenbaum (Knoxville, Tenn., 1982), 132.
 14. On the "historicity" of the patient as writer, see G. S. Rousseau, "Literature and Medicine: The State of the Field," *Isis* 72 (1981): 418. An important call to broaden the scope of medical history appears in Roy Porter, "The Patient's View: Doing Medical History from Below," *Theory and Society* 14 (1985): 175–98.
 15. Geoffrey Hartman uses this term in his essay "Words and Wounds," in *Medicine and Literature*, ed. Enid Rhodes Peschel (New York, 1980), 179.
 16. Elmer L. and Richard L. DeGowin, *Bedside Diagnostic Examination*, 3rd ed. (New York, 1976), 12.
 17. T. R. Harrison, *Harrison's Principles of Internal Medicine*, 8th ed. (New York, 1977), xxix. *Harrison's* is the standard textbook of internal medicine.
 18. See Roy Schafer, "Narration in the Psychoanalytic Dialogue," *Critical Inquiry* 7 (1980): 29–53.
 19. Hayden White, "The Question of Narrative in Contemporary Historical Theory," *History and Theory* 23 (1984): 1. See also White, "The Value of Narrativity in the Representation of Reality," *Critical Inquiry* 7 (1980): 5–27.
 20. Louis O. Mink, "The Autonomy of Historical Understanding," in *Philosophical Analysis and History*, ed. William H. Dray (New York, 1968; reprint ed., Westport, Conn., 1978), 180–81; cited by Roger G. Seamon, "Narrative Practice and the Theoretical Distinction between History and Fiction," *Genre* 16 (1983): 203.
 21. See Kathryn Kris, "A 70-Year Follow-up of a Childhood Learning Disability: The Case of Fanny Burney," *Psychoanalytic Study of the Child* 38 (1983): 637–52. Kris attributes "a lifelong propensity for shame and cognitive disorganization" and a "tendency to regression," views of Burney with which I would take strong issue, to what she calls her childhood learning disability. I am indebted to conversations with Margaret Doody for some of the critique of this diagnosis.
 22. Frances Burney d'Arblay, *Memoirs of Doctor Burney*, 3 vols. (London, 1832); 2:123. Subsequent references will appear parenthetically in the text.
 23. Samuel Warren, *Affecting Scenes: Being Passages from the Diary of a Physician*, new and complete ed., 2 vols. (New York, 1833), 1:49–50.
 24. Cited by D'Arcy Power, "The History of the Amputation of the Breast to 1904," *Liverpool Medico-Chirurgical Journal* 42 (1934): 35.
 25. John Brown, "Rab and His Friends," in *Horae Subsecivae*, new ed., 2nd ser., 3 vols. (London, 1897), 2:378.
 26. Maria Edgeworth, *Belinda*, vol. 3 of *Tales and Novels* (London, 1893), 58. In quite different form, Henry Fielding's last novel, *Amelia*, approaches the same question of mu-

tilation and the social functions of female beauty. Elizabeth Blackwell, the first woman to be granted an M.D. degree by an American medical school, was said to have been persuaded to go into medicine by a friend afflicted with “a painful disease of a female organ” who explained to Blackwell that her worst sufferings could have been alleviated had she been able to be treated by a female physician. See John R. Blake, “Women and Medicine in Ante-Bellum America,” *Bulletin of the History of Medicine* 39 (1965): 102.

27. George Ballard, *Memoirs of British Ladies, Who Have Been Celebrated for Their Writings or Skill in the Learned Languages, Arts and Sciences*, 2nd ed. (London, 1774), 316.
28. See L. J. Jordanova, “Natural Facts: A Historical Perspective on Science and Sexuality,” in *Nature, Culture and Gender*, ed. Carol P. MacCormack and Marilyn Strathern (Cambridge, 1980), 42–69. Jordanova especially cites William Cadogan’s *Essay upon Nursing and the Management of Children from Their Birth to Three Years of Age* (1748) and Pierre Roussel’s *Système physique et moral de la femme* (1775).
29. See Stephen Heath, *The Sexual Fix* (New York, 1983); and L. J. Jordanova, “Guarding the Body Politic: Volney’s Catechism of 1793,” in *1789: Reading Writing Revolution*, eds. Francis Barker, et al., Proceedings of the Essex Conference on the Sociology of Literature, July 1981 (Essex, Eng., 1982), 12–21.
30. Eugène Bouchut, *Practical Treatise on the Diseases of Children and Infants at the Breast*, trans. Peter Huickes Bird (London, 1844); excerpted in *Victorian Women: A Documentary Account of Women’s Lives in Nineteenth-Century England, France, and the United States*, ed. Erna Olafson Hellerstein, Leslie Parker Hume, and Karen M. Offen (Stanford, Calif., 1981), 228.
31. Edward Tilt, *The Change of Life in Health and Disease: A Practical Treatise on the Nervous and Other Affections Incidental to Women at the Decline of Life*, 2nd ed. (London, 1857), cited in *Victorian Women*, 464.
32. *The Womans Doctour; or, An Exact and Distinct Explanation of All Such Disease as Are Peculiar to That Sex with Choise and Experimental Remedies Against the Same* (London, 1652), 1; cited by Hilda Smith, “Gynecology and Ideology in Seventeenth-Century England,” in *Liberating Women’s History: Theoretical and Critical Essays*, ed. Berenice A. Carroll (Urbana, Ill., 1976), 107. Breast amputation has been inflicted as a punishment for wayward or nonconforming women, and its punishment history dates to the paleolithic age. The Assyrian library of cuneiform tablets from Nineveh, which has been dated to around 2250 B.C. and preserved in the Louvre, is the earliest written record of this practice. In the *Code of Hammurabi*, the king of Babylon orders that, for a wet-nurse’s crimes, “they shall cut off her breasts,” thereby denying the punished woman her means of earning a living. A number of female saints—Barbara, Foya, Apollina, Christina, and Agatha—were also tortured in this way. Saint Agatha, the best known, has become the patron saint of diseases of the breast, and through her, breast amputation has come to symbolize a particularly female martyrdom. The iconography of Saint Agatha reveals much about early surgical instruments used for mastectomy, and surgical historians have studied the history of her depictions in painting (especially in portraits by Van Dyck, Giovenone, and Tiepolo), as painters used instruments from Scultetus’ *Armamentarium chirurgicum* (1655) as models for their instruments of torture. This nonmedical history of mastectomy is important for the chronicle it exposes of the breast as a symbol not only of femaleness but also of female autonomy and power. For discussions, see Richard Hardaway Meade, *An Introduction to the History of General Surgery* (Philadelphia, 1968), 151; David Charles Schechter and Henry Swan, “Of Saints, Surgical Instruments, and Breast Amputation,” *Surgery* 52 (October 1962):

- 693–98; and Edward F. Lewison, “Saint Agatha, the Patron Saint of Diseases of the Breast, in Legend and Art,” *Bulletin of the History of Medicine* 24 (1950): 409–20.
33. Alan D. Steinfeld, “A Historical Report of a Mastectomy for Carcinoma of the Breast,” *Surgery, Gynecology, & Obstetrics* 141 (October 1975): 616–17. Boylston was the physician who introduced smallpox inoculation to the Colonies, against strong protest, in 1721.
 34. For histories of cancer theories and therapies, see L. J. Rather, *The Genesis of Cancer: A Study in the History of Ideas* (Baltimore, 1978); and F. H. Garrison, “The History of Cancer,” *The New York Academy of Medicine* 2, no. 4 (April 1926): 179–85. The classic article on the history of mastectomy is Power, “The History of the Amputation of the Breast to 1904.” Other useful surveys include G. Keynes, “Carcinoma of the Breast: A Brief Historical Survey of the Treatment,” *St. Bartholomew’s Hospital Journal* 56 (August 1952): 462–66; E. F. Lewison, “The Surgical Treatment of Breast Cancer: An Historical and Collective Review,” *Surgery* 34 (November 1953): 904–53; and D. de Moulin, “Historical Notes on Breast Cancer, with Emphasis on The Netherlands,” *The Netherlands Journal of Surgery* 32–34 (1980): 129–34. See also Daniel de Moulin, *A Short History of Breast Cancer* (The Hague, 1983).
 35. James Henry Breasted edited a two-volume edition with commentary that was published by the University of Chicago Press in 1930.
 36. See Warren R. Dawson, “The Earliest Surgical Treatise,” *The British Journal of Surgery* 20 (1932–33): 34–43.
 37. See Marie-Christine Pouchelle, *Corps et chirurgie à l’apogée du Moyen Age: Savoir et imaginaire du corps chez Henri de Mondeville, chirurgien de Philippe le Bel* (Paris, 1983).
 38. See Bernard Fisher and Mark C. Gebhardt, “The Evolution of Breast Cancer Surgery: Past, Present, and Future,” *Seminars in Oncology* 5 (December 1978): 385.
 39. Cited by Lewison, “Surgical Treatment,” 909.
 40. See Stanley W. Jackson, “Melancholia and the Waning of the Humoral Theory,” *Journal of the History of Medicine and Allied Sciences* 33 (1978): 367–76; and “Melancholia and Mechanical Explanation in Eighteenth-Century Medicine,” *Journal of the History of Medicine and Allied Sciences* 38 (1983): 298–319. See also John E. Lesch, *Science and Medicine in France: The Emergence of Experimental Physiology, 1790–1855* (Cambridge, Mass., 1984) for an account of later developments.
 41. Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (New York, 1975), 137, 195. Foucault’s reference here concerns the invention of the stethoscope. Foucault’s views have been widely disputed, but not his assertion that this period was revolutionary.
 42. For an account of these developments, see Stanley Joel Reiser, *Medicine and the Reign of Technology* (Cambridge, 1978).
 43. For a discussion of the relations between pen and scalpel and paintbrush and wounds in a visual context, see Michael Fried’s “Realism, Writing, and Disfiguration in Thomas Eakins’s *Gross Clinic*,” *Representations* 9 (Winter 1985), especially pp. 70–75. Eakins’s *Agnew Clinic* (1889), of course, depicts a mastectomy. Two recent books discuss related ideas about the narratives and functions of violence: Leo Bersani and Ulysse Dutoit, *The Forms of Violence: Narrative in Assyrian Art and Modern Culture* (New York, 1985); and Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York, 1985).
 44. Cited by Jean Starobinski in “The Body’s Moment,” *Yale French Studies* 64 (1983): 293. Starobinski here discusses the protest against medico-mechanical theories of the body by the authority of personal experience.