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Frances Burney: Pioneer of Pathography

JOHN WILTSHIRE

"Pathography" is a new and rather nasty word, so I will begin by explaining why I have used it in the title of this paper. A pathography is a literary work devoted to the personal account of an illness experience, and as a generic term it was first made current by a book published in 1993, Anne Hunsaker Hawkins' *Reconstructing Illness: Studies in Pathography*. It is an unfortunate term in many ways. Freud (or his translator) used it to describe a biography in which the pathology of an artist is a key element in the writer's understanding of his subject. Oliver Sacks uses it loosely to refer to medical case histories, which combine science and art, such as Freud's own.¹ Both usages are a bit confusing. But the objection to the word is that, in the words of a major commentator, Arthur W. Frank, "To call people's stories 'pathographies' places them under the authority of the medical gaze: medical interest in these stories is legitimated, and medical interpretations are privileged."² In other words, "pathography" makes the narrative of illness experience seem like a new branch of medicine—whereas, as commentators on the genre tend to stress, it is to be understood as oppositional, or alternative, to medical thought.

Nevertheless, the word is useful as a shorthand. In this paper I shall discuss two of Frances Burney's extensive narratives, the letter to her sister Charlotte of 1811, designated by her editors "A Mastectomy," and the much less discussed "Narrative of the Last Illness and Death of General d'Arblay," written between February 1817 and May 1819. The important thing about a pathography, to my mind, is that it is a whole work fashioned around the account of an illness. Thus it doesn't apply, for instance, to Pepys' diaries, which certainly contain much material about his symptoms and illnesses—or, during Burney's time, to William Godwin's *Memoir of the author of the Rights of Woman* (1798). This includes a detailed account of Mary

Wollstonecraft's death in childbirth, but this is only the last chapter of the story. Coming closer still to home, it would not apply to the interesting letters which Madame d'Arblay wrote about Alexander's inoculation against smallpox. What I want to suggest, then, is that in her invention of the short but self-complete autobiographical narrative, Burney also invented the pathography.

"As a genre," Hawkins declares, "pathography is remarkable in that it seems to have emerged *ex nihilo*; book-length personal accounts of illness are uncommon before 1950 and rarely found before 1900" (3). Most work on this genre is indeed, like hers, focused almost entirely on contemporary, or near contemporary, works. And it is certainly true that the last fifty years have seen an extraordinary flowering of illness narratives. Books, articles, poems, telling the story of an illness (and its medical treatment)—books about MS, AIDS, cancer and caring—are now widely published and eagerly read. Many of these are by celebrities, like Lance Armstrong's *It's Not About the Bike* (2000: 2002), or about celebrities, like John Bayley's two well-known volumes concerning Iris Murdoch's Alzheimer's (1998, 1999). Stories by unknowns are also current, like Deborah Wearing's *Forever Today* (2004) in which an attack of viral encephalitis leaves her husband without memory, and his wife's life devastated.

I ought at this point to explain my interest in this form of writing. For many years now, I've been thinking about the role of narrative in medicine and health care. I've worked on a project which has now morphed from the aggressive (or boastful) sounding "The True History of Medicine" into the more accurate "A Patient's History of Medicine"—which allows the suggestion, pertinent to this paper, that the patient's record may not be unqualifiedly reliable. I've become aware that the history of medicine as currently practiced leaves an enormous gap. There are institutes, journals, and books galore devoted to the history of medicine, but all this is the history of medicine from the doctor's point of view—in short, a history of medical practice. The patient in this work is generic; not an individual, but the mere recipient—the unspeaking subject—of medical attention and know-how.

We can think of medicine, rather, as a drama. It is a dramatic interchange in which the physician has certainly a major role, but in which there are other important actors in other roles—the pharmacist, the nurse, the carer, and the patient and his or her family. In this drama, then, a patient is an actor—not, what the very term implies, the passive recipient, but a person actively involved in interchange or dialogue with the other role-players in the drama, including the “professional” participants. This actor’s role is more important than any other, if only because he or she is on stage from first to last. So surely, therefore, this actor’s thoughts—and the thoughts of those who share at least some of their experience—should play a major part in any understanding of how medicine has developed. Their experience should be the great monitor of the inventions, innovations, and organizational changes that medicine has seen over the last two and a half centuries. Surely we should understand medical “progress” through its impact on the patient?

But there are great problems in constructing such a history as I have envisaged. The first is that if Hawkins’s view is correct, there is very little material. Western medicine emerged out of the foundation of the public hospitals in London in the early eighteenth century, and most patients since then have been public patients, socially inferior to their doctors and often illiterate so that when patients do write about their medical experiences, they tend to be self-selecting: literate, middle-class, privileged. These “active patients” can hardly be in any ordinary sense representative. The second problem is more tricky. It can be identified in Oliver Sacks’s comment in *A Leg to Stand On* that “Patienthood is a nightmare.” By this he did not mean simply to declare that being a patient can be a dreadful experience, but that “the patient,” speaking of himself after surgery, lives in a world of fantasy. Reduced, by pain and stress and fear, by the unfamiliarity of the world in which he or she finds him or herself, and perhaps by the effects of drugs, the patient becomes a small child. Infantile or atavistic terrors and hallucinatory experiences tend to take over, or obscure, the realities of treatment. Their writings are therefore arguably, a compromised version of events. This is one of the issues I want to explore in this discussion of Burney’s pathographies.

Fundamentally, as psychoanalysis has taught us, reality and dreaming, or fantasy, co-exist, and it is always a struggle within us to reconcile or balance the two. But one simple way in which we can recognise the presence of fantasy in the patient's story is that, so often, doctors and nurses are divided into that simple black and white, which is the small child's means of organising the world. Even in sophisticated narratives, an angelic nurse and a cruel nurse populate the imagination of the patient. In Burney's letter about her mastectomy, to which I will now turn, Larrey figures as the embodiment of sensibility, sympathetic, considerate, kind; Dubois, his colleague, who acts as "Commander in Chief" and gives his commands "*en militaire*" is the villain, the ruthless authoritarian who causes the patient her terrible pain.

Why then do I suggest that Burney is a pioneer of the genre of pathography? Burney's mastectomy account is presented in the form of a letter, but only a moment's reflection is needed to show that a much shorter document and a much less harrowing account of her experience, would fulfil its ostensible purpose, to quiet the fears of her relatives. No: the length of the document, as well as its careful copying and elaborate preservation, suggests a dual address. Written for a family audience, it is, like others of Burney's journals, simultaneously composed with an eye to a future readership. Similar accounts of operations before anesthesia pass over the experience with such phrases as "Of the agony...I will say nothing. Suffering so great as I underwent cannot be expressed in words."³ But Burney is deliberately using the occasion as a writing opportunity—to say which is to immediately engage with the problem I have touched on. What is the reliability of this account as a historical document? Does it tell us anything about "the true history of medicine"?

One can clearly read "A Mastectomy" as a power struggle between the patient and the medical establishment. This would conform to the widely held position that the patient narrative is a "counter-discourse" which presents an epistemological alternative to medicine's worldview. The patient, in this line of argument, wrests power from the doctor, or the medical establishment, by telling his or her side of the story, and thus is enabled at least partially to

recuperate. The patient's "voice" is understood in opposition to the medical world: one is authentic and personal, the other is hegemonic, oppressive and institutional. This way of reading this text is, I will argue, seduced into the adoption of the narrator's position.

Burney is a celebrity: though poor, she is able to command the services of the best men of the day. Belonging to the same elite as her physicians, she expects that she will call the tune. She forms a relationship with Dominique-Jean Larrey, her surgeon, a relationship we might call flirtatious in other circumstances. But, as she discovers, her class, as well as her personal identity, is overridden by her identity as a patient. In particular, she expects to organize the timing of the operation, to take place in her Parisian home. And though there are repeated and baffling delays before the event, she has one amazing moment of triumphant authority. She is told that she will be given only two hours' notice before the operation. A letter comes one morning at breakfast: the operation is to be at ten o'clock. The doctors duly arrive—and she sends them away! "All were fain to consent to the delay [till one o'clock], for I had an apartment to prepare for my banished Mate."⁴ Imagine: the most eminent physicians in Paris assemble at her service, and she sends them away! But when one o'clock does arrive, the news comes that Monsieur Dubois cannot attend until three. Checkmate.

When eventually three o'clock arrives, this is what happens:

These short billets I could only deposit safely, when the Cabriolets —one—two—three—four— succeeded rapidly to each other in stopping at the door . . . I rang for my Maid & Nurses,—but before I could speak to them, my room, without previous message, was entered by 7 Men in black, Dr. Larrey, M. Dubois, Dr. Moreau, Dr. Aumont, Dr. Ribe, & a pupil of Dr. Larrey, & another of M. Dubois. I was now awakened from my stupor—& by a sort of indignation—Why so many? & without leave? But I could not utter a syllable. M. Dubois acted as Commander in Chief. (6: 609–10)

As the preparations for the operation proceed, Burney is progressively stripped of initiative and prerogatives. First, she has lost the struggle to control the timing; then the doctors bring along their pupils "without leave"; her female attendants are banished; she is made to disrobe, to lie, not to sit, and finally—to spare her physicians the sight of her suffering, it seems—her face is masked by a muslin handkerchief. The eighteenth-century patron has become the classless patient. The students or apprentices entering without leave are symbols of modern medical practice, the patient reduced, by the corporate, guild power of a masculine authority, to a merely passive, bodily object. It is a moment, one might reasonably say, that captures a critical turning point in medical history.

It is also plausible to suggest that writing up her experience of surgery enabled Burney to recover some sense of agency, and even (as a psychoanalytic reading would no doubt add) to have some measure of revenge on those whom, unconsciously, she felt as her violators. But the document can be read in other ways. Certainly, there is tension between the doctors and the patient over the course of treatment. In Burney's account, Dubois is first consulted, but he proves unsatisfactory because of his attendance at court, so she turns to his colleague, Larrey. Larrey is unwilling to take over Dubois's patient until Burney writes a letter requesting permission. Under "my good M. Larrey" (6: 601) she seems to get better, but Larrey insists that she call in Dr. Ribe; soon, as she worsens, and "hope of dissolving the hardness were nearly extinguished" (6: 602) another physician is called in, Dr. Moreau, "&, in fine, I was formally condemned to an operation by all Three" (6: 603). Once again Dubois is called in. He pronounces "sentence." Then follows what to Burney is an inexplicable three-week delay, the later explanation for which she inserts.

I have just read this as a kind of power struggle, in which the patient is gradually stripped of her authority to dictate what shall happen—the process that, in a slightly different context, Erving Goffman called "the betrayal funnel." But one might argue that the maneuverings and delays have another rationale: the physicians' unwillingness to undertake an operation that they see as both futile

and in danger of causing their patient's death. Outwitted by her charm and authority, they seek to spread responsibility for what might easily be a fatal outcome.

Dubois compels Burney to submit to the removal of her robe:

Ah, then, how did I think of My Sisters! . . . —my departed Angel!—how did I think of her!—how did I long—long for my Esther—my Charlotte! My distress was, I suppose, apparent, though not my Wishes, for M. Dubois himself now softened, & spoke soothingly. 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. No one else attempted to speak. . . . (6: 610–11)

With the battery of stylistic devices common to the literature of sensibility, Burney is representing herself as the epitome of femininity, of responsiveness and feeling. And naturally at this moment, she sees Dubois as the “other”—the military surgeon as the epitome of hard-bitten masculinity. It is possible that—perhaps retrospectively—she is projecting her own terror onto him, conjuring up a dramatic moment. I don’t think so. She fails to understand both the reasons for the delay (which have caused her much anguish, be it said), or his own state of mind. “Trivial? he repeated.” There is all the difference in the world between routine amputations performed in the heat of battle and this removal of the breast of a fifty-nine year-old lady in her own drawing room. Nor can Burney understand that her own sexual inhibitions may be shared by the doctors. But at this point we need to make a distinction between Burney, the narrator, and Madame d’Arblay, the patient. For the narrative in a sense “knows” this is the patient’s blindness—knows it because Dubois’s gesture tellingly speaks of his own bitter anguish at the prospect of tearing—cutting—that might destroy the life of the woman he is speaking to. Perceived and written

in the language of sensibility though this moment undoubtedly is, can we doubt that its extraordinariness warrants its accuracy?

Certainly, "A Mastectomy" represents in part the fantasy distortions of patienthood. But there is enough to tell a different story, of the physicians' unwillingness to undertake an operation that they think is futile, or in danger of bringing about their patient's immediate death. The doctors have not embarked on it lightly—perhaps, in fact, they themselves have been entrapped by the charisma of their patient. So the "7 Men in black" who suddenly enter the room, which seems to some of the narrative's readers to figure assault (or even rape), are "so many" because they are seeking to protect themselves—and this is quite different from what the atavistic imagination of the patient, and her readers, make it. Certainly, these professionals are training pupils, but their purpose is far from aggressive. Moreover, the surreal quality of their entry may register the effect of the wine cordial Dr. Moreau has administered moments before. Thus, the "Mastectomy" both communicates the nightmare experience of patienthood and documents reliable historical fact.

The "Mastectomy" is much better known than the "Narrative" of d'Arblay's death. Most attention has indeed been focused on first-person or autobiographical accounts of an illness experience, but the third-person or biographical account is actually just as common and in many ways more interesting. This is usually written by a relative; wife or daughter, husband or lover: the figure who has shared the illness journey with the patient and could be called, for convenience, "the carer." I used to prefer to use the term "sharer" rather than "carer" partly because "carer" has become a bureaucratic category. But "carer" is better because, as I will argue, there are crucial limits to sharing. To borrow from ethnography, the writer of this form of narrative is a "participant observer." The ethnographer shares the life of the tribe in the foothills of the Alps or the highlands of New Guinea, learns their language, eats their food, conforms to their customs, but at night retires to her tent to write up her notes. The carer similarly accompanies the patient through his or her illness and its treatment but is a little more detached and keeps records or a diary out of which her later narrative will be constructed. She occupies a space between

doctor and patient, becoming an alternative authority on the illness experience.

This form of pathography, in fact, combines two narrative streams—the story of the patient, usually ending in death, and the story of the carer, who survives to write. The two narratives weave together, meet, and part, meet and part, but the essential outcome is often a form of ironic interplay between the two. The classic of this form is Simone de Beauvoir's account of her mother's last weeks, *Une Mort Très Douce* of 1963. Burney's "Narrative of the Last Illness and Death of General d'Arblay" is obviously an example as well. So if Burney was a pioneer of pathography, she was a pioneer in both branches of the genre. The scraps of paper on which she wrote during d'Arblay's fatal illness, now in the British Library, suggest that even whilst nursing her husband, she was thinking about writing it up.

What must strike any reader of the "Narrative" is how much the foreground is occupied by the narrator herself. Begun eighteen months after d'Arblay's death, this is partly a work of mourning, partly of confession, and the abreaction of grief, guilt and regret is apparent on almost every page. It is also a commemoration of d'Arblay—of his gifts, his courage, and his dignity in the face of tormenting pain. And a celebration of their mutual love. But overriding these aspects, I think, is the great tension in the narrative between Burney's burning refusal to face the truth and the transparently obvious decline of the patient (also recorded)—a tension between Burney and her husband, but also between her and the professional attendants, who are an interestingly different class from her Parisian surgeons. Dominating the scene is the commanding presence of this woman who will not give up hope; meanwhile in the background, or in the interstices of her narrative, we see that everyone else, including her husband, has and that some of them are appalled by her behaviour.

In the later months of 1817, Madame d'Arblay was in Bath. D'Arblay himself was in Paris, but in a sorry state. Burney must have prevailed on "Mr. Hay of Bath," d'Arblay's "favourite medical man" as she calls him, to go to Paris and travel back with his patient. An extraordinary circumstance, this perhaps tells us a good deal about the

relations between English provincial doctors and their elite patients in the early nineteenth century. George Hay is unlicensed, as were so many practitioners of the time, and his friendship with the family is going to prove an ambiguous benefit. Emotionally as well as financially dependent on the family, Hay is swept along by Madame d'Arblay's manic optimism until the undeniable deterioration of his patient's condition makes it necessary to call in a more experienced man, William Tudor, an ex-military surgeon. Tudor's prognosis is grim. Here is one example of Burney's interaction with the two doctors:

'Well gentlemen', I cried, 'the greater the difficulty, the more honour will redound to your skill';—

Mr. Hay hung his head, in undisguised depression, & Mr. Tudor tried to articulate some words of Cases incurable: but I interrupted him, with 'There are NONE, sir!—No mortal man ought to pronounce such words!'

They now looked at me, & at each other, with an aspect suddenly changing from concern to resentment: I saw it, but would not—could not heed it: 'While there is life,' I continued, 'there should not be despair. There is a Greater Physician, Gentlemen, than either of you above, & cures the most miraculous have been worked where least expected. Hope is my sheet Anchor! It is the Anchor of England!—and it must be your's!' I left them, to still my poor shattered Nerves by the side of the precious Object for whose peace I could yet keep them in subjection.⁵

It is a weird moment, but an extraordinary passage of novelistic recreation. It is this capacity to dramatize the human interactions around the sick bed that links Burney's enterprise with the modern pathography. The scene is one in which the flagrant hysteria of the patient's wife rightly earns the resentment of the doctors. At the same time the narrative presents Madame d'Arblay as a heroine. It is less the moral rightness of her conduct, though, than its vitality, its fierce

and desperate courage, that the passage and many others like it, focuses. Yet even to speak of courage is to simplify too much, since the narrator has a firm grasp of the self-deception of this selfhood in which will overrides perception and despair. Burney's narrative relates the story of her own "wonderful . . . Incredulity" (10: 854). In other words, she represents herself with some complexity of moral being. She is optimistic, resourceful, but acting and forcing others to act according to her scenario, and knowing just what she is doing. She shapes her narrative into the story of her defiance of the doctors, the priest, the nurse—who makes brutally plain her expectation that her patient will die soon—and ultimately her defiance of truth itself.

Over and over again, the narrative registers the doubleness of Madame d'Arblay's state of mind. She takes to the old Catholic priest, and he to her: "he was won to kindness by gratitude that I favoured his visit, joined to a sentiment I then permitted not myself to see, even while, latently, I felt it, of pity for the blow he believed to be impending" (10: 876). Not letting yourself "see", whilst at the same time feeling it—and thus being able to recall it—is Burney's recurrent psychological position. The actual scene of d'Arblay's death is a tour de force in the representation of this doubleness. The reader cannot doubt from the narrative's description of d'Arblay's prolonged immobility that he is dead, but Frances believes, or makes believe, that he is in a restorative sleep. "When I saw a universal stillness in the whole frame such as seemed to stagnate—if so I can be understood . . . 'Alex, I whispered, this sleep is critical!'" she writes (X: 908). Or again: "I kept a composure astonishing—for when no one would give me encouragement, I compelled myself to appear not to want it, to deter them from giving me despair" (10: 908).

All the details of D'Arblay's conduct have made it plain that he is resigned to death. He sees a Catholic priest, makes his confession, makes his will, gives last advice to his son. This central situation of a sharer who cannot give up hope (because of the life-force that is in them) contrasted with the dying patient who accepts his or her death is a very frequent motif of the pathography. It was used, for example, by Hemingway in his story "The Snows of Kilimanjaro" (1938) and became the central tension in numerous books published by carers in

the seventies and eighties. In some of these the situation is reversed, with the patient refusing to accept he is dying and the wife seeking to tell him “the truth.” Burney’s two narratives, then, though written under the cover of contributing to the family archive, together offer early examples of the formal pathography in each of its branches.

One final note: though her earlier editors must have known of the existence of the letter about her mastectomy, it was only in 1958 that it was printed by Joyce Hemlow. The piece therefore belongs, in a sense, to that public emergence of the pathography in the last half century I remarked on earlier. And it is impossible not to connect this latter-day flowering to medicine’s own success story. There’s a Chinese saying that it is only when you have climbed to the top of the mountain that you can bear to look down and think about the struggles you have had to get there. It is because of the success of biomedicine that we can now contemplate the reading of that new genre of literature, the pathography, of which Frances Burney was the pioneer.

NOTES

¹ Anne Hunsaker Hawkins, *Reconstructing Illness: Studies in Pathography* (West Lafayette, IN: Purdue UP, 1993) 177-78.

² Arthur W. Frank, *The Wounded Storyteller: Body, Illness and Ethics* (Chicago and London: U of Chicago, 1995) 190-91.

³ Victor Robinson, *Victory over Pain* (London: Sigma, 1947) 211.

⁴ Frances Burney D’Arblay, *The Journals and Letters of Fanny Burney (Madame D’Arblay)*, ed. Joyce Hemlow et al., vol. 6 (Oxford: Clarendon, 1975) 608. All subsequent references to this volume will appear in the text.

⁵ Frances Burney D’Arblay, *The Journals and Letters of Fanny Burney (Madame D’Arblay)*, ed. Warren Derry, vol. 10 (Oxford:

Clarendon, 1982) 882. All subsequent references to this volume will appear in the text.

WORKS CITED

- D'Arblay, Frances Burney. *The Journals and Letters of Fanny Burney (Madame D'Arblay)*. Ed. Joyce Hemlow et al. Vol. 6. Oxford: Clarendon, 1975.
- . *The Journals and Letters of Fanny Burney (Madame D'Arblay)*. Ed. Warren Derry. Vol. 10. Oxford: Clarendon, 1975.
- Frank, Arthur W. *The Wounded Storyteller: Body, Illness and Ethics*. Chicago and London: U of Chicago, 1995.
- Hawkins, Anne Hunsaker. *Reconstructing Illness: Studies in Pathography*. West Lafayette, IN: Purdue UP, 1993.
- Robinson, Victor. *Victory over Pain*. London: Sigma, 1947.