Public Intimacies: Frances Burney’s and Jane Cave Winscom’s Accounts of Illness

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Abstract
This article argues that, in a culture that focused on either essentializing or universalizing women’s bodies, Frances Burney’s 1811 Mastectomy Letter and Jane Cave Winscom’s 1793 Headache Odes utilize physiologically specific language to challenge these dominant ideals. By giving their readers graphic accounts of their procedures and pain, these authors bring their specific bodily experiences to light. Circulating their accounts, respectively as letters and in a local newspaper, Burney and Winscom also negotiate between the intimate sphere of their bodies and the more public space of letters and print.

In Thomas DeQuincey’s 1832 Confessions of an English Opium Eater, he prefaces “The Pains of Opium” with this apologia:

You will think, perhaps, that I am too confidential and communicative of my own private history. It may be so. . . . The fact is, I place myself at a distance of fifteen or twenty years ahead of this time, and suppose myself writing to those who will be interested about me hereafter; and wishing to have some record of a time, the entire history of which no one can know but myself, I do it as fully as I am able with the efforts I am now capable of making, because I know not whether I can ever find time to do it again (DeQuincey 69).

While DeQuincey makes gestures toward the “private” and “confidential” nature of his extended illness narrative, he undercuts this point by assuming a public interest in this history spanning “fifteen or twenty years” . . . as well as a contemporary interest sufficient to carry his audience through his lengthy book. While this is perhaps the most public Romantic-era illness account, Lord Byron, Samuel Taylor Coleridge, and George Crabbe frequently mention their stomach
ailments—as well as their subsequent use of opium—in a variety of letters that circulated to family, professional acquaintances, and publishers.

Given this preponderance of public Romantic-era health issues, is there any significance to the fact that women’s narratives of illness or physiological pain are quite rare? And are these narratives gendered in any way? Recent scholars have studied William Godwin’s Memoirs of Mary Wollstonecraft (1798), a text that details Wollstonecraft’s death due to childbirth. Yet this is not Wollstonecraft’s public account, but her husband’s. Even though Godwin writes about Wollstonecraft’s experience, he narrates her illness—and much of her life—through his own lens, rewriting her subjectivity. Very rarely do we see Romantic-era women’s illnesses as narrated by themselves. This article focuses on two such accounts: Frances Burney’s 1811 letter to her sister, Esther, describing her mastectomy, and Jane Cave Winscom’s 1793 “An Ode to Health,” a series of poems regarding her excruciating migraines. I focus on Burney and Winscom because their writing was meant to be, in varying degrees, “public.” Burney’s letters to her sister imply the readership of her larger family; thus, they circulate between the intimate space of the body into a larger, more public space—family members and possibly acquaintances. In Winscom’s case, her poems circulate very publicly, in the 1793 Bristol newspaper. In addition to blurring a public/private divide, these narratives are significant because Burney and Winscom used specific, physiological details to resist the philosophical and anatomical trend of essentializing bodies.

This trend of essences or “universals” pervaded the Romantic era, becoming central to how we conceive of Romanticism today. While these terms may seem paradoxical, I argue that they produce the same result: a person reduced to an essence, for instance of “beauty,” encounters the same self-erasure as one who encapsulates a universal quality; in fact, Samuel Taylor Coleridge defined “essence” as the “universal in the individual.” In a Romantic aesthetic shaped heavily by theories of landscape art, beauty tellingly functions as both essences—seen in one
part—and universal—seen in the whole. When it comes to specific, often un-pleasing physiological details, we most often see these in the (often male) sublime. In *A Philosophical Inquiry into the Origin of Our Ideas of The Sublime and Beautiful*, Burke associates the sublime with fear and terror and uses a comparison of a man in great pain who

...has his teeth set, his eye-brows are violently contracted, his forehead is wrinkled, his eyes are dragged inwards, and rolled with great vehemence, his hair stands on end, the voice is forced out in short shrieks and groans, and the whole fabric totters. Fear or terror...exhibits exactly the same effects (Burke 161).

This sublime man inspires terror through the specifics of his physiognomy: his teeth, his eye-brows, his forehead, his eyes, his hair, and his voice. Yet a woman should not inspire terror. Instead, Romantic women are associated with the beautiful, the “characteristic effect” of which is relaxation, tranquility, or love. Thus the prevalence of men’s illness narratives, and the rarity of women’s, might be due to the fact that specific accounts of illness often evoke the terror accredited to the masculine sublime.

To align what I believe are overlapping philosophical debates, I first examine Burney’s letter in terms of the binary between universals/essence and specifics: one that quickly became gendered in anatomical manuals of the day. Jane Cave Winscom’s *Headache Odes* further align universals and specifics with the similarly gendered public/private debate; specifics, especially bodily specifics, were “private,” while universals, idealized body images, were targeted for public consumption. By focusing on bodily specifics usually read as individualized, and not part of a communal public sphere, both Burney and Winscom work to question the “intimate” sphere of the woman’s body.
Frances Burney (1776-1828) writes her well-known letter to her sister, Esther, on September 30, 1811. Although a letter is a genre between a completely private diary and a published piece, Burney wishes her sister to publicize her story (at the very least within the family) addressing “My dearest Esther, - & all my dears to whom she communicates this doleful ditty” (Burney 442) as she describes her pre-anesthesia mastectomy. She later writes that “I entreat you to let all my dear Brethren male and female take a perusal” (Burney 444). Gesturing toward a more public rendering of her tale, Burney herself entitled her letter “Account from Paris of a Terrible Operation- 1812.” She needs her narrative to remain whole and readable, and can significantly only accomplish this by writing on the letter to “respect this & beware not to injure it (Thadeus 148)!!!” As John Wiltshire put it, Burney’s journal accounts and letters “epitomise a paradox: they are private communications which at the same time parade Burney’s experiences and write their author into history” (Wiltshire, “Journals and Letters,” 76).

Scholars have examined this particular letter in terms of narrative strategy (Epstein) and the power of the patriarchal gaze (Kaye). I focus on Burney’s physiological specificity as a strategy of resistance to the “male gaze” which, by necessarily objectifying the woman, results in her essentialization. Knowing that her text will be read, “dissected” even, Burney employs effective narrative techniques to frame her tale. Several critics have commented on the gothic elements implied by the “seven men in black” who enter her room and proceed to examine her. Once the seven surgeons position Burney for the operation, they speak solely to one another:

Dr Larry . . . in a voice of solemn melancholy, said 'Qui me tiendra ce sein? (“Who will hold the breast?”) - ' No one answered; at least not verbally; but this aroused me from my passively submissive state, for I feared they imagined the whole breast infected - feared it too justly, - for, again through the Cambric, I saw the hand of M. Dubois held up, while his forefinger first
described a straight line from top to bottom of the breast, secondly a Cross, &
thirdly a Circle; intimating that the WHOLE was to be taken off (Burney 441).

Here, Burney gives us almost scientific specificity, honing in on the physicality of her surgical experience. The phrase “who will hold the breast?” focuses her reader on her anatomy, giving us a visually disturbing picture of this pre-anesthesia experience. This picture is only sharpened when Burney describes the literal inscription the surgeons make on her body. Like cross-hairs, a cross and a circle around her breast make their “target” clear. By writing intimately about her body and circulating her letter among family members, Burney diverges from what most Romantic philosophers saw as the aim of literature: to focus on essences.

Yet the focus on essences and on universals was not only the aim of literature, but also of precisely illustrated anatomical atlases, books like *Gray’s Anatomy* that featured explanations and illustrations of the human body. Both the explanations and illustrations demonstrate how pervasive the Romantic emphasis on essence and universality really was. Bernhard Albinus, in his 1749 “Account of the Work” [*of Tables of the Skeleton and Muscles of the Human Body*] writes that “I am of the opinion, that what Nature, the arch workman…has fashioned must be sifted with care and judgment, and that from the endless variety of Nature the best elements must be selected” (qtd. in Schiebinger 61). Here, Albinus suggests a form of window-shopping for the “best elements,” the essences, of nature. The human body, then, becomes not an accurate representation, but a compilation of essences combined to produce the perfect body: the universal ideal.

Due to the constraints of modesty as well as the realities of an increasingly patriarchal medical establishment, women’s bodies most often suffered this fate. Until the mid-eighteenth century, dissection manuals and anatomy atlases had avoided representations of women.
Anatomical atlases featured detailed depictions of the uterus, but drawings of the first female skeletons only appeared in England, France, and Germany between 1730 and 1790 (Schiebinger 42). Even then, these skeletons were seldom those of real women. William Cheselden (1733) drew both female and male skeletons, but the female was copied from the statue of Venus of Medici, the male from Apollo. Here, we see a universalizing tendency toward both women’s and men’s bodies, not unlike the airbrushing used in the magazine industry today.

Yet even when dissections became more common and representations of men became more “factual,” women’s bodies continued to be modeled on classical figures. Samuel Thomas von Soemmerring produced a female skeleton to rival Cheselden’s, which he checked against the Venus di Medici and the Venus of Dresden “to achieve a universal representation of woman” (Schiebinger 58). From the bones up, women’s bodies acted as replications of a neoclassical artistic ideal:

[Figure 1: Levret, L'art des accouchemens…]

Here, we see a full female skeleton, but the “mechanisme de differentes grossesses” focuses on her pelvis and uterus. Not only does the focus on reproduction adhere to a universalized
depiction of women—most eighteenth-century anatomical illustrations of females emphasize the uterus or reproductive systems—but this figure’s gestures and stance are also gendered. She lifts her back foot gracefully and holds her hands in a delicate, classically feminine gesture. Interestingly, her head and waist also seem, at least to this reader, relatively small. Londa Schiebinger uses details like the smaller hand and the dainty, breakable waist to argue that the late eighteenth-century inclusion of women’s skeletons and bodies in anatomy texts authorized the “collective commitment” to render scientific the inferiority of women to men (Schiebinger 58). If a woman’s very skeleton was less hefty than that of a man, she was biologically incapable of carrying on “man’s work.”

These skeletal illustrations becomes even more interesting if we envision ourselves, the viewers, as representatives of the doctor/surgeon; by looking at an anatomical atlas, viewers (at that time male medical students) objectified the patient even more. Though early feminists like Laura Mulvey saw this gaze as exclusively patriarchal, with men asserting power over women’s bodies, I believe that even women looking at women’s bodies exercise power over them, as did (and do) the readers of Frances Burney’s text. Viewers of anatomical illustrations, like readers of texts, nuance their readings depending on what they wish to see. While the surgical gaze during the Romantic era would have been the property of men, one might pause and consider the power of women readers, like Esther herself, over Burney’s words.

Burney, at least for the moment, refuses to grant this interpretive power to either her doctors or her readers. In an act of rebellion, she describes how she answers the doctors’ question:

Excited by this idea, I started up, threw off my veil, &, in answer to the demand 'Qui me tiendra ce sein? ' cried 'C'est moi, Monsieur! ' & I held my
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hand under it, & explained the nature of my sufferings, which all sprang from one point, though they darted into every part (Burney 441).

The use of the veil (actually a cambric handkerchief) here is clearly a practical method to keep patients from seeing their own operations, but it also implies virginity: the veil during the marriage ceremony or the hymen itself. Also, veiling in this context forefronts the patriarchal secrecy of the early nineteenth-century medical establishment; although everyone else can see the woman, the woman cannot return the gaze or see her own body.

Although unable to see the male surgeons, Burney nonetheless assumes agency over her body. Her cry of “C’est moi” is fascinating as it can mean both “I will [hold the breast]” (as it would in this context) and, as Kaye has pointed out) it is me (Kaye 51). Burney’s body is not an object, a target for these surgeons, but Frances Burney herself. By advocating holding her own breast during her operation, Burney holds her own body in her hands. She adds to this an unasked-for narrative of her sufferings and explains to Esther the specific nature of her pain. The pains “springing” from one point and “dart[ing]” to every part are anthropomorphized, allowing her reader(s) to imagine exactly what Burney feels.7

This specificity only continues as Burney discusses the operation itself. When Drs. Larry and Dubois begin the operation, she slows her narrative to give a vivid account of the . . . dreadful steel [that] was plunged into the breast—cutting through veins—arteries—flesh—nerves—I needed no injunctions not to restrain my cries . . . 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 (Burney 442).
Again, this passage complicates any sort of universalizing gender ideology. In one sense, Burney does leave us with a sense of herself as disembodied or, at least, separated from her body. The steel plunges through “the,” not “her,” breast. Instead of implicating the doctors in her pain, Burney makes use of passive constructions to write that the wound “was made”; the instrument “was withdrawn.” One can imagine the knife plunging through “veins—arteries—flesh—nerves,” penetrating ever deeper into her body in a metaphorical rape. Burney’s dashes only emphasize the sharp, brutal nature of the operation. The early nineteenth-century tools for amputation were extremely primitive, often including a curved knife for cutting flesh and a saw for grinding through bones:

[Figure 2: Cheselden, Amputation Instruments ]

The images of the saw and knife make Burney’s operation—and her anguish—far more real, and the restraints pictured here give the reader room for pause. Restraints are ubiquitous in accounts of pre-anesthesia surgeries, but Burney writes that she removed her veil and volunteered to hold
her own breast. Either her doctors decided to forego restraints or, perhaps more likely, she writes her agency into her account to Esther, in part to combat the passive image of the medical patient (and woman). Seemingly insignificant, this detail nonetheless sheds light on the difference between specificity and factuality, a difference sometimes lost in popular conceptions of science as “truth.” The point is not that Burney’s description is particularly truthful or realistic, but that its specificity contests a Romantic aesthetic and works to “write” her own body.

When we read Burney’s specific, fact-filled narrative, we should not overlook the fact that she writes of a mastectomy. As now, the breast during Burney’s time was rife with cultural value; it symbolized both the woman’s ability to succor a nation of children as well as her sexuality, her desirability. Yet in her letter, Burney’s breast becomes not a sexualized, overly idealized part of a woman, but a body part that gives her extreme pain:

... presently the terrible cutting was renewed—and 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, and—Oh Heaven!—I then felt the Knife rackling against the breast bone—scraping it! (Burney 442)

Again, the breast is almost detached from Burney herself—a “dreadful gland”—yet it is hers to simultaneously claim and narrate. She not only tells her story, but her diction also alludes to the specific nature of her experience. The OED defines “rackle” as “to act roughly,” but a rackle (n) is “a chain.” Thus the knife “rackling” against the breast bone gives Burney’s reader a visual image of a chain moving back and forth across sensitive tissue.

Burney writes in an “unnervingly specific” (Wiltshire, “Journals…” 88), almost completely physical manner about the removal of her breasts. This is a bit disconcerting to
present-day readers used to narratives that tend to focus more on the psychological loss involved in this procedure. Yet focusing on the psychological impact of losing one’s breasts, traditionally symbols of femininity, brings us right back to an essentialized notion of gender (e.g. breasts define women in some way). It is by focusing more on the surgery than on an ideology tied to female bodies that Burney resists becoming an object, a cipher.

Burney’s focus, honing in on body parts and affective details, is laser-sharp. By using a strategy of specificity, she posits her own body as unique, not one that can be reduced to an essence. Yet scholars have read specificity, especially as regards a woman’s body, as an act that keeps women in the private or intimate sphere. The bourgeois public sphere becomes conflated with universalizing ideals, the intimate sphere with specific details. Jürgen Habermas uses his own rhetoric of universality as he delineates the growth of the bourgeois (male) public sphere: “The bourgeois public’s critical public debate took place in principle without regard to all preexisting social and political rank and in accord with universal rules…These rules, because universally valid, secured a space for the individuated person…” (Habermas 54, emphasis mine). This ambiguous passage simultaneously posits a bourgeois public sphere without “social and political rank” but somehow insists that “universal rules” can still apply—and, what’s more, that these rules result in an “individuated person.” While this “individuated person” might be a bourgeois merchant, no longer defined by courtly ties or even land ownership, where does this leave women? The “social rank” accorded to gender still persists.

Many feminist scholars have already pointed out this significant gap in Habermas’s theories. While Leonore Davidoff defines the spheres similarly to Habermas, as “the open and revealed versus the hidden or withdrawn; and the collective versus the individual,” she concedes that reading and writing “cut across imposed public and private distinctions” (Davidoff 22). This is where Habermas’s third sphere, the “intimate sphere,” proves especially important to our
examination. Habermas’s focus on public reason forces a third sphere into his philosophy. The public sphere is the sphere of (male) citizenship, but the “private” sphere also, through the selling and buying of goods, participates in economic exchange. Thus there must be an intimate sphere to account for things that happen behind closed doors. Yet even Habermas’s intimate sphere is, as scholars have argued, irrevocably tied to the domestic. Iris Young, for instance, writes that, for Habermas, “the idea of equal citizenship attains unity because it excludes bodily and affective particularity” (99). In other words, individuals only merit the public sphere if they focus on universals or, barring that, on domestic—not bodily—details. Detailed, “intimate” physiological explanations, like illness narratives, seem incongruous with the bourgeois public sphere.

Instead of focusing on closed-off spheres, we might do better to follow Diane Boyd and Marta Kvande, who argue against the gendered public/private binary by remarking that “the spheres were not separate but interpenetrating” (22). Instead of closed off circles or even a Venn diagram, I propose a more physiological model, wherein information permeates various membranes of society and circulates in a variety of social settings. Frances Burney, for instance, fills her letter with “affective, bodily particulars,” and circulates it between herself and her family. She asks Esther to share the letter, revises it extensively, and even gives it a title. While the letter is not published during Burney’s lifetime, I believe we can read it as a circulating document.

If reading Burney’s letter occasions a re-conceptualization of the public/private divide, Jane Cave Winscom’s venue, the newspaper, is already associated with publicity and circulation. Not only did Winscom publish her “Ode to Health” in a May 25, 1793 Bristol newspaper, but she also published a book of poetry, *Poems on Various Subjects, Entertaining, Elegiac, and Religious* (1794), printed in Bristol by Nathaniel Biggs (1795-1810) and sold by subscription. In 1798, only four years later, Biggs began doing business with Joseph Cottle, a prominent Bristol
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bookseller who worked with such luminaries as Southey, Coleridge, Hannah More, and Thomas DeQuincy; Biggs himself published Coleridge’s 1796 *Poems*, the 1798 *Lyrical Ballads*, and Southey’s 1799 *Poems* (Manogue). Thus it stands as no surprise that the subscription list for Winscom’s *Poems* was a long one (52 printed columns). Significantly for this study, it included ten doctors who would have known of Winscom and might have read her headache odes in the local newspaper. Bristol’s citizens read newspapers or at least discussed them in the rambunctious atmosphere of the local coffee or ale-house, a space Habermas himself associates with the emergence of public, rationalist discourse. Medicine became a larger part of this conversation at the end of the century; while Jonathan Barry notes five instances of “scientific” topics in newspapers published between 1756-65, the number rises to 20 in the next ten years.

Since eighteenth- and early nineteenth-century medicine was so male-dominated, it seems significant that both Burney and Winscom wrote quite negatively, and publicly, about their experiences with doctors. Both engaged in their own medical treatment, directing doctors without excessive squeamishness or modesty. Burney’s abundance of details affect even the modern-day reader, as do her directives to her doctors. As we will see, Winscom uses similar strategies, filling her poems with physiological details, directives, and vitriolic attacks against what she saw as an incompetent profession. While we have no evidence regarding the reception of her poems, we can assume that they provoked a great deal of anxiety in readers used to seeing the body (even if, in this case, only the head) under wraps.

Winscom (1754- c. 1813) suffered a ten-year bout with debilitating migraine headaches, eventually publishing her “Ode…” to both inveigh against her medical treatment and suggest a course of action after her death. Winscom chooses to write about a sometime gendered disease in an un-gendered way. Never does she refer to the fact that she is a woman suffering from migraines; instead, she focuses on critiquing her physicians and describing the specifics of her
bodily pain. Because bodies were idealized and universalized in medical accounts, it seems significant that Winscom begins her “Ode” by critiquing those who subscribe to these ideals, her physicians:

Ye sage Physicians, where’s your wonted skill?
In vain the blisters, bolusses and pill;
Great Neptune’s swelling waves in vain I try’d,
My malady its utmost power defy’d;
In vain the British and Cephalic Snuff;
All Patent Medicines are empty stuff;
The launcet, leech, and cupping swell the train
Of useless efforts, which but gave me pain;
Each art and application vain has prov’d,
For ah! my sad complaint is not remov’d (Cave).\(^{13}\)

This direct address accuses her physicians, known for their sagacity and “wonted skill,” of nothing less than complete failure. “In vain” have they prescribed blisters (vesicatories applied to raise blisters and relieve excessive blood pressure) and a variety of pills. In vain has Winscom traveled to attempt a water cure from “Neptune’s swelling waves.” By this, Winscom might refer to Bristol Hotwells, a popular medical and social sanatorium where spa-goers from Bath would come to try the “healing waters” renowned for curing diabetes and consumption (Waite 122). In vain did she try cephalic snuff, a powder that, through inhalation, supposedly cured head pains. Thus Winscom deftly disarms the medical establishment by questioning its efficacy. If the physicians are so incompetent as to “give her pain,” how are Bristol’s newspaper readers to trust what these doctors see? Despite our perceptions of well-mannered women in the public sphere,
this ode is anything but. It resembles a Hogarth painting or a Popeian satire, debunking the association of the “feminine” with gentleness.

We see this satirical vitriol even more in Winscom’s ominously titled “An Invocation to Death”:

Physicians, and ye crowd,
Who boast of physic-skill;
I may proclaim aloud,
You’re but a splendid ill!

In vain I’ve sought for cures,
As tortures still confine:
What fruitless pounds are yours!
What pain and anguish mine!

Again, Winscom pits physicians’ “boast” against a simple accusation, ascribing “illness” to the profession itself. The doctors have gained “fruitless” pounds, money received for no merit, and the narrator herself has gained only “pain and anguish.” Interestingly, the only agency in this invocation (apart from death’s) is Winscom’s own. Physicians are impotent, “fruitless,” while she herself “[seeks]” for cures. Winscom’s active verb, “sought,” much like Burney’s “c’est Moi!,” reinforces agency over her own body.

Once Winscom derails the physicians’ observations, she proceeds to make observations of her own, pointing out her particular pains. For instance, Winscom fears that the sheer force of her headaches would impair her memory or blind her, contributing to her poems’ prominent images of darkness.14
Not one short month for ten revolving years,

But pain within my frame its sceptre rears!

In each successive month full twelve long days

And tedious night my sun withdraws his rays!

Leaves me in silent anguish on my bed,

Afflicting all the members in the head;

But now, behold, I live unfit for aught;

Inactive half my days except in thought,

And this so vague while torture clogs my hours,

I sigh, Oh, ‘twill derange my mental powers!

Or by its dire excess dissolve my sight,

And thus entomb me in perpetual night!

Through the use of metaphors—pain rearing its “sceptre” and the extended metaphor of darkness—Winscom’s odes thus affirm her legitimate pains, both physical and mental. Instead of resorting to “essences,” Winscom here emphasizes, time and again, the specifics of her medical situation. Her use of numbers is particularly remarkable: she repeats and even underlines “one,” “ten,” “twelve,” and then repeats that “half [her] days” are consumed with migraines, or what eighteenth-century doctors would have called the “sick headache.” Hers is not, however, a generic or universalized migraine; by focusing on the number of days she suffers, she forces her readers to see this as a specific, not a universalized, medical account. Her searing pain not only leaves her lying in her bed but also affects all the “members of [her] head.”
We might pause here and consider what Winscom would have imagined these “members” to be. According to Alan Richardson, Romantic-era scientists and proto-psychologists already conceived the brain to be a collection of different organs (Richardson 6). Winscom’s Bristolean readers could have imagined these separate organs in Winscom’s head, each feeling its particular type of pain. Alternately, these “members” could be Winscom’s muses, who battle in her brain in much of her poetry. This is far different from women as allegorical depictions or even representations of essentially “feminine” qualities. By looking inward instead of outward, providing an almost microscopic view, Winscom forces her readers to focus on her specific situation, her specific body.

Nowhere is this strategy more clear than in Winscom’s request that the doctors dissect her. By publishing this request, she manages not only to have a voice concerning her preventative medical care, but also to leave behind a sort of “last will”:

But when I stop to rest
And life’s last lamp’s expired!
‘Tis now my firm request,
The surgeons are desir’d
T’ investigate the jaws,
The temples, eyes and brain;
To learn what wond’rous cause
Has given all this pain.
By effectively writing a post-mortem injunction to her doctors, Winscom gains some agency in a culture that especially exercised power over the dead body: a passive object open for re-signification. In his 1998 *The Pasteurization of France*, Bruno Latour explains that “‘[t]o make other [nonhuman] forces speak, all we have to do is lay them out before whoever we are talking to. We have to make others believe that they are deciphering what the forces are saying rather than listening to what we are saying’” (qtd. in Crawford 196). While many critics since Latour have contested the notion of science as unconstructed “fact,” it is nonetheless important to reiterate the similar “deciphering” process involved in reading a text, a work of art, or a human body. Since the viewer and the creator gaze without prohibition on an anatomical display, we might ask whether this “deciphering” process is really a “ciphering” one. In other words, physicians, viewers, and readers posit their own ideas onto a passive body.

Elizabeth Bronfen describes the objectification of women in dissection manuals, remarking that the anatomists’ writings and descriptions become a “substitute” for the corpse, which, one could argue, is always already being substituted by countless signifiers (Bronfen 7). We need only think of the way wax figures used in late eighteenth century medical education were used to represent gender ideals. The wax models, tellingly called “Venuses,” lie on silk cushions “in passive, but sexually inviting poses” (Jordanova 44):
Above is one such Venus, designed by Anara Mazzolini. Mazzolini’s figure lies with legs partly open, head cocked to the side. Significantly, she looks away from the viewer and, in so doing, tilts her lower anatomy toward him or her. Also, as Jordanova points out, the viewer can further “undress” her by looking into her. I would argue that the (male) medical student could visually penetrate, see into every crevice, of this generic model, who is, after all, only a model, a representation of what may have been a living woman. What this student deciphers is what he wishes to see: what his culture prepares him to see when he looks at a woman’s body.

By publicly putting her “firm request” on paper, Winscom becomes an active agent—one recalls Lavater’s “firm” masculine hand—instead of a passively inscribed cipher. It is not incidental that she appropriates a scientific, “public” word, “investigate,” to describe her actions toward her own, intimate body. And, by focusing on decidedly un-gendered body parts, her “temples, eyes,” “brain,” and “jaws,” she manages to deconstruct Romantic-era gendered bodily
ideals. Paradoxically, she focuses very specifically on body parts shared between men and women—parts that (apart from eyes) cannot easily be allegorized. Also, importantly, Winscom herself asks these scientists to gaze upon her dead body, retaining the agency that Venuses and allegorized skeletons clearly forfeited.

In many ways, Romantics’ idealization of essences over particulars was a democratizing move: how else could Wordsworth’s narrator connect with a leech gatherer, Southey with Joan of Arc, or Mary Shelley’s readers with a “hideous” creature? Yet these universal human qualities often overshadowed the particularities of women’s experiences, in this case, their experiences of illness. Only by writing these narratives, both circulated outside of the intimate sphere, could women like Burney and Winscom recover any social agency.

These narratives served to counter many others, visual, verbal, and material. Xavier Bichat, a preeminent French eighteenth-century cardiologist, wrote that anatomists “are painting a picture rather than learning things. They must see rather than mediate” (qtd. in Foucault 203). These essentialized “pictures” filled anatomical atlases and anatomy theaters, publicly reflecting what the patriarchal gaze would “see.” To most, “things,” or details, were too intimate, relegated to the private or intimate spheres. Yet interestingly, Bichat’s statement implies that “learning things” correlates with “mediat[ion].” By forcing their detailed accounts into a public sphere, both Frances Burney and Jane Cave Winscom were able to mediate between their medical procedures and how subsequent readers would “see” them.

By framing our gaze, accompanying us through their surgeries or even past their deaths, narrators like Burney and Winscom pioneered what we now call the illness narrative or pathography. In the Romantic era, women started writing about their bodies specifically, using the “sublime” language heretofore preserved for men. This trend has continued to today’s illness narratives; in her 1980 Cancer Journals, Audre Lorde—like Burney—deals with the physical
realities of breast cancer. Unlike Burney, she introduces other social factors, namely her experience of the disease as an African-American lesbian. Migraines, too, experienced by more women than men, remain in need of telling.¹⁷ In 2003, poet Marilyn Hacker published her “Migraine Sonnets,” a physiological account of migraine laced with 21-st century psychological realizations. These accounts offer necessary perspectives about the experience of being a sick woman in a society still concerned with idealization: with supermodels, celebrities, and beauty. These narrators delve deep into the experiences of pain and difference, guiding us through their procedures, “seeking” cures and “holding” their own bodies—their own self-image—in their capable hands.

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The Works of Aristotle, the famous philosopher. In four parts. Containing I. His complete Master-piece; displaying the secrets of nature in the generation of man. To which is added, the Family physician; being approved remedies for the several distempers incident to the human body. II. His Experienced midwife; absolutely necessary for surgeons, midwives, nurses, and child-bearing women. III. His Book of problems,
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2 This field has recently expanded with the publication of Elizabeth Dolan’s Seeing Suffering in Women’s Literature of the Romantic Era (Aldershot: Ashgate, 2008); however, Dolan focuses mostly on mental, economic, and literary suffering, not the way/s that women write about their own unique physiological experiences.

3 Burney’s letters were not published until the twentieth century, but that does not preclude a public audience for them.

4 The ideology of “essence” is perhaps best explained by Samuel Taylor Coleridge, who explains in his 1809 lecture, “On Poesy”:

   We must imitate nature! Yes, but what in nature — all and everything?
No, the beautiful in nature . . . If the artist copies the mere
nature, the natura naturata, what idle rivalry! If he proceeds only from
a given form, which is supposed to answer to the notion
of beauty, what an emptiness, what an unreality there always is in his
productions, as in Cipriani’s pictures! Believe me, you must master
the essence, the natura naturans, which presupposes a bond between
nature in the higher sense and the soul of man (Eliot).

Coleridge here counters the Neoclassical ideal of copying “a given form,” but his alternative does
not allow for the particulars of bodily experience. Coleridge’s artist should not conform blindly
to “the notion of beauty,” nor should he merely “imitate nature.” Instead, Coleridge advocates a
more spiritual function of art as a reflection of nature’s “essence”: “the beautiful in nature.” Of
course, the word “beautiful” needs some ideological unpacking. In this context, it seems
interchangeable with the notion of “essence”; it is the divine idea that breathes life into a material
form:

The idea which puts the form together cannot itself be the form. It is above form, and is
its essence, the universal in the individual, or the individuality itself—the glance and the
exponent of the indwelling power (Eliot).

This spiritual connection with nature that makes the invisible visible is what Coleridge calls the
natura naturans. It focuses not on the actual nature in front of us, but on nature as influenced by
William Wordsworth’s “breath and finer spirit” of knowledge (Eliot). The natura naturans, in
Coleridge’s formulation, connects art, the elucidation of this knowledge, to the human soul.
William Gilpin repeats this aesthetic in discussing the old masters of painting who
“rarely painted views from nature . . . like poets they did not confine themselves to
matter of fact; they chose rather to exhibit what a country suggested, than what it really
comprised; and too, as it were, the essence of things. The servile imitator seems to me
to mistake the body for the soul, and will never touch the heart” (Gilpin 26, original
emphasis).

Here, Gilpin’s philosophy, arguing that poetry should not be “confined” to “matter of fact,”
matches Coleridge’s; instead, both advocate the “essence” of things, the natura naturans. The
imitator, the mimetic artist, remains relegated to the realm of the body, never to feel nature’s, or
God’s, “indwelling power.” Thus, the suggested value of material things is, in this aesthetic,
valued over the things themselves.

5 The nature of surgery in 1811 was, of course, markedly different from surgery today. Pre-
anesthesia, surgery was still in an embryonic state, and surgeons had to possess enormous
strength to cut off body parts quickly and as painlessly as possible. The guild of barbers and
surgeons separated from the Corporation of Surgeons in 1784, and only in 1800 was the
Company of Surgeons granted a royal charter to become the Royal College of Surgeons of
London, later of England. For more on the history of surgery, see Donald C. Goellnicht, The
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necessary inhumanity”: Cultivating Negative Capability through the Clinical Gaze,” *Studies in the Humanities* 34.2 (December 2007) 165-184.

6 One could hazard many guesses as to why this was the case. Clearly, male medical students looking at women’s bodies (even skeletons) may have posed a moral conundrum. Also, if women were ideologically derivative at this time, studying a male body might have been enough; this theory is supported by the frequent inclusion of the uterus in otherwise male-centered manuals.

7 This is especially relevant considering that medicine had only recently moved from a humoral approach to breast cancer—considering it a systemic illness—to a localized one. Thus Burney’s emphasis on the pains coming from “one point” reinforces a developing medical ideology. Ideology concerning breast cancer in the late eighteenth century was quite varied; the notion that breast cancer was caused by black bile had been discounted by Jean Astruc, who burned and ate a piece of breast tissue, then a slice of meat. Tasting no difference, he concluded that excessive bile could not be a cause. Yet no one yet understood the causes of cancer. In 1713, Bernardino Ramazzini attributed breast cancer in nuns to lack of sexual activity; paradoxically, he also attributed it to too much sexual activity, namely too much breast squeezing. According to Lorenz Heister, remaining childless placed women at much higher risk. Thus, while the localized nature of breast cancer had been medically accepted, society remained ignorant (and still does) to the causes of the disease. For more information about the history of breast cancer, see James S. Olson, *Bathsheba’s Breast: Women, Cancer, and History* (Baltimore: Johns Hopkins University Press, 2002).

8 For a more nuanced reading of this obvious observation, see Jordanova 29.

9 According to a 2008 study of 108 women who had undergone or were considering prophylactic mastectomy, all of the subjects “believed psychological consultation would aid decision making and preparation for surgery.” According to one subject, “I just did not feel like I was a woman anymore. I felt like I was just in a woman’s body, but I wasn’t whole. I know I’m whole, but at that time you could tell me I was whole, but I’d say, ‘No, I’m not,’ because I didn’t have breasts” [Andrea F. Patenoude, Sarah Orozco, et. al., “Support needs and acceptability of psychological and peer consultation: attitudes of 108 women who had undergone or were considering prophylactic mastectomy,” *Psycho-Oncology* 17 (2008): 831–843.]


13 All subsequent Winscom poems are from this source.


15 For a fascinating contemporaneous medical account, see The Works of Aristotle, the famous philosopher. In four parts. Containing I. His complete Master-piece; displaying the secrets of nature in the generation of man. To which is added, the Family physician; being approved remedies for the several distempers incident to the human body. II. His Experienced midwife; absolutely necessary for surgeons, midwives, nurses, and child-bearing women. III. His Book of problems, containing various questions and answers, relative to the state of man’s body. IV. His Last legacy; unfolding the secrets of nature respecting the generation of man. Early American Imprints, Series I. Online. Accessed August 27, 2009.

16 I would like to thank my student, Katherine Sophia Russell, for this observation.

17 http://www.womenshealth.gov/faq/migraine.cfm#i.