Who's Afraid of Susan Sontag? or, the Myths and Metaphors of Cancer Reconsidered

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SUMMARY: Susan Sontag's book, *Illness as Metaphor*, has framed our understanding of the relationship between disease metaphors and illness experiences in modern Western society. Her view that metaphors can render diseases socially as well as physically mortifying has influenced a generation of scholars: her conclusion that cancer sufferers are shamed and silenced by metaphors has likewise shaped public perception of neoplastic diseases. Despite the eloquence of Sontag's prose and the force of her convictions, her conclusions are not wholly persuasive. Some scholars have critiqued her faith in the power of science to dispel the myths and metaphors of disease; others have pointed out that it is neither desirable nor possible to strip illness of its symbolic meanings. It has been my purpose to test Sontag's assumptions about the impact of cancer metaphors, to weigh her arguments against the experiences and attitudes embodied in patient correspondence, obituaries and death notices, medical and educational literature, and fiction. Popular and professional reactions to neoplastic diseases in both Canada and the United States during the first half of the twentieth century reveal that, while many North Americans regarded cancer as a dreadful affliction, the disease did not, as Sontag has argued, predictably reduce them to a state of silence or disgrace.

KEYWORDS: cancer, culture, metaphor, Sontag, illness experience, North America

'A lot of people are afraid of Susan Sontag,' declared journalist Helen Benedict after an interview with the celebrated author.[1] Sontag's formidable intelligence, her polished public persona, and the inordinate protectiveness of her publicists combine to make the author seem remote and forbidding. 'Getting to meet her', Benedict reported, 'is a bit like trying to meet Joan of Arc on her day off'. Sontag's reputation as a 'heavy-weight intellectual' is well deserved, not least of all for her analysis of disease discourse. Her remarkable essay *Illness as Metaphor*, published in 1977, struck a chord that resonated with the public as well as with academics.[2] On the one hand, patients drew comfort from her attempt to make sense of the cancer experience. Ten years after publication of the book, Sontag claimed that 'Hundreds of people have written to me and have said that it saved their lives, that because of the book they went to a doctor or changed their doctors.' On the other hand, her work excited considerable interest among scholars, contributing a new

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[1] H. Benedict, 'Passionate Mind: Susan Sontag', in *Portraits in Print: A Collection of Profiles and the Stories Behind Them* (New York, 1991), p. 21.

[2] A decade after publishing *Illness as Metaphor*, Sontag wrote a second analysis of the symbolic meanings of disease entitled *AIDS and Its Metaphors*. Because I am using the introduction to the second book, which contains Sontag's reflections on the first book, as well as her original discussion of illness metaphors, I have elected to use an edition published by Anchor Books that includes both texts. See S. Sontag, *Illness as Metaphor and AIDS and Its Metaphors* (New York, 1990). In order to avoid confusion, I will refer to this source only as *Illness as Metaphor* in subsequent footnotes.

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conceptual framework to the burgeoning movement to study patient experiences, illness narratives, and health culture, to name only a few areas of research.[3]

Undoubtedly, Sontag's interpretation has much to recommend it. Her book would not have enjoyed such immediate success or enduring influence had it not presented a compelling or provocative analysis of illness. Historian Sheila Rothman, for example, explicitly identified her exploration of the experiences of tuberculosis patients with Sontag's efforts to de-mystify disease. Moreover, *Illness as Metaphor* not only powerfully alerted us to the existence and importance of disease metaphors, but also moulded our understanding of their impact on illness experience. In his history of cancer in American culture, James Patterson developed and reinforced Sontag's central argument that cancer patients have long suffered in silence as a result of the stigma attached to neoplastic diseases.[4]

Despite the potency of Sontag's vision, however, it does not necessarily follow that her conclusions about the impact of disease metaphors are always reliable. She freely admitted that she had done no systematic research for the book, drawing instead on her expansive knowledge of literature and her private library for pithy quotations and pertinent examples. Moreover, while she elaborated a convincing portrait of disease as symbol, her assertion that metaphors warp illness experience is less persuasive, substantiated mainly by her personal confrontation with cancer and her limited exposure to other victims of the disease. Sontag's assumptions consequently must be weighed against the experiences of sufferers in the past as well as against the broader discourse on cancer. The following exploration of popular and professional reactions to neoplastic diseases in Canada and the United States during the first half of the twentieth century shows that, although many North Americans regarded cancer as a dreadful affliction, the disease did not necessarily reduce them to a state of silence or disgrace.[5]

This article is divided into four sections. The first briefly describes Sontag's own illness experience and outlines the main tenets of her argument about cancer metaphors as presented in *Illness as Metaphor*. The second section draws on a wide variety of sources, including obituaries, health-education and medical literature, and patient correspondence, to evaluate Sontag's interpretation of neoplastic diseases. More specifically, this part of the discussion challenges her assertion that silence and shame *invariably* characterize the cancer experience. The third part of the paper is devoted to a reconsideration of the relationship between disease metaphors and illness experiences. By comparing the experiences of cardiovascular

[3] Sontag quoted in M. Costa and A. Lopez, 'Susan Sontag: The Passion for Words', reprinted in L. Poague (ed.), *Conversations with Susan Sontag* (Jackson, MS, 1995), p. 230; D. Lupton, *Medicine as Culture: Illness, Disease and the Body in Western Society* (London, 1994); C. G. Helman, *Culture, Health and Illness: An Introduction for Health Professionals*, 3rd edition, (Oxford, 1994); A. H. Hawkins, *Reconstructing Illness: Studies in Pathography* (West Lafayette, IN, 1993); A. M. Brandt, 'Emerging Themes in the History of Medicine', *The Milbank Quarterly*, 69 (1991), 199–213; R. J. Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830–1910* (London, 1987); H. Brody, *Stories of Sickness* (New Haven, CN, 1987).

[4] S. M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in America* (New York, 1994); J. Patterson, *The Dread Disease: Cancer and Modern American Culture* (Cambridge, MA, 1987).

[5] W. Lesser, 'Interview with Susan Sontag', in Poague, *Conversations*, p.195.

and neoplastic diseases, a comparison prominent in Sontag's own work, I argue that metaphors are as much a product of the lived experience of disease as they are a transforming influence on that experience. Finally, the essay examines the representation of cancer in Thomas Wolfe's novel, *Of Time and the River*. One of a mere handful of fictional accounts of cancer published in the years before the Second World War, the book would seem to support Sontag's view that neoplastic diseases were both shameful and unmentionable. Yet close scrutiny of Wolfe's handling of the subject serves as a cautionary tale, underscoring the complexity of personal and popular reactions to cancer, and the limitations of Sontag's interpretation.

Sontag and Cancer

In 1975, Susan Sontag was in her intellectual prime, an author of prodigious talent. A regular contributor to such prestigious journals as *Harper's*, *Atlantic Monthly*, the *New Yorker*, and the *New York Review of Books*, she had also written no fewer than five books and directed three feature-length films. In both media, Sontag grappled fearlessly with such controversial issues as pornography and the Vietnam war, carving out a niche for herself in the American literary establishment: she 'became known both as an astute, sophisticated commentator on modernism and the avant-garde and as an experimental novelist'. Moreover, Sontag's rise to prominence was nothing short of meteoric, leaving fans and critics alike astonished at the extent of her popularity.[6]

Then, at the age of 42, Susan Sontag learned that she had breast cancer. 'I had never been seriously ill', she recalled a few years later. 'Suddenly, I entered the world of the sick.' From the start, doctors warned Sontag that her condition was very grave because the disease was already well established and appeared to be spreading rapidly. Indeed, her chances of survival seemed slim, perhaps no better than 10 per cent. Sontag's physicians recommended immediate and aggressive intervention; a radical mastectomy followed by intensive chemotherapy, they argued, offered the best, perhaps the only, hope of beating the disease. But, consistent with her irreverence for authority and convention, Sontag did not immediately accept this advice. Instead, she sought other medical opinions, consulting surgeons in Cleveland and doctors in France who were experimenting with less drastic techniques for the treatment of breast cancer. Eventually, however, Sontag consented to a radical mastectomy, acknowledging the need for extreme measures. 'So little was known', she later remarked, 'that if there was only a tiny advantage to the radical, I would do it. I certainly didn't want any additional mutilation, but I wanted to live.' Over the next two and a half years, Sontag underwent four subsequent operations to deal with secondary lesions, as well as 30 months of intensive chemotherapy.[7]

[6] 'Susan Sontag', in E. Showalter, L. Baechler, and A. W. Litz (eds.), *Modern American Woman Writers* (New York, 1991), pp. 471–2; Benedict, 'Passionate Mind', pp. 22–3.

[7] Sontag quoted in Costa and Lopez, 'Passion for Words', p. 229; Sontag quoted in C. Kahn, 'Alone Against Illness', *Family Health*, 10 (November 1978), 50–3.

She was lucky. Against seemingly desperate odds, Sontag survived her confrontation with cancer. Yet the experience left her profoundly shaken. For months after her initial diagnosis, she was unable to write anything; then she worked frantically, feverishly – uncertain, as she later wrote, 'about how much time I had left to do any living or writing in'. Moreover, as she sat in hospital wards and waiting rooms alongside others victims of the disease, Sontag was struck by the extent to which cancer was not merely a physical affliction, but also a formidable social handicap. 'I discovered that many patients . . . are embarrassed about being sick', she observed. 'The doctors also treated the cancer as if it were something more than an illness: It wasn't like having a heart attack . . . there was a taboo about it.'[8]

Sontag's experience with cancer and her observations of other sufferers eventually led her to take up her pen, not only to share the details of her personal travail—as some of her contemporaries were beginning to do—but also to expose the pernicious influence of disease metaphors. Drawing on classic and contemporary texts in both literature and medicine, she argued that two diseases in the modern era have been 'spectacularly, and similarly, encumbered with the trappings of metaphor': tuberculosis in the nineteenth century, cancer in the twentieth. Admittedly, the metaphors associated with each disease were rather different. Tuberculosis enjoyed at least some measure of lustre along with connotations of taint, while cancer was regarded with unmitigated horror, an illness experience with no redeeming virtue. Despite the differences in the symbolic meanings attached to these diseases, Sontag claimed that both served as 'master illnesses' in the modern era, signifying the depths of moral, social, or political depravity. She observed, for example, that D. H. Lawrence described masturbation as 'the deepest and most dangerous cancer of our civilization' while the Nazis sought to justify genocide by likening the Jews to a cancerous lesion that sullied the 'pure' body of the German people. In this way, cancer became synonymous with malevolence as well as malignance.[9]

According to Sontag, these kinds of symbolic associations deformed the illness experiences of cancer patients in a number of important ways. Metaphors heightened the social and psychological anguish occasioned by a diagnosis of cancer

[8] Sontag, *Illness as Metaphor*, p.101; Sontag quoted in Costa and Lopez, 'Passion for Words', p. 151. See also J.-L. Servan-Schreiber, 'An Emigrant of Thought', in Poague, *Conversations*, p. 151; J. Cott, 'Susan Sontag: The *Rolling Stone* Interview', in Poague, *Conversations*, p. 108.

[9] Sontag, *Illness as Metaphor*, pp. 5, 58, 61, 72–3, 101–2 and D. H. Lawrence quoted in Sontag, *Illness as Metaphor*, p. 84. In *Reconstructing Illness*, Hawkins provides a fascinating analysis of metaphors used by cancer sufferers in post-war America. She points out that 'book-length personal accounts of illness are uncommon before 1950 and rarely found before 1900' (p. 3). Moreover, she notes that 'pathographies' written in the late 1970s and 1980s, after the publication of Sontag's book, were markedly different in 'tone and intent' (p. 5). Those written after the war tended to celebrate the possibilities of modern medicine for cure and relief while those written later were more often critical or distrustful of the medical establishment. On the one hand, Sontag's work occupies an unusual place in this genre because it does not resemble other pathographies of the period. On the other hand, it exhibits important affinities with early illness narratives because Sontag lauds the power of medicine, not only over illness, but also over metaphor. For further discussion of Sontag's interpretation of cancer metaphors, see Hawkins, *Reconstructing Illness*, pp. 22–4; Lupton, *Medicine as Culture*, pp. 57–8, 66–9; J. Stacey, *Teratologies: A Cultural Study of Cancer* (London, 1997), pp. 44–8, 62–4.

because they rendered the illness disgraceful. As Sontag argued, 'conventions of treating cancer as no mere disease but a demonic enemy make [it] not just a lethal disease but a shameful one'. At the same time, metaphoric meanings had very serious practical consequences in the lives of patients because they tended to interfere with proper treatment. Sontag observed that 'having cancer has been experienced by many as shameful, [and] therefore something to conceal'. If sufferers were reluctant to acknowledge their symptoms or their illnesses, they were less likely to seek competent care, with the result that their cancers were frequently untreatable by the time they consulted a physician. Sontag consequently concluded that, 'metaphors and myths . . . kill'.[10]

Her solution to the problems posed by disease metaphors was simply to eliminate them from the discourse on cancer. She believed that, once the disease had been stripped of symbolic associations, sufferers would realize cancer was a biological phenomenon rather than a social or moral one. Patients would then be free to pursue the most effective treatments available from the most competent medical practitioners. 'My point', Sontag wrote, 'is that illness is *not* a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking'. Ultimately, Sontag assumed that cancer metaphors would wither away naturally once medical science uncovered the causes of the disease and devised a cure. Tuberculosis sufferers, she argued, had already been liberated from the evils of metaphor by the discovery of antibiotics. Until a cure for cancer was forthcoming, however, metaphors had to be stripped of their power by being 'exposed, criticized, belabored, used up'.[11]

A Conspiracy of Silence?

According to Sontag, the social 'conventions of concealment' associated with cancer eased considerably in the decades after the end of the Second World War when the rising tide of malpractice suits and altered sensibilities encouraged doctors and patients alike to approach the problem of cancer with greater candour. Implicit in her account was the assumption that, prior to the 1940s and 1950s, neoplastic diseases had aroused the deepest disgust and bred the deepest silence. Doctors hesitated to mention cancer because they believed it would intensify the suffering and hasten the deaths of their patients. In turn, sufferers who knew they had cancer allegedly tried to hide it, fearing for their jobs or their relationships. James Patterson concluded that '*most* of those who developed cancer before the 1940s were either not told they had it or tried to keep the news out of the papers'. Cancer was the unmentionable affliction and its victims untouchable.[12] In fact, neither private nor public discourse entirely supports these assumptions about North American reactions to cancer. Although many people shrank from a frank discussion of the disease as well as knowledge of a devastating diagnosis, their

[10] Sontag, *Illness as Metaphor*, pp. 6–7, 57, 101–2, 112. See also Lupton, *Medicine as Culture*, p. 58.
[11] Sontag, *Illness as Metaphor*, pp. 3 (original emphasis), 102, 182.
[12] Sontag, *Illness as Metaphor*, pp. 7–8, 103–4; Patterson, *Dread Disease*, pp. 30, 69, 151 (emphasis added).

reticence was not absolute, as implied by the term 'silence'. In a variety of ways and for a number of reasons, doctors, sufferers, and the general public were frequently prepared to read, write, and talk about cancer.[13]

Consider, for example, obituaries and death notices, which supposedly provided the strongest evidence of cultural taboos against cancer. According to Patterson, as late as 1949 'obituaries for thousands of people [who died of cancer] . . . still used familiar euphemisms to avoid the stigma of the disease'. Phrases such as 'a lingering illness' or 'a prolonged illness', he claimed, routinely signified cancer deaths. Although this interpretation of cancer may seem both familiar and persuasive, it is fraught with problems. Even if we concede a direct correlation between the use of the phrase 'a lingering illness' and cancer deaths, we cannot therefore conclude that relatives were intent on concealing the disease by neglecting to name it. Euphemisms are employed precisely because they facilitate discussion of delicate, private, or difficult subjects, such as sex or death. Consequently, if euphemisms were used habitually, as Patterson and Sontag insisted, families who chose to describe a relative's demise in this fashion would actually be announcing rather than hiding the cause of death. As sociologist Jackie Stacey observed, 'As the subject is avoided, it enters everyone's mind.'[14]

At the same time, there is currently little support for the assumption that every 'lingering illness' referred to in obituaries was cancer. Many afflictions, including cardiovascular diseases and diabetes, claimed lives slowly, over the course of many years, and these illnesses might well have been described as 'lingering' or 'protracted'. For example, Isabella Wallace's death came 'after many years of suffering borne patiently', while Albert E. Bavidge passed away 'after a gallant fight for life'. Were these prolonged, painful deaths due to cancer or to some other affliction? Moreover, cancer deaths did not always follow an extended period of suffering. In 1910, a Toronto man suffering from leukemia died 'suddenly', following an operation. When famed Canadian humourist Stephen Leacock succumbed to throat cancer in 1944, his obituary characterized the cause of his death as 'an illness of several weeks'. The fact is we simply do not know which phrases, if any, served as euphemisms for cancer. An example drawn from the pages of a Toronto newspaper reveals the decided ambiguity of obituary evidence. On 8 August 1930, the death of H. Otto Scott was attributed to 'a lingering illness'. A veteran of the First World War, Scott had been gassed and 'had not recovered from the effects of the war', being forced by ill-health to give up his work as a bookkeeper two years before his death. From our perspective, this obituary is strongly suggestive of cancer. Not only did Scott's parents use the phrase 'a lingering illness', but also the reference to mustard-gas exposure conjures up images of lung damage and possibly pulmonary neoplasm. Yet such a conclusion would be premature. Several studies of war veterans in the United States demonstrate only a marginal increase of lung cancer among the victims of mustard-gas poisoning. Although a 'single combat

[13] For further discussion of cancer experiences in the early twentieth century, see my forthcoming book, *Negotiating Disease: Power and Cancer Care, 1900–1950* (Montreal and Kingston, in press).

[14] Sontag, *Illness as Metaphor*, p. 103; Patterson, *Dread Disease*, pp. 30, 151, 157; Stacey, *Teratologies*, p. 64.

exposure' would invariably leave these men suffering from severe asthma or chronic, debilitating bronchitis, it did not significantly increase their chances of developing cancer later in life. Otto Scott may well have succumbed to lung cancer, but he may also have gasped away his last moments of life in the grip of some other pulmonary condition. In other words, the relationship between euphemisms and causes of death was far less obvious and predictable than that described by Sontag and Patterson.[15]

Before we leap to conclusions about reportage of cancer deaths, we must also compare them with announcements of other causes of death in the same period. A survey of one Toronto newspaper, for instance, revealed that fewer than 15 per cent of obituaries specified any cause of death, and this figure was often inflated by media coverage of accidental deaths, especially car wrecks and drownings, which doubled as news[16] (see Figure 1). Moreover, many commonly fatal conditions were under-represented in obituaries and death notices: diabetes, puerperal fever, poliomyelitis, and a multitude of other lethal ailments, were rarely mentioned. Even cardiovascular diseases (CVD), the number one killer in North America, received scant attention, appearing in fewer than 3 per cent of obituaries and death notices. Although cancer deaths were seriously under-reported in obituaries, figuring in only a handful of announcements, reticence about the disease must be understood in the context of a culture that valued privacy in matters of illness and dying. Indeed, the most common descriptor used in obituaries of the period was 'suddenly', suggesting that a public explanation was generally considered unnecessary or unwelcome except in the case of unexpected death. Firm conclusions about the conventions governing death announcements must await a comprehensive review of obituary evidence, yet even this preliminary analysis casts doubt on Sontag's and Patterson's conclusion that cancer deaths were uniquely subject to concealment or disguise. Prior to the Second World War, relatives of the deceased apparently 'tried to keep the news out of the papers' regardless of the cause of death.

Although the tenor of obituaries and death notices was frequently restrained, the

[15] Sontag, *Illness as Metaphor*, p. 103; Patterson, *Dread Disease*, pp. 151, 157; 'Died After Operation: Walter Plumstead Passed Away Suddenly at Hospital', *Toronto Mail and Empire* (13 August 1910); Death Notice, Isabella Deans Wallace, *Toronto Mail and Empire* (20 August 1925); Death Notice, Albert E. Bavidge, *Toronto Mail and Empire* (20 January 1920); 'Mrs. Leacock Died in Liverpool Home', *Montreal Gazette* (15 December 1925); Death Notice, H. Otto Scott, *Toronto Mail and Empire* (8 August 1930); 'Stephen Leacock, 74, Succumbs: Noted Humorist and Economist', *Montreal Gazette* (29 March 1944); G. W. Beebe, 'Lung Cancer in World War I Veterans: Possible Relation to Mustard-Gas Injury and 1918 Influenza Epidemic', *National Cancer Institute Journal*, 25 (1960), 1231–51; J. E. Norman, Jr., 'Lung Cancer Mortality in World War I Veterans With Mustard-Gas Injury: 1918–1965', *Journal of the National Cancer Institute*, 54 (February 1975), 311–17. Although Patterson maintains that relatives of those who died at Memorial Cancer Hospital, one of the oldest and most prestigious cancer treatment centres in the United States, relied on euphemisms, his footnotes do not provide evidence to support this conclusion.

[16] In order to evaluate reportage of deaths, I surveyed two months of the *Toronto Mail and Empire* (which became the *Toronto Globe and Mail* in 1936) at five-year intervals between 1900 and 1945. I examined the January and August papers for these years in an effort to cover a wide variety of terminal illnesses, including contagious diseases, such as pneumonia, which took their greatest toll in the winter months, and accidental deaths, such as drownings, which frequently occurred during summer vacations. For obvious reasons, casualty lists published during the war years were not included in my enumeration or analysis of obituaries.

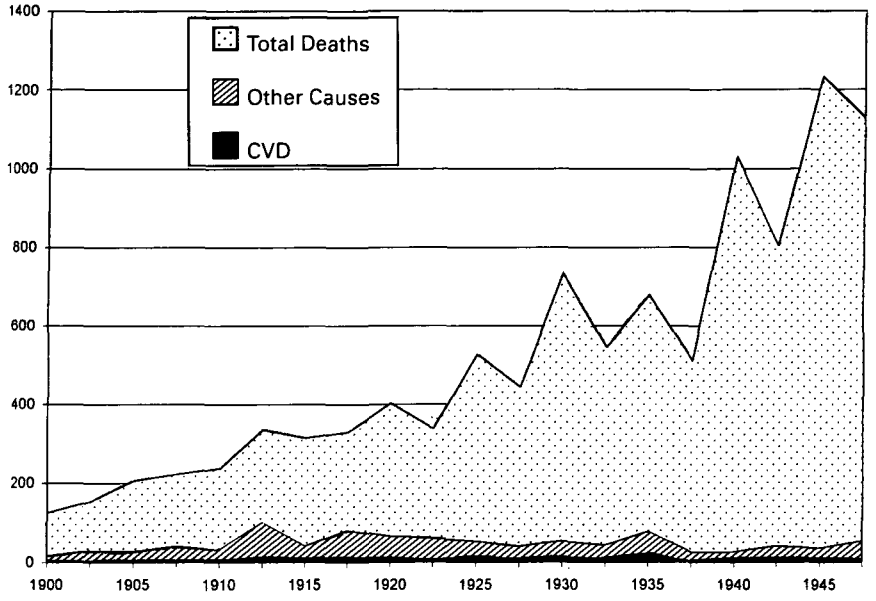

FIG. 1. *Survey of death notices and obituaries, 1900–50.* Cardiovascular diseases (CVD), the number one cause of death, were seldom mentioned in newspapers.

Source: see note 16.

same cannot be said of the wider public discourse on cancer. In the early decades of the twentieth century, a variety of volunteer and public-health agencies in Canada and the United States began to disseminate information about neoplastic diseases in order to educate the public and the medical profession about symptoms, diagnosis, and treatment. Patterson argued that much of this literature was aimed at countering the fear and shame that silenced cancer sufferers. Yet more to the point is the fact that educational efforts such as these would have been pointless had not the public been willing to read about a distressing and ostensibly distasteful subject, cancer. In the same way, editors of newspapers and popular magazines increasingly assumed that stories on the 'dread disease' would find an avid audience. A survey of articles indexed in *The Readers' Guide to Periodical Literature* reveals that media coverage of cancer frequently outstripped the attention devoted to other ailments, such as heart disease, which were ostensibly easier to discuss (see Figure 2). James Patterson interpreted this imbalance of reportage as evidence that Americans were in the grip of 'cancerphobia', an irrational, unreasonable fear of the disease. Whatever else the public discourse on cancer may have signified, it surely did not add up to the 'conspiracy of silence' described by Sontag and Patterson.[17]

Prior to the Second World War, neoplastic diseases were allegedly excluded from private as well as public discourse. 'Since getting cancer can be a scandal that jeopardizes one's love life, one's chance of promotion, even one's job', Sontag

[17] Patterson, *Dread Disease*, pp. 69, 82–4, 97; Sontag, *Illness as Metaphor*, pp. 7, 103; Sontag quoted in Kahn, 'Alone', p. 52.

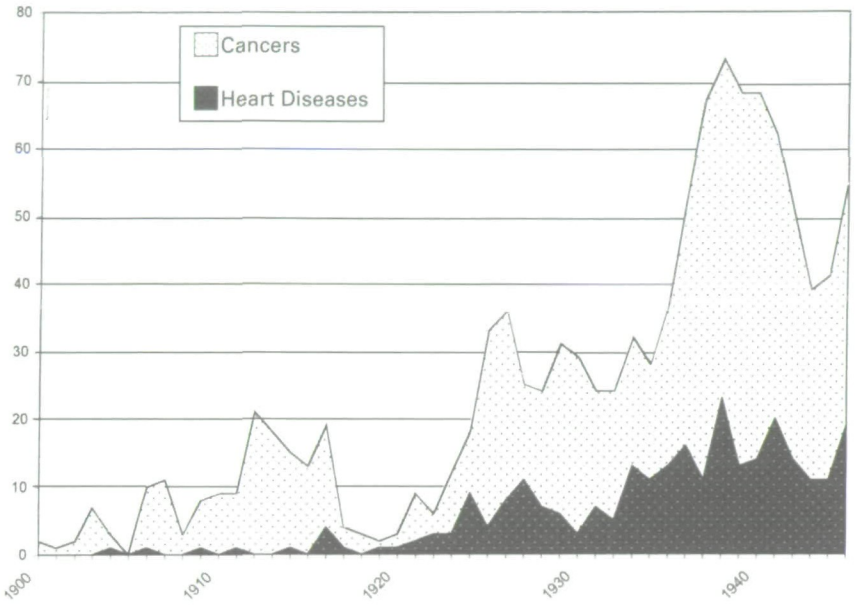

FIG. 2. *Total number of articles appearing in* The Readers' Guide to Periodical Literature, *1900–50.*

argued, 'patients who know what they have tend to be extremely prudish, if not outright secretive, about their disease.' Although the laity was desperately afraid of cancer, it is less clear that sufferers and their families felt constrained to hide the disease. Large numbers of cancer patients contacted public and private agencies, as well as medical specialists and alternative healers, for advice and assistance. Between 1935 and 1938, for example, the American Society for the Control of Cancer received close to 50,000 letters from sufferers and their families. Officials at the Ontario Department of Health likewise corresponded with hundreds of patients in these years, advising them about suspicious symptoms and suitable therapy. Admittedly, these people represented only a tiny fraction of North Americans confronting neoplastic diseases, either in their own bodies or in the lives of their loved ones. If these letters constituted the only evidence of private discourse about cancer, we might well agree with Sontag's thesis, concluding that an outspoken minority does not disprove the general rule of silence. But lay testimony from this period also indicates that cancer patients regularly consulted friends, family, and even neighbours about their illness and treatment. For example, sufferers frequently remarked that their own decisions about cancer care were informed by the experiences of others within their social circles. A woman with carcinoma of the cervix refused radiation therapy after listening to the stories of her neighbours. 'Three of my friends', she wrote, 'had similar treatment and they told me they were dying a death of [a] fiery internal furnace. Knowing of their untimely deaths and awful agony, I was determined to die comfortably, if needs be by the inroads of cancerous growths.' Similarly, a man with bladder cancer refused

surgery at the Mayo Clinic because 'he noticed that most of those who went away to be treated did not come back'. Comments such as these speak to the vitality and importance of lay networks of communication in understanding the experience of neoplastic diseases. Moreover, in combination with official correspondence, they suggest that sufferers were not necessarily bound by social conventions of silence; faced with a serious, potentially life-threatening disease, many shared their experiences—and knowledge of their illness—with friends and relatives as well as with health-care providers and government officials.[18]

Even in the doctor–patient relationship, secrecy was neither an uncontested nor an uncomplicated phenomenon. To be sure, many physicians preferred to dissemble about cancer, while the victims of the disease shunned a diagnosis that they felt was equivalent to a death sentence. According to a 1934 survey of cancer sufferers in Saskatchewan, six per cent had delayed consulting a doctor precisely because they feared they had cancer. Yet for every example of concealment, there was a comparable case in which patients and practitioners favoured candour over silence or deception. As one sufferer wrote about his experience: 'The doctors were not a bit backward about telling me it was Cancer.'[19] Moreover, reticence in the medical encounter, like euphemisms in obituaries, served more complex purposes than simple evasion of the truth. Consider a situation described by a doctor practising in rural Ontario. His patient, a man with rectal cancer, had refused a colostomy and was dying. Rather than contemplate this dismal prognosis at regular intervals, the patient and his physician 'evolved a little game' to avoid mentioning the disease. At each visit, the man would ask if he was well and the doctor would assure him that he was on the mend. Meanwhile, the patient was fully aware of his impending death and its cause; he wrote up his will, set his business affairs in order, and bid farewell to his closest friend. Actor Humphrey Bogart adopted similar tactics when he was dying from oesophageal cancer. According to his widow, Lauren Bacall, Bogart never deceived himself about the nature of his affliction, insisting that cancer was a 'respectable' disease. None the less, the two of them, as Bacall wrote, 'continued the game of its being nothing more than a bad virus'. Thus, when patients, their families, and their doctors enacted bedside rituals, they were not always intent on concealing the nature of the disease; instead, they were seeking ways to manage a terrifying situation.[20]

[18] Sontag, *Illness as Metaphor*, p. 8; 'Please Send Me—', *Bulletin of the American Society for the Control of Cancer* (hereafter *ASCC Bulletin*), 20 (November 1938), 8–10; 'Case History of T.D.', Case Book 6, pp. 4–5, R. C. Wallace Papers, Series 1024b, Additions, Box 1, File10, Queen's University Archives, Kingston, Ontario; R. J. Mannion, *Life is an Adventure* (Toronto, 1936), p. 88. See also H. R., 'Letter to the Editor;' *The Bracebridge Gazette* (11 June 1936); 'Case History of W. C.', Case Book 3, p. 11, R. C. Wallace Papers, Series 1024b, Additions, Box 1, File 9, Queen's University Archives, Kingston, Ont.

[19] E. E. Shepley, 'Why Late Diagnosis in Malignancy', *Canadian Medical Association Journal* (hereafter *CMAJ*), 31 (October 1934), 406–8; F.N.G. Starr, 'The Cancer Problem', *CMAJ* 30 (January 1934), p. 48; 'Shall We Tell the Cancer Patient the Truth?', *ASCC Bulletin* 17 (August 1935), 9–11; C. B. Pierce, 'The Management of the Cancerous Patient Under Radiation Therapy', *CMAJ*, 47 (August 1942), 119–20; 'Letter to the Editor', *The Bracebridge Gazette*, (11 June 1936).

[20] W. V. Johnston, *Before the Age of Miracles: Memoirs of a Country Doctor* (Toronto, 1972), pp. 168–9; L. Bacall, *By Myself* (New York, 1979), pp. 243, 251.

An Unspeakable Affliction?

Contrary to Sontag's assertions, it seems that many cancer sufferers were not silenced by the disease in the years before the First World War. Neither, I would argue, did they feel disgraced by their illness. Although the disease undoubtedly struck fear into the hearts of many North Americans, it is less certain that patients and their families also found it to be a source of shame. The term 'shame' conveys not only a sense of personal responsibility, but also of dishonourable conduct or immoral behaviour. As Sontag wrote, 'Patients who are instructed that they have, unwittingly, caused their disease are also being made to feel that they have deserved it.' In the pre-war era, cancer sufferers were frequently blamed for the onset of the disease as well as for delays in diagnosis; popular and educational literature was rife with implicit and explicit attributions of guilt. For example, an article published by the American Society for the Control of Cancer, entitled 'When Cancer is Not Guilty', outlined the various ways in which patients contributed to their own ill health. '"Cancer" is written on many a death certificate', the article began, 'when "suicide" would be far nearer the truth.' Yet the experience of being blamed was not unique to cancer sufferers. Almost any life experience, from child-rearing to epidemic disease, could become an occasion for assigning fault. In her book on educational literature aimed at mothers, Katherine Arnup pointed out that physicians frequently held women responsible for the health of their children, berating them for real or perceived mistakes. Similarly, Judith Walzer Leavitt explored the discourses on Typhoid Mary, exposing the variety of ways in which guilt and disease could be conflated by the public and the medical profession. If cancer sufferers were made to feel responsible for and therefore ashamed of their disease, they were not the only patients held hostage by medical opinion.[21]

Although shameful associations were sometimes evident in the public discourse on cancer, sufferers did not necessarily embrace punitive or pejorative notions of the disease. In magazine articles and letters to editors, patients described the personal and social suffering provoked by cancer, but they recounted their experiences in simple language. In a 1938 radio broadcast sponsored by the New York Academy of Medicine, several cancer survivors openly discussed their illnesses and

[21] Sontag, *Illness as Metaphor*, p. 57. Following are some of the more extreme examples of literature that blamed cancer sufferers for their ill health: Ontario Department of Health, *What Everyone Should Know About Cancer* (Toronto: 1933) and *The Prevention of Cancer* (Toronto: 1933), Pamphlet 18, Archives of Ontario, Toronto, Ontario (hereafter AO); 'Cancerphobia', *ASCC Bulletin*, 16 (July 1934), pp. 10–12; A. Skinner, 'The Little We Know About Cancer', *Saturday Night* (1 June 1935); 'Cancer: The Great Darkness', *Fortune*, 15 (March 1937), 112–14; R. B. Ferguson, 'When Cancer is Not Guilty', *Hygeia*, 17 (October 1939), 893–5f; A. Soiland, 'Cancer Incorporated', *ASCC Bulletin*, 23 (November 1941), 6–8. Among the most important discussions of health, disease, and blaming are: A. Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition* (New York, 1988); D. Nelkin and S. L. Gilman, 'Placing Blame for Devastating Disease', *Social Research*, 55 (Autumn 1988), 361–78; N. Rogers, *Dirt and Disease: Polio Before FDR* (New Brunswick, NJ, 1992), pp. 52–3, 66–9, 125–31; Rothman, *Shadow*, pp. 228–31; K. Arnup, *Education for Motherhood: Advice for Mothers in Twentieth-Century Canada* (Toronto, 1994); M. Ladd-Taylor and L. Umansky (eds.), *Bad Mothers: The Politics of Blame in Twentieth Century America* (New York, 1998); J. Leavitt, *Typhoid Mary: Captive to the Public's Health* (Boston, 1996).

treatments without resort to metaphors of any kind. Even terminal patients wrote dispassionately of their experiences: 'Surgery and radiology have availed me to carry on for the past two years; if with no real hope of ultimate recovery, then at least without much of the pain that threatened my mentality and with reasonable participation in the activities of life.' With few exceptions, patient correspondence was similarly characterized by measured, metaphor-free language. For example, one woman with a lump in her breast wrote to the American Society for the Control of Cancer to ask 'Can you tell me where to go to have a slice taken for diagnosis?' Similarly, a man wrote to the Ontario Department of Health regarding his wife's condition: 'My wife has a lump in her breast its been called a cancer. . . . We are anxious to have it attended to [but] no doctor in our city treats such.' Finally, the results of a public opinion poll conducted by Gallup in 1940 also contradict Sontag's conclusions about popular attitudes to cancer. In response to the question 'Do you think there is anything shameful in having cancer?' a resounding 98 per cent of those polled said 'No'. Ten years later, a second survey elicited similar opinions from the American public.[22]

Two Killers: Cancer versus Cardiovascular Diseases

Despite Sontag's convictions, despite the power of her rhetoric, a close analysis of public and private discourse reveals that neither shame nor silence were universal features of the cancer experience. Thousands of patients responded to the threat of neoplastic diseases by reaching out to family and friends, to doctors and other health-care providers, to government agencies and volunteer organizations, and even to the media. If Sontag's conclusions about silence and shame are thus called into question, it follows that her views on the relationship between disease metaphors and illness experience may also be in doubt.

Both Sontag and Patterson stressed the importance of shame because they believed it provided a compelling explanation for popular attitudes to neoplastic diseases. Fear alone, they argued, could not account for the deep and pervasive dread of cancer, the 'phobic' reaction of doctors and patients. As Sontag wrote:

> Someone who has had a coronary is at least as likely to die of another one within a few years as someone with cancer is likely to die soon of cancer. But no one thinks of concealing the truth from a cardiac patient: there is nothing shameful about a heart attack. Cancer patients are lied to, not just because the disease is (or is thought to be) a death sentence, but because it is felt to be obscene—in the original meaning of the word: ill-omened, abominable, repugnant to the senses.

Although Sontag accurately captured the divergent perceptions of neoplastic and cardiovascular diseases, she failed to appreciate fully the implications of her own comparison. Cardiovascular diseases did not elicit the same visceral reaction as cancer because they did not typically render the body 'repugnant to the senses'.

[22] Patterson, *Dread Disease*, pp. 111–13, 167–70; Skinner, 'Little'; 'Please Send Me—', p. 9; 'Cancer Can Be Cured', *ASCC National Bulletin*, 21 (July 1939), 8–11; J. Derbecker, Kitchener, Ontario to Harold Kirby, Ontario Minister of Health, 12 November 1938, RG 10–106, File 25.2, AO; G. H. Gallup (ed.), *The Gallup Poll: Public Opinion, 1935–1971*, Volume 1 (New York, 1972), p. 217.

For the same reasons, they did not give rise to the graphic language and images associated with cancer. If we explore Sontag's comparison further, juxtaposing the *experiences* of neoplastic and cardiovascular diseases, we find a sufficient and eloquent explanation for the dread of cancer as well as for the metaphors that took shape around it. Quite simply, although cardiovascular diseases were by far the more lethal afflictions, they were still easier to live with and to die by in the years before the Second World War.[23]

In the early decades of the twentieth century, sufferers frequently found themselves in the advanced stages of cancer before they were aware of it or prepared to do something about it. Many factors contributed to delays in managing cancerous lesions: the insidious nature of the disease; lay ignorance of early, significant symptoms; fear of diagnosis and treatment; and the inexperience of physicians. As a result, many patients found themselves dealing with truly appalling lesions, massive growths and festering wounds such as we would seldom see today. As one Ontario doctor reminisced, 'In the 1920s there were always several people in the area with offensive looking lip cancers.' Tumours of the face, mouth, breast, and skin were especially devastating, not only because they caused horrific damage, but also because they were impossible to disguise. Moreover, prior to the discovery of antibiotics, infection added to the misery of these patients, hastening the destruction of tissue and turning open lesions into stinking, running sores (see Figure 3). Cancers of the respiratory, reproductive, and gastro-intestinal tracts were easier to conceal and ignore, but sufferers were frequently mortified by foul-smelling discharges as well as loss of control over bodily functions.[24]

Cardiovascular diseases were far less likely to wreak this kind of physical havoc on their victims. Although sufferers might appear drawn and generally cachexic, they were seldom forced to bear the literal disintegration of their bodies. Indeed, since heart disease and strokes often struck swiftly and silently, victims might appear well one day and be dead the next. Such was the case with Franklin Delano Roosevelt, who succumbed to a brain aneurysm associated with severe hypertension. His health had been deteriorating for some months prior to his death, but he carried on with his presidential duties, taking an active hand in the peace negotiations at Yalta in the final days of the Second World War in Europe. Then on 12 April 1945, he complained of an excruciating headache, quickly lost consciousness, and was dead two hours later. Death from cardiovascular diseases thus epitomized a 'good death', one that came quickly, even unexpectedly, while cancer was typically equated with the most dreadful of deaths—slow, agonizing, disfiguring, and costly.[25]

[23] Sontag, *Illness as Metaphor*, pp. 8–9; Patterson, *Dread Disease*, pp. 82–4, 97.

[24] Johnston, *Miracles*, p.171; A. G. Nichols, 'The Cancer Problem', *Queen's Quarterly*, 38 (Summer 1931), p. 478.

[25] B. Fye, *American Cardiology: The History of a Specialty and its College* (Baltimore, 1996), p. 111; H. Heeney, *Life Before Medicare: Canadian Experiences* (Toronto, 1995), p. 79; J. R. Bumgarner, *The Health of the Presidents: The 41 United States Presidents through 1993 from a Physician's Point of View* (Jefferson, NC, 1994), pp. 213–18; J. H. Comroe, Jr., *Exploring the Heart: Discoveries in Heart Disease and High Blood Pressure* (New York, 1983), pp. 213–16; P. Pinell, 'How Do Cancer Patients Express Their Points of View?', *Sociology of Health and Illness*, 9 (March 1987), 26–7; Skinner, 'The Little We Know', p. 2; Sontag, *Illness as Metaphor*, p. 126.

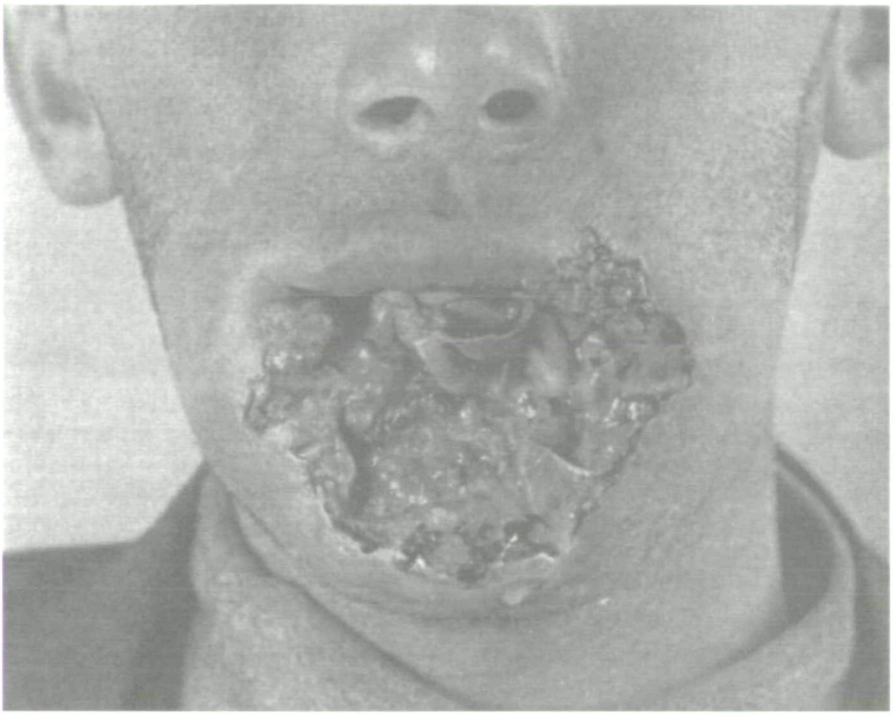

FIG. 3. *Spread of a recurrent lip cancer in 30 year old male, treated unsuccessfully with radiation therapy. Patient refused further treatment.*

Source: Vilray P. Blair, Sherwood Moore, and Louis T. Byars, *Cancer of the Face and Mouth: Diagnosis, Treatment and Surgical Repair* (St. Louis: The C. V. Mosby Company, 1941), 130. By permission of the publisher.

Treatments for cardiovascular diseases were similarly mild by comparison with cancer therapies. In the first half of the twentieth century, the stethoscope and the electrocardiograph figured prominently in diagnosis, while treatment consisted largely of medications and diet combined with a regimen of rest and exercise. More sophisticated techniques, such as cardiac catheterization and open-heart surgery, did not join the arsenal until the end of the 1940s. Although these therapies were not curative, they were often used to good effect in managing the pain and debility caused by cardiovascular diseases. At the same time, even when treatments proved unsuccessful, they were generally not uncomfortable or invasive.[26]

Cancer care, in contrast, was neither gentle nor highly effective. At the turn of the century, doctors relied on clinical and radiological examinations to identify the disease. Intense scrutiny of regions of the body normally regarded as private, such as the breast and prostate, could be humiliating for patients. At the same time, the paucity of knowledge about radiation and the limits of the technology itself made radiological investigation hazardous for both the patient and the clinician. By the 1930s, many physicians regarded tissue analysis as a more reliable diagnostic tool

[26] Fye, *Cardiology*, p. 77; H. A. Snellen, *History of Cardiology* (Rotterdam, 1984), pp. 147–53, 171–6.

than either clinical or radiological examination alone. Surgeons removed sections of suspicious lesions or growths for microscopic evaluation by a pathologist, giving the practitioner greater confidence in the final verdict. Although the use of biopsies probably led to more accurate diagnoses, the procedure could be embarrassing as well as painful for patients. For example, in the interwar period, practitioners most often ordered biopsies of the cervix uteri, regarding cancers of this structure as more 'accessible' than some others and therefore more treatable. Not surprisingly, women who did not share their doctors' attitudes resisted the invasion of their privacy as well as their bodies.[27]

A diagnosis of cancer, in turn, elicited a full-scale assault on the bodies of patients. Surgery, by far the most common therapeutic experience of cancer sufferers, was frequently disabling as well as disfiguring. Surgeons undertook radical procedures, involving the widest possible excision of healthy tissue, in an effort to eradicate every trace of the disease, but patients frequently found the results intolerable. Following a colostomy, one sufferer concluded that she would prefer 'to surrender . . . to experimentation' rather than 'suffer further mutilation'. A Toronto surgeon reported that popular aversion to specific procedures was so strong that some patients took their own lives rather than contemplate the prospect of disfiguring surgery. Although radiation therapy generally provided better cosmetic results, as with radiological examination its use was both perilous and uncomfortable; burns, nausea, vomiting, diarrhoea, non-closure of wounds, premature menopause, and a multitude of other side-effects made it unpalatable. Moreover, massive or prolonged exposure to radium and X-rays could transform a small, discrete lesion into a life-threatening one.[28]

In light of these experiences, it is hardly surprising that cancer was considered 'loathsome' or that the public regarded the disease with such dread. Neither is it any wonder that cancer has served as an extraordinarily evocative metaphor in the twentieth century. One of the most vivid images offered by Sontag came from the work of sinologist and art historian Simon Leys, who described Maoism as a 'cancer that is gnawing away at the face of China'. Sontag argued that unpleasant associations such as these were bound to make sufferers feel uncomfortable, unclean. 'Because of countless metaphoric flourishes that have made cancer synonymous with evil,' she concluded, 'having cancer has been experienced by many as shameful, therefore something to conceal.' Although it is possible that patients reacted negatively to these kinds of metaphors, there is little evidence to support this contention for the period before the Second World War. Moreover, Sontag's work obscured or ignored the fact that cancer metaphors were rooted in the lived

[27] W. A. Scott, 'Cervical Cancer', *CMAJ*, 29 (September 1933), pp. 290–3; J. G. Cunningham, 'Division of Industrial Hygiene', *Fourteenth Annual Report of the Department of Health for 1938*, p. 188, AO; D. Quick, 'Irradiation Therapy: Its Scope and Practice Application', *CMAJ*, 26 (June 1932), p. 686; W. A. Jones, 'Points of Mutual Interest to the General Practitioner and the Radiologist', *CMAJ*, 40 (August 1938), 152–7.

[28] Quick, 'Irradiation Therapy', p. 686; Jones, 'Points of Mutual Interest', 152–7; P. Findley, 'Complications and Disappointments in Radium Therapy for Cancer of the Uterus', *CMAJ*, 32 (February 1935), p. 157; M.R.F. to Ontario Department of Health, 10 September 1937, RG 10–106, File 25.1, AO; G. Murray, *Medicine in the Making* (Toronto, 1960), pp. 62, 113, 180; H. MacMurchy, 'A Thousand a Month', *Canadian Home Journal*, (October 1938), p. 12.

experience of the disease. By invoking cancer as a metaphor for communism, for example, Leys tapped into the vast and vastly unpleasant experience of sufferers as well as their families and friends. In other words, metaphors *possibly* shaped illness experience, but illness experiences *undoubtedly* shaped the metaphors of cancer.[29]

Fictions of Cancer

A final example from the popular discourse on cancer draws together the various threads of my argument. Patterson rightly pointed out that neoplastic diseases were seldom seen as a fit subject for recreational reading in the years before the Second World War.[30] For this reason, fictionalized accounts of cancer are all the more interesting and illuminating. Thomas Wolfe's *Of Time and the River*, published in 1935, is one of the few examples of North American literature that deals with the subject. In this epic story of a young man's search for self-awareness, one of the principal characters, W. O. Gant, is stricken with and eventually carried off by an unspecified form of cancer. To some extent, Wolfe's account mirrors the experiences described by Sontag and Patterson. Gant does, indeed, wage a long and sometimes dreadful battle with cancer; his body wastes away, leaving only his hands, the hands of a stonemason, untouched by the ravages of the disease. Finally he experiences a massive physiological crisis, which Wolfe recounts in morbid detail.

> Gant, still moaning feebly to himself, had almost reached the bottom of the steps when suddenly he staggered, a scream of pain and horror torn from him. His two great hands went down to his groin in a pitiable clutching gesture. . . . Blood was pouring from him; the bright arterial blood was already running out upon the concrete walk, the heavy black cloth of Gant's trousers was already sodden, turning purplish with blood; the blood streamed through his fingers, covering his great hands. He was bleeding to death through the genital organs.

In this way, the author powerfully evoked the horror of cancer.[31]

Yet, if we focus on this single episode to the exclusion of all others, we will come away from the novel with a mistaken impression about Gant's confrontation with cancer and Wolfe's rendition of it. Although this incident captures the depths of suffering associated with cancer, it by no means encompasses or defines Gant's illness experience. Equally, if we accept Sontag's or Patterson's account of the book, we will misunderstand Gant's experience. Sontag referred to Wolfe's book only in passing, branding Gant's death as 'ignoble'. Patterson went into a bit more detail, arguing that Gant's wife and daughter represented, respectively, the 'self-delusion' of folk wisdom and the more 'modern' scientific attitude to cancer. In this way, neither author did justice to the rich texture of the story, ignoring important incidents and aspects of the novel that contradicted their own interpretations of the cancer experience.[32]

[29] Sontag, *Illness as Metaphor*, pp. 84, 112.
[30] Patterson, *Dread Disease*, pp.102, 111.
[31] T. Wolfe, *Of Time and the River: A Legend of Man's Hunger in His Youth* (New York, 1935), pp. 236–7.
[32] Sontag, *Illness as Metaphor*, p. 17; Patterson, *Dread Disease*, p. 102.

For instance, Gant and his family never exhibit signs of shame or a reluctance to acknowledge the disease that eventually claimed his life. In one scene, he sits quietly 'on the high porch of the hospital' among the other convalescents for all the world to see. In another, Gant's son Eugene announces to comparative strangers that his father has cancer. Gant's friends are also clearly aware of the cause of his ill-health. If they fear the taint of cancer, it does not prevent them from attending at his bedside in the final hours before his death. Gant's encounter with cancer thus challenges rather than affirms the experience described by Sontag and Patterson.[33]

At the same time, Gant's death is anything but ignoble. The crisis that Wolfe so poignantly recounts does not carry off the old man. Instead, once the bleeding abates, Gant lingers for several more days, relinquishing his fear of death for 'a period of almost total peace and clarity'. During this reprieve, he apologizes for past abuses to his wife and attempts to help his daughter come to terms with his imminent demise. Then, at the moment of his death, Gant finds himself surrounded by light and transfixed by 'a sense of inexpressible joy, a feeling of triumph and security he had never known'. A young child appears to lead him to a new and better life. Gant's death, rather than being shameful, verges on the beatific.[34]

Wolfe's language and the dialogue of his characters are also strikingly free of debasing metaphors. On several occasions, the author alludes to unpleasant associations attached to cancer, referring once to Gant as 'an old cancer-riddled specter of a man' and, elsewhere concluding that death's 'cancerous taint' infects life. Yet Wolfe is not so much identifying cancer with evil as he is reacting to the modern management of death. He complains that the 'ancient pains' and 'stern dignities' of death have been replaced by 'a shameful death that went out softly, dully in anesthetized oblivion'. Moreover, Wolfe handles the subject of cancer without resorting to the 'metaphoric flourishes' that Sontag claimed corrupted the experiences of sufferers. Indeed, one of the few images applied to Gant's condition is quite benign: his wife likens his body to a tree that will not die despite the fact that its core is rotten. The simile offers her hope. 'Now,' she exclaims, 'if a *tree* can do that, doesn't it stand to reason that a *man* can do the same!'[35]

Finally, one of the most compelling challenges to Sontag's and Patterson's view of the cancer experience comes not from the pages of Wolfe's novel, but rather from popular reactions to it. These authors would have us believe that cancer was so repugnant that the public could not or would not tolerate any discussion of the subject. Yet even Wolfe's exceedingly graphic description of Gant's suffering did not adversely affect the reception of his book. *Of Time and the River* became a bestseller, earning for Wolfe a national and international reputation. A similarly telling example can be found in the hugely successful *Dr. Kildare* series of the 1930s. The second film, *The Young Dr. Kildare* featuring Lew Ayres, revolved around the doctor's efforts to diagnose the illness plaguing his aging mentor, Dr

[33] Wolfe, *Of Time*, pp. 83, 199, 246–55.
[34] Ibid., pp. 239, 265–8.
[35] Ibid., pp. 83–4, 239, 241–2 (original emphasis).

Gillespie, played by Lionel Barrymore. Predictably, Kildare succeeded where others had failed: 'Plucked from a line of recent graduates, he manages to diagnose Dr Gillespie's cancer after a dozen top specialists have failed to do so'.[36] Yet it is telling, at least in the context of this discussion, that the studio chose cancer as an explanation for Barrymore's real-life confinement to a wheelchair, when any number of other, allegedly 'respectable' diseases would have served as well. Indeed, in 1930s America, polio might have seemed the obvious choice of a dramatic, but ultimately surmountable, affliction. As with Wolfe's novel, cancer may have served as a metaphor for corruption or evil in *The Young Dr. Kildare*, but in both cases, it seems evident that the reading and viewing public could tolerate the 'unspeakable'. In fiction, then, as in life itself, the experience of cancer did not always conform to the pattern outlined by Sontag and Patterson.[37]

Conclusion

Despite her intellectual prowess, despite the tremendous power and importance of *Illness as Metaphor*, it turns out that some people are not afraid of Susan Sontag. Richard J. Evans, author of *Death in Hamburg*, criticized her confidence in modern medicine as 'at best simplistic, at worst naive'. In a review essay, historian Allan Brandt concluded that 'Sontag's ultimate mission—to free disease of its metaphors—appears in retrospect naive, if not misguided.' Moreover, Anne Hunsaker Hawkins pointed out that it is neither possible nor desirable to strip illness of symbolic meanings because it is through metaphor that we make sense of our experiences. Jackie Stacy pursued this conceptual concern, arguing that it is not 'metaphor of which we should be wary *per se*, but the cultural uses to which its heightened applications may be put'. Sociologists Claudine Herzlich and Janine Pierret reinforced many of Sontag's convictions in their study of modern France, but even they observed that 'If cancer, . . . is indeed a metaphor, it is infinitely richer than Susan Sontag would lead us to believe.'[38]

Valid as these criticisms are, they do not speak to the essentially historical nature of Sontag's argument. By the time she fell ill in the 1970s, the metaphors of cancer were already firmly in place, having been forged in the early decades of the twentieth century when neoplastic diseases first assumed alarming proportions. And although personal experience inspired her to write *Illness as Metaphor*, Sontag's hypothesis about disease metaphors gathered its force from the rich and varied historical references that she plied so ably. The names of celebrated authors, from Emmanuel Kant, Thomas Mann, and Leo Tolstoy to Rudolph Virchow, Herbert

[36] M. Shortland, *Medicine and Film: A Checklist, Survey and Research Resource* (Oxford, 1989), p. 27. See also J. Turow, *Playing Doctor: Television, Storytelling, and Medical Power* (Oxford, 1989), pp. 13–16.

[37] Reviews compiled by C. Johnston, *Of Time and the Artist: Thomas Wolfe, His Novels and the Critics* (Columbia, SC, 1996), pp. 86–8, 92, 105, 114–16; J. L. Idol, Jr., *A Thomas Wolfe Companion* (New York, 1987), pp. 94–7.

[38] Evans, *Death in Hamburg* (London, 1987), p. viii; Brandt, 'Emerging Issues', pp. 203–4; Hawkins, *Reconstructing Illness*, pp. 23, 40–1, 181–2 n. 8; Stacey, *Teratologies*, p. 63; C. Herzlich and J. Pierret, *Illness and Self in Society* (Baltimore, 1987), pp. 65–6; Lupton, *Medicine as Culture*, pp. 57–8.

Snow, and Wilhelm Reich, littered the pages of her book. Yet few historians have examined or challenged the historical foundations of Sontag's work. Even Brandt seemed more concerned with the limits of her positivist view of science than with the limits of her evidence.

It has been my purpose to test Sontag's assumptions about cancer and disease metaphors in the light of past experiences, to weigh her argument against a broad base of historical evidence that includes private as well as public discourse. In so doing, I am not suggesting that Sontag's vision is without merit. Although neoplastic diseases were not shrouded in secrecy, as she insisted, neither were they discussed easily or eagerly in the years before the Second World War. Although patients and their families resisted dark and distasteful metaphors, the experience of cancer was undoubtedly stigmatizing, especially when the effects of the disease and its treatment were so deeply inscribed upon the bodies of sufferers. None the less, Sontag's account of the cancer experience is clearly overdrawn. Neoplastic diseases did not inevitably reduce patients to a state of silence or disgrace, any more than they consistently daunted doctors or the reading public. Rituals and euphemisms did not necessarily render sufferers mute or helpless: in many cases, they helped patients, families, friends, and physicians to cope with a devastating disease. Moreover, experience had as great an impact on the metaphors of cancer as metaphors had on patients or the public in the early decades of the twentieth century.

A seminal work, *Illness as Metaphor* has had a profound influence on our understanding of the discourse of disease. Without Sontag's vision, without her impassioned prose, we might have been much slower to appreciate the importance of language in the illness experience. Yet Sontag's contribution to the study of disease metaphors has not been without complications, particularly in relation to neoplastic diseases. Setting out to debunk the myths and metaphors of cancer, she ended up entrenching her own view as the latest mythology. Few have questioned her conclusions about the shame felt by cancer sufferers and their relatives. Few have doubted that cancer remains the unmentionable affliction. And, perhaps as a result, few have looked beyond disease metaphors and their impact to consider other elements of communication, such as euphemisms or the conventions governing obituaries. Although we owe Susan Sontag a debt of gratitude, we must also appreciate that her work is now an integral part of the continuing discourse of disease rather than simply a commentary on it. In the final analysis, the evidence of obituaries, educational and medical literature, and fiction demonstrates that we must approach the study of disease and discourse with greater care and caution than Sontag has done; otherwise we risk obscuring the subtleties and complexities of illness experiences as well as the finer nuances of myth and symbol.

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