

Foiled Creative Fire

A study of remarkable women with breast cancer

Foiled Creative Fire

A study of remarkable women with breast cancer

HEATHER GOODARE

Foreword by Professor Michael Dixon OBE

'Childless women get it,
And men when they retire;
It's as if there had to be some outlet
For their foiled creative fire.'

W. H. Auden, 'Miss Gee' (1937)*

Ashwood Books

By the same Author

Fighting Spirit: the Stories of Women in the Bristol Breast Cancer Survey (Scarlet Press 1996)

★'Miss Gee' is by W. H. Auden, and appears on pp. 160-1 of his *Collected Poems* edited by Edward Mendelson (Faber & Faber, 2004, ISBN 9780571221448).
The book's body text is set in Bembo and the headings are Avenir Next.

First published in Australia 2020 by Ashwood Books
PO Box 73, Franklin, Tasmania 7113

Printed by Lightning Source

Paperback ISBN: 978-0-9874111-5-0
Kindle ISBN: 978-0-9874111-6-7

This edition © Ashwood Books
Text © H Goodare 2020

This book is dedicated to the home care staff
of the City of Edinburgh Council,
without whose help it would probably not have been finished.

‘This is a remarkable and unique book... Heather Goodare has written the book about breast cancer that is long overdue... We must learn from the tragic errors of the past so this would be a book I would recommend to young clinicians embarking on their journey to understand the nature of breast cancer and the needs of the women diagnosed with the disease.’

Professor Michael Baum ChM, MD, FRCS
Professor Emeritus of Surgery and Visiting Professor of Medical Humanities
University College London



‘I thoroughly enjoyed this meticulously researched and eminently readable book by Heather Goodare... I found the connections between mental health, in particular stress, and the onset of cancer extremely interesting. In our modern world, where women are continually blamed for their own breast cancer i.e. by not following the perceived wisdom of adequate exercise and a healthy diet, it is refreshing to have ‘evidence’ from history that lifestyle factors outwith our control may have been confounding factors for hundreds of years.’

Moira Adams, MA Hons, Trustee of Breast Cancer Prevention Scotland



‘... so exciting and well written that it reads like a novel... The publication of this book comes at one of the key moments in our societies, which are finally moving, overwhelmed by women’s demands and anger towards abuse and inequality, but also by the progressive de-escalation of treatment morbidity... The current achievement is that patients are now teachers in health schools and sit on medical research committees... Contemporary psychosocial oncology is now fully integrated into treatments.’

Patrice Guex
Honorary Professor, School of Medicine and Biology, CHUV (Centre hospitalier universitaire vaudois)

Foreword

STRESS, ANXIETY AND DEPRESSION in our society seem to be increasing. There also seem to be more patients undergoing treatment for these conditions and a large number of patients who once they start medication, take it for life. It is not surprising therefore that increasingly people are asking ‘what is the effect of stress, anxiety and depression on the body and how does it influence various conditions including cancer?’ Cancer Research UK accept that stressful events alter the levels of circulating hormones in the body and affect the immune system. Anti-depressant drugs themselves can influence levels of hormones, particularly prolactin. Despite these apparent changes, one large study of 100,000 women in the UK in 2016 suggested no consistent evidence of stress causing breast cancer, but this study did not look specifically at anxiety or depression. Intriguingly this study did note a positive association between divorce, a significantly stressful life event, and an increase in ER negative breast cancer. Another study of stressful events and their association with breast cancer from 2003 reported that divorce/separation, death of a husband and death of a close relative or friend were all factors associated with an increased risk of breast cancer. In clinical practice one often sees patients who have had traumatic lives and who have experienced traumatic events such as divorce. It is clear that there is evidence that certain significant life events do appear to be associated with an increased breast cancer risk.

There have been a variety of randomized trials correlating survival and psychotherapy. Research has shown that giving cancer patients information in a support group helps to reduce tension, anxiety and tiredness and lowers the risk of depression. Psychotherapy and support groups also improve quality of life, but as yet there is no clear evidence that support groups and other forms of psychotherapy help people with breast cancer survive longer. This may surprise readers because psychotherapy has been shown to significantly improve the number of natural killer cells in the body and these are known to have anticancer activity. Psychotherapy reduces chronic stress and reduces cortisol and improves hormonal profile. The major problem in trying to identify the effects of stress, anxiety and depression is the multifactorial nature of breast cancer risk and prognosis, and isolating one factor statistically is extremely difficult. Thus, despite the evidence in the literature indicating that reducing stress might not influence the incidence of breast cancer or the outlook, one is left with the feeling that this may not be the whole story.

Against this background comes this fascinating book that gives insight into the lives of many famous women through history who have had breast cancer. This book looks at these women and their backgrounds, their life events and their subsequent anxiety and depression, and raises again the issue of how the mind and the body interact and how traumatic lives and events interrelate to breast cancer and survival. This book is immensely readable and enjoyable. History teaches us so much and is so interesting. Reading this book I learned so much. An insight into people's lives, and particularly famous people, is always fascinating. Discussed in the book is how some women with apparently advanced cancer survived. The stories also testify how brave these women were, some having had breast cancer surgery without anaesthesia, which today would be unthinkable. Why did some of these famous women with apparently advanced breast cancer survive and others succumb? Is it their indomitable spirit, or is it the biology of their disease? It's also worth noting that, in the past, diagnosis was not as reliable as it is today, and women have been given mastectomies when their 'tumour' was most likely only a cyst. In any case, the tales of these individuals are remarkable. The story of each woman is totally absorbing. As a surgeon who looks after women with breast cancer, it is patients' stories that make my work so rewarding. It is not just the patient one looks after but it is also their family and everybody around them. This is not just a book of the stories of individual women with breast cancer, it is an insight into their lives, what happened to these women, and the effect breast cancer had on them. I know you will find these stories as interesting as I have and at the end you might come to understand why the interaction of the body and the mind is as fascinating now as it was when Homer, and Socrates, wrote about it two thousand years ago.

Professor J Michael Dixon, OBE
Professor of Breast Surgical Oncology and Consultant Surgeon

Contents

Foreword.....	vi
Acknowledgements.....	x
Introduction	xi
Anne of Austria, Queen of France (1601–1666: 1664).....	1
Soeur Marie Barbier de l’Assomption (1640–1739: 1700).....	7
Fanny Burney (1752–1840: 1810).....	10
Christina Rossetti (1830–1894: 1892).....	24
Princess Victoria, the Empress Friedrich III (1840–1901: 1898)	35
Kate Greenaway (1846–1901: 1899)	50
Vanessa Bell (1879–1961: 1944).....	61
Rachel Carson (1907–1964: 1960).....	75
Kathleen Ferrier (1912–1953: 1951).....	91
Joan Eardley (1921–1963: 1963).....	107
Susan Sontag (1933–2004: 1975).....	117
Audre Lorde (1934–1992: 1980).....	130
Conclusions	142
Heather Goodare: biographical note	145
Picture Credits.....	147

The second dates given are those on which breast cancer was diagnosed

Acknowledgements

MANY PEOPLE HAVE HELPED with this book, which has been simmering away for a long time. First and foremost I want to thank Penelope Goodare, my stepdaughter, who did a wonderful job on copy-editing before the MS was sent to the publisher, and also compiled the index. The historian David Arnold helped to shorten the chapter on Vicky, the Empress Victoria, which was originally much too long. Professor Michael Baum lent me the book on which Chapter 2 is based. My old friend from Oxford days, Dr Karina Williamson, with whom I was reunited on my removal to Edinburgh, helped with the chapter on Christina Rossetti, and various other friends found themselves looking at other chapters as they were finished: Liz Humphreys, my brother Dr John Young, my stepson Professor Julian Goodare, Dr Charlotte Williamson OBE, Janice Millington, Chair of RAGE (Radiotherapy Action Group Exposure), Elizabeth Jogee, my son Dr Julian Károlyi and his wife Emma Károlyi, Joe Boyle, and Avis Lewallen. My niece, Dr Susan Young, gave some final help before the book was published. Finally, Duncan Wilson kindly helped me to sort out some computer problems. If I have forgotten any of you, please forgive me. This book has been a long time in the making.

I am warmly grateful to Professor Michael Dixon, whom I first met when we were both on the Editorial Board of the *British Medical Journal*, for his generous Foreword: I felt quite safe when I moved to Edinburgh and was under his care — until he said he didn't need to see me any more! I am also very grateful to Gerard Dugdill, Publishing Director, Pink Ribbon, the network for breast cancer prevention and cure, whom I met at a breast cancer conference a while ago: he has been encouraging me to keep going.

Finally, I should like to thank Jonathan Sturm, of Ashwood Books, for his help and guidance.

Heather Goodare

Introduction

W.H. AUDEN WAS NOT THE FIRST, and by no means the last, to observe the connection between cancer and personality, or cancer and life events. Galen, in the second century AD, observed that ‘melancholic’ women were predisposed to breast cancer, and this theme was echoed by Gendron (1701)¹, Guy (1759)², and Walshe (1846)³. Today we could surmise that traumatic life events such as divorce, bereavement, or redundancy, tend to trigger long-term anxiety and depression, which in turn, in those with other risk factors, may affect the immune system and give rise to cancer.

Lawrence LeShan⁴ goes further and identifies a particular kind of person who develops a certain way of dealing with stress, which arises in response to early childhood trauma. The child is powerless and defenceless in the face of abuse, whether physical or mental, and if there is no one offering sympathy and support, becomes unable to express the pain. The only way of coping is to develop a protective carapace, remaining outwardly calm and even capable. Then when a stressful situation develops for the second time in adulthood, once again the person copes, but the body pays the price. Typically, the person finds that life has lost its lustre, that creativity is stifled, and that there is no way out of the impasse. In other words, creative fire is foiled.

When cancer develops, some people accept it as a death sentence, as a tunnel with no light at the end. However, according to LeShan, there may be a way out. (Since my theme is women with breast cancer, from now on the person will be *the woman*.) If the woman can regain her joy in life, and sing her own song, in LeShan’s inspiring phrase, then, he argues, she will also be able to regain health. He quotes several case histories to illustrate this thesis.

Breast cancer is not a new disease, even though its incidence is on the increase. Many factors may be at work: family history, early menarche, late menopause, diet, smoking, environmental factors such as pesticides (particularly endocrine disrupters), cosmic radiation, oral contraceptives, hormone replacement therapy, obesity, and so on. As the list gets longer it also gets more modern. While the first four risk factors listed here could be said to be relevant for all recorded history, the rest are relatively recent hazards that may possibly account for the increased incidence.

However, in my own work as a counsellor, time and again I have heard women say: ‘You know, I think it all started when my husband walked out’; ‘when my son went to prison’; ‘when I lost my job’; ‘when my mother was diagnosed with Alzheimer’s and I had to look after her’; ‘when my disabled child was born’. The

theme running through these stories was a feeling of being trapped, of not being able to do one's own thing or sing one's own song. What I tried to do as a counsellor was to encourage people to reclaim their creativity, in whatever form was appropriate for them.

In looking at women in history who had suffered from breast cancer, I was intrigued to discover how and why some of them survived and some did not. I found, to my surprise, that some made remarkable recoveries, without the benefits of modern medicine. Surgery without anaesthetic must have been a grueling experience, but some survived in spite of it. The story of the novelist Fanny Burney is well known. Her mastectomy was performed in 1811 by Napoleon's famous army surgeon Baron Larrey, and she then outlived her husband and her son, only dying 29 years later at the ripe old age of 87, and not apparently of breast cancer. Though her creativity was in decline, according to her biographer Kate Chisholm 'she never lost her faith or her spirited outlook on life'.⁵ Somehow she continued to 'sing her own song'. Was this the key to her survival?

The more I studied women in history with breast cancer the more this theme fascinated me. Why did some survive and others not? Was it that those who died had cancers that were further advanced at the time of diagnosis? Were their doctors less competent? Or was it something to do with themselves, their personalities, their lack of fighting spirit? Did some of the survivors simply not have cancer in the first place?

This theory has been put to me several times by some sceptics, who pointed out that 18th- and 19th-century doctors did not have the resources of modern pathological laboratories at their disposal, and could not have made reliable diagnoses. While accepting that diagnosis in the past was less reliable than it is today, and we can never know for sure the truth about historical cases, I have assumed that the information we have is correct. The editor of Fanny Burney's diary, which gives her own account of her mastectomy, notes that according to a Dr Rocke Robertson, 'The symptoms that FBA describes do not suggest a malignancy; for pain, which was the prominent feature noted a full year before the operation, is most uncommon in curable cancer of the breast.'⁶ Though uncommon, pain is not an inadmissible symptom in breast cancer, as I know from personal experience, and in a woman of 59 the cancer is less likely to have been fast-growing than in a younger woman. Also, a surgeon of Larrey's reputation and experience would probably have known the difference between a malignant tumour and a benign lump, even given the limited resources of the time. Moreover, Larrey was assisted by six other doctors, including the pupil who wrote up the notes of the operation. According to this account, the tumour was the size of a fist, adhering to the main pectoral muscle [*pectoralis major*].⁷ Baron Larrey himself must surely have checked these notes, and they seem very convincing. Then again, even modern doctors sometimes get it wrong.

So I am making the assumption that if contemporary writers say that a woman has a cancer of the breast, so it probably was. Given this, what sort of woman was she? What was her personality? Was she subjected to chronic stress? If so, how did she deal with this stress? Was she able to come through her experience and find her own voice again, or find a new voice? Did she survive for a reasonable time, or did she die soon after diagnosis? *What was her story?*

I should say that I might well have added several more women to the list: Mary Anning, for example, who was born in 1799, in Lyme Regis, Dorset, whose father died when she was 11 years old. Several of her brothers and sisters also died in childhood, but Mary survived, to become an accomplished geologist, in spite of her working-class background and poor education, selling fossils that she collected locally. She was not allowed to attend meetings of the Geological Society of London, let alone university. All the same, she would astonish experts with her knowledge of fossils. She died of breast cancer at the age of 47 on 9th March 1847.

Nearer to our own time, another woman who illustrates my theme well is Dusty Springfield. Born in London in 1939, just before the outbreak of the Second World War, she was brought up as a Roman Catholic, by parents who often quarrelled, and Dusty had 'no recollection of warmth or affection'.⁸ She left her Catholic school at the age of 16, and launched into the world of pop. Her career progressed well as a blues singer, but stress took its toll. She spent several years in California, where she drank to excess, took drugs, and had breakdowns in the studio. Eventually she acknowledged that she was bisexual, returned to England, and was awarded the OBE. But the same year (1999) she lost her life to breast cancer.

There is, I am sure, plenty of scope for further study of women in history with breast cancer. This book is just a beginning.

Notes and References

1. D. Gendron: *Inquiries into the nature, knowledge and cure of cancer* (London, 1701).
2. R. Guy: *Essay on squirrhous tumours and cancer* (London, W. Owen, 1759).
3. W.H. Walshe: *The nature and treatment of cancer* (London, Taylor & Walton, 1846).
4. Lawrence LeShan: *Cancer as a turning point* (Bath, Gateway, 1989).
5. Kate Chisholm: *Fanny Burney: her life* (London, Vintage, 1999), p. 28.
6. J. Hemlow et al. (eds): *The Journals and Letters of Fanny Burney (Madame d'Arblay), 1791–1840* (12 vols, Oxford, Oxford University Press, 1972–84), Vol. VI, p. 607n.
7. *ibid.*, p. 61.
8. Lucy O'Brien: *Dusty: a biography of Dusty Springfield* (Sidgwick & Jackson, London, 1988; Pan Books, London, 2000), p. 5.

Anne of Austria, Queen of France

ANNE CAME FROM THE POWERFUL Habsburg dynasty (hence the name 'Anne of Austria'), and was born into the Spanish branch of the royal family in 1601. The court had moved from Madrid to Valladolid before her birth, and remained there until 1606, when it moved back to Madrid. In 1601 Elizabeth I was still on the English throne, and at war with Spain. Anne's father was Philip III, King of Spain, and her grandfather was Philip II, the son of Emperor Charles V of Austria-Hungary, Head of the Holy Roman Empire, who had also been married to Queen Mary Tudor of England. Anne's mother was Margaret, sister of the Emperor Ferdinand II. When



Anne, the eldest daughter, was born, the Empire had passed its peak: when Philip I assumed the throne the Spanish dominions included the Netherlands, Franche-Comté, Naples, Sicily, Milan and Sardinia, but during the 17th century these possessions were slowly eroded and the power of Spain dwindled.

At the end of the 16th century the Spanish population was in decline, owing to the disastrous plague of 1599–1600. Castile was weary, depressed and disillusioned. The Spanish Armada had been defeated by the English, who had also sacked Cádiz. The American colonies were now self-sufficient and no longer needed Spanish imports. It was a time of crisis. There was a huge gap between rich and poor, and ambitious men found the Church a satisfactory refuge that would be sure to provide at least food and shelter, if not advancement.

When Philip III acceded to the throne in 1598 he was only 20; his health was poor, and he relied heavily on advisers. His favourite, the Duke of Lerma, was the virtual ruler, together with the Junta that he established. The move to Valladolid was probably because Lerma wanted to get Philip away from the influence of his powerful grandmother, the Empress Maria, who returned to Spain after the death of her husband Maximilian II to become a nun in a Madrid convent. Cervantes published the first part of *Don Quixote* in 1605: tilting at windmills was an apt metaphor for the manner in which affairs of state were conducted.

For a princess at such a time her prime duty was to make a successful marriage with a significant royal family, so as to consolidate alliances. Anne was brought up in a very disciplined manner, taught to obey and be mindful of her responsibilities, paying great attention to religious ceremonials and observances. In Catholic Spain as a member of the royal family these must have been onerous. When Anne was only ten her mother died: so she was no doubt thereafter in the hands of governesses and of course her father, and we can guess that this was hard for her emotionally. We don't know what support, if any, she was given when going through puberty. At the age of only 14, she was exiled from home and father on her marriage to Louis XIII in 1615. At the same time her brother, later Philip IV, married the Princess Elisabeth, sister to Louis XIII. With such a double alliance no doubt it was hoped that France and Spain would remain firm friends.

Louis XIII was the same age as Anne, and though her marriage was probably consummated on her wedding night, she was thereafter rejected by Louis and went through years of unhappiness and uncertainty, subjected to daily humiliation and badly treated by Richelieu, who in 1616 became a secretary of state to the King, and in 1622 was made a cardinal. He was appointed her 'almoner', so she was no doubt dependent on him for her expenses. She was also eclipsed by her very powerful Florentine mother-in-law, Marie de' Medici, who had taken over as Queen Regent when her husband Henry IV was murdered in 1610, and her son Louis was nine years old. However, when Louis reached the age of 16 he asserted his authority and banished his mother to Blois, where she stayed for two years. Richelieu achieved a reconciliation between the two in 1621, when Marie resumed her place in the royal council, but she continued to intrigue, and was finally exiled to Brussels in 1631.

It seems that it was only when Anne reached the age of 18 that marital relations with Louis were resumed. Louis was an enigma: it is said that he was somewhat backward and ill-educated. It seemed too that his sexuality was ambivalent: he had male favourites with whom he lived 'intimately', notably Henri d'Effiat, marquis de Cinq-Mars. He was also rumoured to have had several mistresses, among them Mademoiselle de la Fayette and Madame d'Hautefort. No wonder his life with Anne was problematic.

When Anne was still only 20 her father died, in 1621. Now she was alone in a foreign country, with no close relatives to support her, sustained only by her piety. Alexandre Dumas in his historical romance *The Three Musketeers* gives her a Spanish companion, but as far as we know she had no one.

In 1624 Richelieu became a member of the King's Council, and shortly afterwards, chief minister. Between 1628 and 1635 he consolidated his system of European alliances and planned to free France from the Habsburg hegemony. As a Habsburg, Anne stood in his way, and he successfully drove a wedge between her and the King, who needed little encouragement to seek his pleasures elsewhere.

This made it even more difficult for Anne to achieve her most important mission: to produce an heir. She managed to become pregnant, but miscarried in March 1622. She also suffered a bad fall in 1623: she must have been under tremendous strain. In 1626 she was falsely accused of plotting against her husband, and during the years 1627–37 it was clear that Louis valued Richelieu more than his wife. In 1637 Richelieu discovered that she was secretly corresponding with the Spanish rulers. Anne lived in constant fear of being repudiated and sent back to Spain. She seemed unable to stand up for herself in face-to-face encounters with Louis.

There followed many more childless years: it was not until 1638, when Anne was already 37, that her son Louis was born. There was great rejoicing: at last the king had an heir, and Anne had fulfilled her role. The young Louis became king at the age of four on the death of his father in May 1643, and Anne now came into her own, as Queen Regent. Together with her minister Cardinal Mazarin, who succeeded Richelieu on his death in 1642, she now ruled the kingdom. She also had a second son, Philippe, born in 1640.

The life pattern of some women at risk of breast cancer already takes shape. Early bereavements, separation from parents, repression of emotions, an unhappy marriage, and late childbirth. As was the custom in royal households, Anne did not breast-feed her child (another risk factor for breast cancer): this duty was assigned to a wet-nurse. The joy and triumph of bearing this first child, so longed-for, must have been tainted by the knowledge of her husband's infidelities. But now her mission was to bring up the child as a royal prince, soon to be King.

It was only after her husband died that she could begin to fulfil her true self and give expression to her creativity. She is described as 'one of the great beauties of the age' according to Madame de Motteville: blonde, full-bosomed, and strong, with large attractive eyes. She was said to eat and drink like a man: there is a suggestion that over-nutrition (a further risk factor for breast cancer) gave rise to a complexion slightly blemished by acne. Her portrait shows the typical Habsburg features, especially the somewhat bulbous nose, but she still appears handsome. She was not highly educated, but she was used to overcoming obstacles, showing wisdom and good judgement, even though at first she must have felt somewhat overwhelmed by her new responsibilities. Mazarin was appointed her prime minister, and under his guidance France pursued a successful foreign policy. This however involved war against the Spaniards, against her own younger brother Philip IV: France had declared war against Spain in 1635, before the birth of her son Louis, and peace was only finally negotiated in 1659. This surely caused Anne great stress and anxiety. At a time when she must have wanted her Spanish family to celebrate the long-awaited birth of her son, her country was at war with theirs. But she kept her counsel.

During the years 1648 to 1652 civil war came to disturb France, and was given the name 'Fronde', meaning 'sling', because during the disturbances the windows

of Cardinal Mazarin's party were pelted with stones by the Paris mob. The movement was originally aimed at redressing grievances, but it degenerated into a squabble between various nobles who sought to overthrow Mazarin. In the end, after years of anarchy, the King's party was hailed as the source of order and settled government, and Mazarin regained power. Throughout this period Anne kept her nerve and ensured the stability of the royal house: she remained Regent until 1659, when Louis gained his majority and began to rule. This was no mean achievement for Anne.

The dynastic alliances continued. As part of the peace settlement with Spain in 1659 Philip IV's daughter Maria Teresa (Anne's niece) was married to Louis, bringing a dowry of 500,000 escudos, full payment being a condition of Maria Teresa's renunciation of future claims to the Spanish throne. At the time Mazarin knew that the Spanish treasury was in a dire state, and in fact the dowry was never paid. In the summer of 1660 a ceremony to consolidate the peace and conclude negotiations was held, on the border between France and Spain. After a separation of 45 years, Anne was reunited with her brother Philip. Impetuously she threw etiquette to the winds and rushed forward to embrace him. But Philip was scandalized by this public demonstration of affection, and turned his face away. Poor Anne: what a rejection! After all she had done to bring the two countries together after their long enmity! She must have longed for reconciliation with her brother, and his cold reception must have hurt her. No doubt from his point of view she had learned frivolous French habits.

There was one however who did gain her affection. Anne and Mazarin became very close, and it was rumoured that they were secretly married. Her correspondence with him certainly indicates intimacy. Since she was genuinely devout, 'living in sin' would have been unlikely. But the combination of their talents assured the unity of France and the security of its throne for her son.

It is worth looking more closely at this relationship. Mazarin came from a Sicilian family, and was born at Piscina in the Abruzzi in 1602, making him a year younger than Anne. He was educated by Jesuits in Rome, and then went to Spain, where he distinguished himself more by his gambling and amorous adventures than by his study. However, he acquired a thorough understanding of both the Spanish language and Spanish gallantry. Back in Rome in 1622 he took a law degree, then became a captain of infantry. After successful diplomatic service for the Pope he was presented to two canonries, though he had not been ordained priest.

He then accepted Richelieu's offer of service at the French court, and in 1639 acquired French citizenship. Further successful diplomatic service was rewarded by promotion to the rank of cardinal in 1641. In 1642 Richelieu died and Mazarin took his place. Very cleverly he had made himself indispensable to both King and Queen. His Spanish gallantry towards Anne paid off. Moreover they were able to converse in her native language.

Though his foreign policy was brilliant, at home he became too greedy, and was hated by both bourgeois and nobles. He also jealously guarded the Queen from everyone except his own cronies. Then came the Fronde, already mentioned, which forced Mazarin into exile for a year. Finally he founded a royal party to support Louis XIV, Anne kept her nerve, and the revolution fizzled out.

Did he marry Anne? This was not impossible since he had only taken minor orders, which could be relinquished: he was never ordained priest, nor had he taken a vow of celibacy. That there was affection, even passion between them, is clear. He knew how to gain her heart, and he knew her heart's desire was to see her son reigning successfully on the throne of France.

Their correspondence was certainly intimate. Here is an example of Anne's letters to Mazarin, during his exile.

...I no longer know when to expect your return, since every day brings obstacles to prevent it. All I can say is that I am very upset about it and bear this delay with great impatience... I have received your letters almost every day, and without that I do not know what would happen. Continue to write to me as often...¹

When Mazarin died in March 1661 he was still only 59. The Queen was 60. It must have been a terrible blow to her, whether or not they were married. Once again, as in childhood, she suffered the pangs of bereavement, but this time she was losing a true friend and counsellor, her equal as well as possibly her lover. They had known each other for twenty years—longer than many marriages.

Sadly, Anne's son Louis took after his philandering father, much to her grief and dismay. According to state protocol he married his cousin the Spanish Infanta Maria Teresa in 1659, rather than the niece of Mazarin, who attracted him, but he was soon having extra-marital affairs, which Anne did her best to keep from her daughter-in-law. Maria Teresa did not have the same strength of spirit that was shown by Anne: in addition to Louis' infidelities she also suffered the death of two infants. But in affairs of state Louis was highly successful. After the death of Mazarin he decided to be his own first minister, and turned out to be a clever diplomat, conscientious ruler, and great patron of the arts: his 73-year reign until 1715 was the longest recorded in European history. He surely earned the title 'Grand Monarque', and his mother would have been proud of him.

Anne had always been strong and healthy, but in Easter 1663 she became ill with a strange fever, with nausea, and pain in her legs. She recovered, but in May 1664 she began to feel pain in her left breast, where she discovered a lump. She ignored it since she was preoccupied with her children's marital affairs and matters of state. In November Maria Teresa gave birth prematurely to a child who later died: Maria herself was very ill. Finally Anne consulted her doctors, who examined her: she guessed from their faces that it was a cancer. By this time it was incurable, with extensive local spread. A mastectomy was not proposed (though there were precedents for such a procedure), but her doctors prescribed bleeding, enemas and

purges, with an ointment to relieve the pain in her breast. The final solution was an arsenic paste, applied so as to harden the diseased tissue, which was then cut away. She suffered repeated operations from August 1665 to January 1666.

She took her illness as a penance, thinking that God was punishing her for being vain and having cared too much for her body. Towards the end she confessed daily. She died with Philippe at her side on 20th January 1666. Louis could not face the end, though he had faithfully stayed with her, camping out on a mattress in her room throughout the last stages of her illness, nursing her with devotion and performing intimate services such as changing her linen. He left the room, leaving Philippe with his mother.

Since Anne's breast cancer was diagnosed late, it is hardly surprising that she did not recover, in spite of the best efforts of her doctors using the remedies available at the time. At this stage of the disease, even with the chemotherapy we have in the 21st century, all one can hope for is to gain a few months' remission, and the last distasteful measures taken by Anne's doctors in the form of repeated cutting away of the diseased tissue do actually seem to have given her a short remission. Her faith was such an important part of her life that this too must have helped by giving her last months meaning and purpose.

Anne had been a frequent visitor at the Convent of the Val de Grace, and she had seen nuns dying of breast cancer in the infirmary there: she knew what to expect. Breast cancer, then as now, was not an uncommon disease, and even then was recognized to afflict certain categories of women in particular. Nuns were especially susceptible. So how did their lifestyles put them at greater risk? The main factor seems to have been childlessness, a natural consequence of taking a vow of chastity. I would suggest also that the emotional deprivation and suppression of feelings inevitably involved in renouncing normal family life and being subjected to monastic discipline may also be a factor, in line with the theme of this book.

Select Bibliography

- Ruth Kleinman: *Anne of Austria, Queen of France* (Ohio State University Press, Columbus, 1985)
- Alain Decaux: *Histoire des Françaises: I la Soumission* (Librairie Académique Perrin, Paris, 1972), especially chapter x, 'Vent de fronde pour les dames'
- Correspondence between Anne of Austria and her brother Ferdinand: Bibliothèque Nationale: Fonds Français 3747 fols. 1–44: 1634–7
- Letters to Mazarin: Bibliothèque Nationale: Fonds Clairembault 1144 fols. 88–101v.

Notes

1. Quoted in Kleinman, p. 227.