‘My breast is unquiet’: constructions of cancer in early modern England, 1580 – 1720.

Submitted by Alanna Dawn Skuse to the University of Exeter as a thesis for the degree of Doctor of Philosophy in English, September 2013.

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Abstract

This thesis examines the construction of cancerous disease in medical and literary texts from 1580 to 1720. I contend that previous readings, which have viewed ‘cancer’ and ‘canker’ as words designating a wide variety of ulcerative diseases, are incomplete. Though terminology for the disease is sometimes challenging, I argue that early modern people clearly understood cancer as a pathologically unique disease, which was both fascinating and fearsome.

Cancer was believed to be caused by surfeit of the melancholy and choleric humours. In part because of this aetiology, it was strongly associated with women. At the same time, however, medical and literary writers spoke of cancer in zoomorphic terms, and constructed the disease as deliberately cruel and intractable. Viewed alongside cancer’s famously morbid effects upon the body, this duality made cancer a powerful (and as yet unstudied) analogy for traitorous and malignant influences in the social and politic body. In turn, rhetorical uses of ‘cancer’ influenced how the disease was presented in medical and scientific writing.

Cancer’s seeming hostility to the body also encouraged medical practitioners to develop, and patients to demand, treatments for the malady which trod a thin line between healing and hurting. Physicians, apothecaries and irregular practitioners administered increasingly potent pharmaceuticals, which moved away from traditional methods of redressing an individual’s unbalanced humours, and instead emphasised the importance of ‘defeating’ this enemy, even at great physical and emotional cost to the patient. Even more hazardously, surgeons carried out invasive and dangerous cancer operations, which could save lives, but which equally provoked angry debate over moral responsibility in the crowded medical marketplace.
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'ū' characters have been resolved to 'un' and yᵉ and yᵗ contractions expanded to 'the' and 'that'. 'V' and 'u' characters have been modernised.

Original spellings and punctuation are maintained, with the exception of unnecessary spaces (i.e. before ; and :), which have been removed. Long titles have been curtailed.

Introduction.

A cancer in Mrs. Townsend's breast, of Alverston, taken off by two surgeons; one's name was Clerk, of Bridgnorth, another's name was Leach, of Sturbridge. They had their needles and wax thread ready, but never ust them; and also their cauterying irons, but they used them not: she lost not above f vi. [six ounces] of blood in all. Dr. Needham coming too late, staid next day to see it opened. Hee said itt was a mellicersis, and not a perfect cancer; but itt would have been one quickly. There came out a gush of a great quantitie of waterish substance, as much as would fill a flaggon; when they had done, they cutt off, one one bitt, another another, and putt in a glass of wine and some lint, and so let itt alone till the next day; then they opend itt again, and injected myrrhe, aloes, and such things as resisted putrefaction, and so bound itt upp againe.

Every time they dresst itt, they cutt off something of the cancer that was left behind; the chyrurgions were for applying a caustick, but Dr. Needham said no, not till the last, since shee could endure the knife … One of the chyrurgeons told her afterwards, that shee had endured soe much, that hee would have lost his life ere hee would have sufferd the like; and the Dr. said hee had read that women would endure more than men, but did not beleive itt till now.¹

In the mid-seventeenth century, Reverend John Ward (c. 1629 – 1681), vicar of Stratford-upon-Avon, thus recorded in his diary the ordeal of 'Mrs Townsend'.

Little is known about Mrs Townsend, but her story raises many of the questions central to this thesis. How, for example, did the patient and her doctors understand ‘cancer’, and why was it deemed so serious that to be rid of it, Mrs Townsend was prepared to undergo major surgery in an age with neither anaesthesia nor antisepsis? What made the surgeons present believe that amputating the breast was the best course of action despite the ‘suffering’ it

entailed, and why was that course so fascinating that both Ward and the eminent physician Walter Needham (c.1631 – 1691) travelled to see it undertaken?²

This thesis examines these questions and many others in order to find out what cancer meant for early modern English men and women. It will contend that medical practitioners and their patients had a strong sense of cancer as a distinct disease which was marked out by unique pathological and zoomorphised behavioural characteristics. In diverse sources, including poetry, drama, life writing, medical textbooks and medical practitioners’ casebooks, cancer was constructed as fearsome and malign. Moreover, cancer was, unlike other serious diseases, conceptualised as both produced by the body and a hostile parasite consuming that body from within. On one hand, humoral doctrine presented the disease as caused by physiological imbalances, particularly in the temperamental bodies of women. On the other, both medical and literary discourses imagined cancerous tumours as somehow sentient, eating up the body like a devouring worm or a ravenous wolf. In a bid to halt this deadly progress, medical practitioners found themselves engaged in increasingly dangerous and combative therapeutics, from toxic ‘chemotherapies’ to gruesome operations such as the one described above. In all, the concept and experience of cancer was moulded by, and in turn shaped,

early modern people’s patterns of thought in areas as diverse as the body, the medical profession, the state, and gender attributes.

The study of early modern cancer is significant for our understanding of long-seventeenth-century rhetoric and polemic as well as medical theory and practice. In the latter area, cancer exemplifies the flexibility of contemporary medical thought, which managed to accommodate, seemingly without friction, the notion that cancer was a disease with humoral origins alongside the conviction that the malady was in some sense ontologically independent. Discussions of why cancer spread rapidly through the body, and was difficult, if not impossible, to cure, prompted loosely biomechanical explanations at the same time that medical practitioners joined with non-medical authors in describing the disease as acting in a way that was ‘malignant’ in the fullest sense, purposely ‘fierce’, ‘rebellious’ and intractable. Theories seeking to explain why cancer appeared most often in the female breast similarly joined culturally mediated anatomical and humoral theory with recognition of the peculiarities of women’s social, domestic and emotional life-cycles. Moreover, as a morbid disease, cancer generated eclectic and sometimes extreme medical responses, the mixed results of which would prompt many questions over the proper extent of pharmaceutical or surgical intervention.

Knowing what cancer ‘meant’ also fills in a long-standing gap in readings of early modern imaginative and persuasive literature. When clergymen talked of the cancer of sin, or Shakespeare wrote of a ‘canker … in sweetest bud’

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(‘Sonnet 35’), I argue that they accessed medical and somatic contexts which have hitherto gone unnoticed by literary scholars. Cancers, or ‘cankers’, connoted a specific set of characteristics: the ability to remain hidden or secret, the ability to spread rapidly through the personal or politic body, and the likelihood of causing violent sufferings. Most significantly, ‘cancer’ signified a threat of which the origins were uncertain, both of the afflicted body and hostile to it. Constructions of cancer truly bridged the perceived gap between medical and cultural discourses, and remain vital to a fuller understanding of both.

**Contexts: early modern medicine**

In the period covered by this thesis, 1580 to 1720, understandings of cancer were situated within a medical landscape that is in many respects unrecognisable to the modern reader. Disease was predominantly understood, in theory at least, as a matter of individual bodily imbalance rather than exposure to distinct pathogens, and those whom one might consult for a diagnosis or cure varied widely, from the university-educated physician to members of one’s own household. My analysis of the imaginative and physical experience of cancer is thus particularly indebted to work on the early modern medical marketplace, humor alism, and the rise of iatrochemistry.

Most of the primary material for this thesis, as I detail below, is taken from the medical textbooks created as instructional aids or thinly veiled advertorials by ‘authorised’ physicians, surgeons and apothecaries who were members of the Royal College of Physicians, the Company of Barber-Surgeons, or, after 1617, the Worshipful Society of Apothecaries. Also visible, however, are diagnoses and therapies from interested gentlemen and women, midwives, an array of
apparently ‘unauthorised’ sellers of cure-all medicines, and intriguing figures such as the ‘un-born Dr.’, a ‘monstrous’ and seemingly unlicensed London surgeon.\(^4\) Recent studies of the early modern medical marketplace by Doreen Evenden Nagy, Margaret Pelling, and Andrew Wear suggest that such diversity was not unusual.\(^5\) In London, though markedly less so outside it, a broad range of medical practitioners existed to suit most tastes and pockets, creating a more complex marketplace than simply ‘authorised doctors’ and ‘quacks’. ‘In reality’, argues Wear, ‘not only did lay people, empirics and others constitute important medical resources despite vitriolic attacks on them by physicians and surgeons, but the occupational distinctions set up by the physicians were often ignored’.\(^6\) University-educated physicians were less likely to practice outside major towns and cities, and therefore ‘[s]urgeon-physicians and apothecary-physicians ... were common in the provinces’.\(^7\) The medical marketplace was thus


\(^6\) Wear, *Knowledge and Practice*, p. 23.

characterised by diversity, and included specialists such as bone-setters, tooth-drawers, lithomists (who surgically removed kidney stones) and innumerable sellers of panaceas alongside apothecaries, midwives, surgeons and physicians. In addition, a thriving tradition of household physic blurred the boundaries between professional and amateur, with practitioners recreating medicines prescribed by the physician in domestic receipts of extraordinary complexity and potency. Medicine was not confined to its modern sense, but rather included, in some texts at least, areas such as cosmetics, pest control and household management. Indeed, Ward’s interest in Mrs Townsend’s operation extended beyond human sympathy. The reverend, who had a lifelong interest in physic and anatomy, frequently provided medical care to his flock, and even undertook minor surgeries.

Despite the actual multiplicity of medical practice, it is clear that great efforts were made by licensed or otherwise ‘authorised’ practitioners to stamp out certain areas of what they deemed quackery, and that these efforts only increased during the seventeenth and eighteenth centuries. While physicians and surgeons were prepared to accept that freely provided household physic


10 In 1704, the Royal College of Physicians lost their legal monopoly on the practice of physic. The reasons for, and effects of, this loss are discussed at length in Cook, The Decline of the Old Medical Regime in Stuart London.
might be beneficial to those unable (geographically or financially) to access an authorised medical practitioner, those ‘empirics’ who charged for their services were, as Linda Pollock has shown, often viewed with contempt.\footnote{Linda Pollock, \textit{With Faith and Physic: The Life of a Tudor Gentlewoman, Lady Grace Mildmay 1552-1620} (London: Collins and Brown Ltd., 1993), p. 97.} These practitioners, it was claimed, undermined the work of authorised physicians, surgeons and apothecaries by offering medicines which were gentle and pleasant.\footnote{Andrew Wear, ‘Medical Ethics in Early Modern England’ in Andrew Wear, Johanna Geyer-Kordesch and Roger French (eds.), \textit{Doctors and Ethics: The Earlier Historical Setting of Professional Ethics} (Amsterdam: Rodopi, 1993), pp. 106-108.} They also professed ‘spurious foreign credentials’, and sometimes advertised their remedies as rare cure-alls, with the aid of foreign jargon, exotic animals, or costumes.\footnote{M.A. Katritzky, \textit{Women, Medicine and Theatre 1500 – 1750: Literary Mountebacks and Performing Quacks} (Aldershot; Burlington, VT: Ashgate, 2007), p. 125.} Empirics were presented as an omnipresent threat in discussions of cancer in medical textbooks, which, as chapter five relates, told tales of terrible cancerous ulcers caused by the mismanagement of benign tumours. Moreover, it was not only those outside the medical establishment who caused anxiety. Harold Cook, Philip K. Wilson and Elizabeth Lane Furdell have discussed at length the power struggles that took place during the seventeenth and early eighteenth centuries between (and within) the professional bodies of physicians, surgeons and apothecaries, each of which felt that they ought to be afforded greater professional status, and jealously guarded their tenuous monopoly on certain areas of practice.\footnote{Harold Cook, \textit{Trials of an Ordinary Doctor: Joannes Groenevelt in Seventeenth-Century London} (Baltimore: Johns Hopkins University Press, 1994); Philip K. Wilson, \textit{Surgery, Skin and Syphilis: Daniel Turner’s London} (1667 – 1741) (Amsterdam;
environment, it seems that women wishing to practise medicine for money fared particularly badly. In my primary texts, there are relatively few women who made their living from medicine, and this reflects the assertion of Nagy, Margaret Pelling and Linda McCray Beier that effectively, though not always legally, women were excluded from practising physic and surgery, and that their established role as midwives arguably diminished over the course of the seventeenth century.\textsuperscript{15}

The early modern medical marketplace can thus be viewed as a dynamic environment, which expanded over the course of the seventeenth century. In London in particular, it is clear that medical practice was a competitive business, not least because the late-seventeenth century upsurge in medical publishing provided the opportunity for ‘[u]nprecedented public discussion and debate’ among potential (wealthy) patients who were increasingly able to compare the merits of different practitioners and systems.\textsuperscript{16} In this environment, it is also worth noting the potential tensions inherent in the practitioner-patient relationship, which are discussed in chapters Five and Six of this thesis.

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\textsuperscript{16} Furdell, \textit{Publishing and Medicine}, p. 35.
\end{flushleft}
Medical practitioners, as Andrew Wear and Michael Schoenfeldt have noted, had a peculiar status. They might legitimately cause pain to their patients, and possessed a certain degree of authority over them, yet remained in their employ, such that even the most eminent medical practitioner's livelihood depended on his or her reputation and ability to satisfy the customer. Just how far medical practitioners were allowed to lie to their patients, or use medicines with harmful side effects, were matters of ongoing debate. Moreover, even licensed practitioners were vulnerable to accusations of malpractice which could, as Cook has detailed, end in expensive and acrimonious court cases.

Underpinning the majority of the diverse forms of medical practice taking place during the sixteenth, seventeenth and early eighteenth centuries was one theoretical model: the system known as ‘humoralism’ or ‘Galenism’. In brief, this model was founded on the belief - outlined by Hippocrates (BC c. 460 – c. 370), and expanded by the Greek physician Galen of Pergamon (c.130 – c.210) - that the body contained four humours which were associated with four combinations of temperature and dryness. Phlegm occupied the cold and wet corner of this spectrum, blood the warm and wet, choler (yellow bile) the hot and dry, and melancholy (black bile) the cold and dry. These humours circulated through the body in the nutritive blood (as distinct from ‘pure blood’, the sanguine humour)

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and lymphatic vessels, as well as permeating tissues and organs, with some parts of the body having particular associations with certain humours.\(^{20}\)

In the humoral system, the ideal human body was one which contained all four humours in their proper quantities. In practice, however, it was believed that this balance was virtually impossible to achieve, and through a combination of environmental factors and natural predisposition, most people tended toward one of the four ‘complexions’: phlegmatic, sanguine, choleric or melancholy. As Chapter Two details, there was also a gendered aspect to this theory: the full range of such complexions was available to men, but women were, for various reasons, thought to be confined to the ‘cold’ end of the humoral spectrum. Complexions influenced nearly all aspects of physical and psychological health. They determined a person’s ideal diet and susceptibility to certain diseases, and shaped their emotional and mental predispositions, leading to a unique interpretation of the division between physiological and psychological phenomena as discussed below. Unsurprisingly, therefore, explanations of the operation of the humours were often complex. The body’s delicate balance was, Galenists believed, constantly influenced by both ‘naturals’ – humours, complexion, morphological constituents and other things intrinsic to the body – and ‘non-naturals’, including sleep, exercise, environment, diet, climate and emotional state. This complexity, along with Galenism’s emphasis on the need for anatomical training, was frequently the basis upon which physicians

expounded the need for medical practitioners to possess a university degree, and decried the activities of so-called empirics.

As Ian Johnston has described at length, Galen’s influential medical writings frequently noted the author’s debt to earlier physicians and philosophers, most notably Hippocrates. In turn, as I will argue throughout the thesis, early modern interpretations of humoral medicine often showed their authors to have a keen sense of the extent to which their profession was one reliant on pedagogy. Older practitioners advertised their texts as providing advice to younger fellows, and all drew on both ancient texts, from the likes of Galen, Celsus (BC c. 25 – c.50), Erasistratus (BC c. 304 – c.250) and Aristotle (BC 384 – 322), and medieval works, from continental practitioners such as Guy de Chauliac (c. 1300 – 1368), Henri de Mondeville (c. 1260 – 1316) and Theodoric Borgononi (1205 – 1298). Thus, though medicine was always a dynamic field, it seems that, as Nancy Siraisi asserts, ‘no sharp break separates [medieval and early Renaissance] medicine … from that of the early modern world’. As I argue below, ideas or expressions from fifteenth- and sixteenth-century medical texts were often directly reproduced in works of the seventeenth and eighteenth centuries.

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While it relied heavily on ancient and medieval texts, medical practice of the early modern period was by no means devoid of new ideas. In particular, much has been written in the last two decades on a supposed shift during the seventeenth and eighteenth centuries away from Galenism, and toward iatrochemical theories and therapeutics such as those proposed by the Dutch physician Jean Baptiste van Helmont (c.1580-1644) and the famous Swiss physician, alchemist and occultist, Paracelsus (Phillipus von Hohenheim, 1493 - 1541). Paracelsus, and those who followed his method, rejected the teachings of Aristotle and Galen in favour of new observations of, and experiments with, chemicals, in particular the *tria prima* of salt, sulphur and mercury, which together were believed to account for all physical properties. Accordingly, they held that diseases had material substance, and could enter the body as ‘seeds’ which disrupted the local life force, or ‘archeus’, of a particular organ. The archeus would thus be prevented from operating in its usual manner to effect the unification or separation of substances within the body (the breakdown of

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food, for example), and disease symptoms would result. Helmont’s theory was of a similar bent, arguing that bodily processes such as digestion and respiration were essentially chemical in nature. He too identified ‘archei’ at work within the body, which could be incited to ‘fury’ by disease seeds, extremes of emotion, or bodily accidents such as bruising. Paracelsus and Van Helmont both presented themselves as revolutionaries, and their medical models as antidotes to a heathenish Galenic system practised by avaricious and corrupt physicians. In contrast to their seemingly modern idea of diseases as ontological entities, both theorists also strongly believed in the influence of celestial or mystical forces on the body, and 'envisioned a world full of occult energies'. As I shall discuss, the impact of either practitioner’s theories upon medical practice remains a matter for debate.

**Historiography**

In the past two decades, the development of internet repositories such as *Early English Books Online*, *Defining Gender* and *Eighteenth Century Collections Online*, along with curated projects such as *Constructing Elizabeth Isham*, has increased almost beyond recognition ease of access to both printed and manuscript materials from the early modern period. Accordingly, historical scholarship on somatic experience in the sixteenth, seventeenth, and eighteenth centuries has expanded considerably, and in literary studies, substantial attention has been paid both to non-canonical textual genres, and to the positioning of aspects of canonical works (in particular, those of Shakespeare) within medical contexts. Of particular influence upon this thesis have been three overlapping modes of scholarship: that which engages with questions of the chronicity of medical theory and practice, that which highlights the unique relationship between physiological and psychical wellbeing implied by the humoral model of the body, and that which traces the history of a particular illness, in which cancer is arguably underrepresented.

As I note above, medical and cultural historians looking at the seventeenth and early eighteenth centuries have often identified this period as one characterised by the decline of Galenism and the rise of iatrochemical models of physiology and medicine. In recent years, however, such readings have increasingly

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30 *Early English Books Online* (Chadwyck) <eebo.chadwyck.com>; *Eighteenth Century Collections Online* (Gale Group) <galegroup.com.lib.exeter.ac.uk/ecco>; *Defining Gender, 1450 – 1910* (Adam Matthew) <gender.amdigital.co.uk>; Erica Longfellow and Elizabeth Clarke, directors, *Constructing Elizabeth Isham* (University of Warwick) <http://www2.warwick.ac.uk/fac/arts/ren/projects/isham>.

been questioned by scholars who view the story of early modern medical practice as one characterised by continuity rather than radical change. Wear, Elmer and Gowland, among others, have all lately argued that iatrochemical medicines, and ontological perceptions of disease, did not suddenly revolutionise the sixteenth-, seventeenth- and early eighteenth-century medical marketplace, but were rather incorporated into a medical landscape which remained broadly Galenist.\(^{32}\) Lindemann, for example, contends that

Galenism endured because it was pliant and because its adherents were clever in weaving seemingly contradictory ideas and discoveries into its fabric. Far from being a rigid and immutable system, Galenism responded adroitly to challenges and even absorbed them ... No single discovery was able to undermine the whole edifice, and the decline of Galenism in academic medicine was a long, slow process just barely completed by 1800. Many of its canonic parts, such as the criticality of the humors, held on much longer in everyday medical practice and popular belief and in widely dispersed and attenuated forms.\(^{33}\)

Lindemann’s view of Galenism as enduring in academic medicine until the nineteenth century is more extreme than that of Wear, Elmer and Gowland, who see humoralism as having become, in theory at least, largely defunct by about the mid-eighteenth century. Nonetheless, the basic principle that Galenism incorporated aspects of iatrochemistry, and thus endured in England well into


the eighteenth century, is one to which I will return throughout this thesis. I shall refer to this synthesised, accommodating variety of humoralism at points throughout the thesis using Gowland’s useful term, ‘neo-Galenism’ (also adapted by myself to ‘neo-humoralism’).³⁴

In addition to arguing for the durability of a humoral model of the body, scholars of medical history and literature have also increasingly turned their attention to considering how fundamental this model might have been to early modern people’s self-perception, and particularly to understandings of the relationship between psychic and physiological phenomena – or more broadly, the significance of bodily ‘metaphors’. Below, I discuss the methodology of this thesis in relation to debates on illness and social constructionism; however, it is clear that humoralism also created a historically specific iteration of the cultural ‘construction’ of bodily experience. Medical and literary historians’ approach to the ‘figural/literal cusp’ – a term I borrow from Lynette Hunter – has been far from hegemonic, but is consistently underpinned by the observation that in early modern understandings of the body, physical and psychological states were understood as intimately and materially linked.³⁵ As Gowland observes,

Generally speaking, the advent of an emotion in the soul created a surge of its qualitatively corresponding humour to the heart. In order to respond to the physiological requirements of the ‘hot’ emotion of anger, for example, the heart attracted hot and dry choler from the seat of its

production in the gall; this humour then rose to heat and excite the brain and impair reason.\textsuperscript{36}

Body and mind operated upon a dynamic circuit, such that, it is argued, early modern people might typically have thought less in terms of a ‘self’ residing within the body and more of somatic, mental and spiritual experience as interconnected and holistic. It follows that, as Gail Kern Paster contends, terms such as ‘choleric’ or ‘melancholy’, which we now view as describing mental states, should have been taken in a broader sense. She explains:

My own work has tried to enforce an “interpretive literalism” on locutions of bodily self-experience, since what is “bodily or emotional figuration for us, preserved metaphors of somatic consciousness, was the literal stuff of physiological theory for early modern scriptors of the body”.\textsuperscript{37}

Such ‘literalism’ does not seek to undermine readings which highlight the role of dualism in early modern religious belief. However, it is clear that on a day-to-day level, the higher and lower faculties were understood to be closely knit. Proponents of Galenism argued for the existence of three ‘venters’ corresponding to the digestive organs, heart and lungs, and brain, and associated with the natural, vital and animal spirits respectively. All three varieties of spirit, or ‘pneuma’, were necessary for human life, and all were influenced by the organs in which they circulated or were generated. The

\textsuperscript{36} Gowland, \textit{The Worlds of Renaissance Melancholy}, p. 49.

practical ramifications of this interconnection between physiology and psychology were diverse, and were visible in, for example, the popular belief that maternal longings might imprint themselves onto an unborn child, a phenomenon discussed at length by Marie-Hélène Huet, and Lorraine Daston and Katherine Park, in relation to monstrous births. Elsewhere, Lesel Dawson has shown how lovesickness was believed to cause physical changes to the brain and body which then exacerbated emotional distress. In addition, as Jan Frans van Dijkhuizen and Karl A.E. Enenkel argue in their Introduction to *The Sense of Suffering*, a holistic, humoral model of selfhood could arguably alter one’s most basic perception of bodily phenomena:

Even evocations of physical pain that we would now tend to see as metaphorical, for example in descriptions of emotional pain, would have struck many early moderns as literal (...) Early modern culture construes intense emotions as inherently physical; their physicality even serves as an index of their intensity.

Holistic understandings of the early modern body thus clearly influenced the experience and treatment of illness at a basic level. As Chapter Four of this thesis details, they also contributed to the tendency to analogise natural with politic bodies, and vice versa, a phenomenon which has been described in various permutations by medical, cultural and literary historians. Particularly

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innovative versions of that project can be seen in, for instance, Sarah Covington’s *Wounds, Flesh and Metaphor in Seventeenth-Century England*, William Kerwin’s *Beyond the Body: The Boundaries of Medicine and English Renaissance Drama*, Laura Gowing’s *Common Bodies* and Martha Kalnin Diede’s *Shakespeare’s Knowledgeable Body*. Each of these works tackles a different subject, but returns to the question of how power relationships (gendered, political, or intellectual) might be reified or problematized in bodily analogies.

Among the products of an increased interest in the interaction of cultural and somatic factors in early modern experiences of illness have been a number of works focussing on specific illnesses, which often foreground the twinned physical and social ramifications of a particular disease. Venereal pox and plague have proven particularly fruitful topics for such investigations. For example, texts such as Siena’s *Venereal Disease*, Roze Hentschell’s ‘Luxury and Lechery’ and Marie McAllister’s ‘Stories of the Origin of Syphilis’ have highlighted the relationship between somatic experiences of venereal pox, its treatments, and culturally mediated beliefs about the origins of the disease.\footnote{\textsuperscript{41} Sarah Covington, *Wounds, Flesh and Metaphor in Seventeenth-Century England* (Basingstoke: Palgrave Macmillan, 2009); William Kerwin, *Beyond the Body: The Boundaries of Medicine and English Renaissance Drama* (Massachusetts: University of Massachusetts Press, 2005); Laura Gowing, *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven; London: Yale University Press, 2003); Martha Kalnin Diede, *Shakespeare’s Knowledgeable Body* (New York: Peter Lang Publishing, Inc., 2008).}

\footnote{\textsuperscript{42} Kevin P. Siena, *Venereal Disease, Hospitals and the Urban Poor: London’s “Foul Wards,” 1600-1800* (U.S.A: University of Rochester Press, 2004); Roze Hentschell, ‘Luxury and Lechery: Hunting the French Pox in Early Modern England’ in Kevin P.}
Elsewhere, works including Rebecca Totaro’s *Suffering in Paradise* and Margaret Healy’s *Fictions of Disease* have noted the twin role of medical and literary texts in positioning plague as a disease which exemplified threats to national security and self-sufficiency.\(^{43}\)

Perhaps because it appears much less frequently in the primary literature, no such interdisciplinary study has been conducted of cancer in the early modern period. Rather, writing on the history of cancer is often focussed on experiences of, and therapies for, the disease in the post-industrial era, and in particular on approaching breast cancer from a feminist perspective. Texts such as *The Breast Cancer Wars* and *The Biopolitics of Breast Cancer*, for instance, have tended to position nineteenth- and twentieth-century cancer research and treatment within an activist framework.\(^{44}\) More general ‘biographies’ of cancer, such as Siddhartha Mukherjee’s popular *The Emperor of all Maladies*, James S. Olson’s *Bathsheba’s Breast*, or George Johnson’s recent *The Cancer Chronicles*, take a broader view, looking back as far as ancient Egypt and

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Mesopotamia. Nonetheless, they devote the vast majority of their pages to detailing the development of therapies in the last 200 years, an era of relatively rapid development in the understanding of cancers of which the start is often marked by Frances Burney's extraordinary account of her own mastectomy in 1811.

In many readings, therefore, cancer has been framed as a post-industrial disease, suddenly emerging as a major cause of death during the nineteenth century. Nevertheless, scholarship on cancer which traces the disease into pre- or early modernity has generally accepted that the disease is an ancient one, with textual evidence of 'cancers' dating back well over a millennium. A brief 2004 study by A. Kaprozilos and N. Pavlidis, for example, details treatments for the disease from the third-century BC writings of Hippocrates. Meanwhile, Michael B. Shimkin’s 1977 Contrary to Nature identifies the first mention of the disease in the Edwin Smith Papyrus, an ancient Egyptian

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47 Stolberg also observes that 'Cancer is so much seen as emblematic of our time that there is little awareness that what was then also called 'cancer’ was quite common already in premodern society’ (Experiencing Illness, p. 136).

medical text thought to date from around 1500 BC.\textsuperscript{49} Carl M. Mansfield locates evidence of cancerous disease in the Indian epic \textit{Ramayana}, BC c.2000, and the cuneiform tablets in the library of King Ashurbanipal of Assyria (BC 699 – 626), also thought to be copies of originals from around BC 2000.\textsuperscript{50} Such scouting for ‘original’ cancers is a methodologically fraught exercise, since it often involves venturing into retrodiagnoses based on the application of ‘correct’ modern knowledge to disorders experienced in entirely different cultural and social contexts. Louis Weiss, for instance, traces the ‘first’ cancer from the Mesopotamian Queen Atossa to the Smith Papyrus before finally asserting that the earliest evidence of the disease is to be found in the bones of Jurassic-era dinosaurs.\textsuperscript{51} Notwithstanding these pitfalls, such investigations have made clear that the ancient Greek understanding of cancer or ‘karkinos’ from which medieval and early modern scholars took their departure was probably not an entirely new disease categorisation.

While the antiquity of cancer is broadly agreed upon, its intervening history remains obscure. Whether cancer was recognised in Roman or Anglo-Saxon


Britain is unknown, and the disease only re-emerges from the scholarly void in the medieval period. Shimkin, for example, notes that the 1267 Surgery of Theodoric describes cancer in familiar terms and suggests treatments for the disease loosely similar to those employed in the early modern period. Mukherjee also briefly observes that the English surgeon John of Arderne (1307–1392) advised strongly against cutting for cancers. In Daniel De Moulin’s A Short History of Breast Cancer, until recently the most comprehensive work on the subject, he views the medieval period as a stagnant one for understanding of the illness, but nonetheless notes the inclusion of advice on treating cancer in the influential writings of thirteenth-century French surgeon Henri de Mondeville. The most detailed study of cancer in the medieval period, however, and one to which I will return throughout this study, is Luke Demaitre’s ‘Medieval Notions of Cancer: Malignancy and Metaphor’. Demaitre finds understandings of cancer in the medieval period to have been similar in many respects to those which I shall delineate for the sixteenth, seventeenth and early eighteenth centuries. Theories of the disease’s causation were, he argues,

52 This obscurity is also noted in Pauline Thompson, ‘The Disease That We Call Cancer’ in S. Campbell, B. Hall and D. Klausner (eds.), Health, Disease and Healing in Medieval Culture (Basingstoke: Palgrave Macmillan, 1992), pp. 1-11.
54 Mukherjee, The Emperor of All Maladies, p. 49.
mainly humoral. The malady was recognised by the extension of ‘crab-like’
darkened veins from a round, livid tumour, and was accepted as usually fatal.
Above all, Demaitre recognises that cancer was conceptualised in ‘dramatic’
terms as a ‘subversive’ illness, a theme which I will argue was developed in
early modern discussions of cancer’s pathology.57

Scholarship on the conceptualisation of cancer in the early modern period has,
until recently, been almost as sparse as that for the Middle Ages. Although
Mukherjee and Olson both point to some occurrences of the disease in the
sixteenth and seventeenth centuries, their main aim has been to reiterate the
horror of suffering with the disease and, sometimes worse, its treatments.58
Similarly, Mansfield’s *Early Breast Cancer* focuses closely on mastectomy and
lumpectomy operations in sixteenth- and seventeenth-century Europe in order
to demonstrate the progress of breast cancer treatment into the twentieth
century.59 In her 2012 *Female Patients in Early Modern Britain*, Wendy Churchill
recognizes that the early modern history of breast cancer has been ‘subsumed’
into broader chronologies of the disease.60 She briefly describes the common
symptoms of and treatments for breast cancer, and contends that this was a
disease of which most early modern women were aware.61 A similar, and
equally brief, description can be found in Stolberg’s *Experiencing Illness*, in

58 See Mukherjee, *The Emperor of All Maladies*, pp. 46-54; Olson, *Bathsheba’s Breast*,
pp. 14-21, 33-34.
60 Wendy D. Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis,
and Treatment* (Farnham: Ashgate, 2012), p. 124.
which he identifies cancer as ‘ranked among the diseases which aroused the greatest fear’ in the early modern period, on account of the pain and ‘massive physical decline’ it effected. From a literary perspective, Sujata Iyengar’s *Shakespeare’s Medical Language* has also lately focussed on ‘canker’ as a term which denoted cancerous disease as well as horticultural blight, and she briefly describes typical symptoms of the disease, as well as noting the use of ‘canker’ in the plays and sonnets. Undoubtedly the most comprehensive work on early modern cancer to date, however, is Marjo Kaartinen’s recently published *Breast Cancer in the Eighteenth Century*. Kaartinen’s text discusses the supposed causes and methods of diagnosis for cancer, but focuses in particular on breast cancer therapies, both pharmaceutical and surgical, and on the physical experiences of women undergoing these treatments. Using evidence from printed medical texts, printed and manuscript receipt books, and life writing, she argues that breast cancer therapies underwent significant change during the latter half of the eighteenth century in particular, with mastectomies becoming more radical and invasive, and non-surgical remedies drawing on a range of exotic ingredients.

Kaartinen’s work is referenced at points throughout this thesis, particularly in chapters Five and Six, on cancer treatments. Nonetheless, her text differs from my own in several respects. *Breast Cancer in the Eighteenth Century* focuses, for the most part, on a period later than that examined in this thesis, and

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Kaartinen’s approach to cancer emphasises scientific innovation, particularly in the later eighteenth century, while paying relatively little attention to those who, in the earlier part of the century, continued to position the disease within a humoral framework. By contrast, the chronological range of this thesis (1580 – 1720) is in my view characterised by relatively consistent views on cancer, underpinned by medical theory and praxis which remained predominantly humoral in character despite incorporating ideas from Helmontianism and Paracelsianism. Moreover, Kaartinen’s text, in common with those of Churchill and Iyengar, focuses on the physical rather than cultural experience of this disease: the symptoms of cancer, its prognosis, and curative and palliative treatments. In contrast, as I shall describe, this thesis dwells upon the conceptualisation of the disease as a zoomorphic, quasi-ontological entity, and how the characterisation of cancer in both medical and non-medical texts shaped and was shaped by somatic experience.

**Materials and Methodology**

This project is necessarily interdisciplinary, and embraces materials and methods from across textual genres. My interest in constructions of cancer during the early modern period was first aroused by the 1700-1703 *Diaries* of Lady Sarah Cowper.65 This remarkable woman had on several occasions documented her fear of getting cancer, the incidence of the disease among her

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friends and acquaintances, and her own speculations on the causes thereof. Cowper’s writings appeared carefully crafted, despite their ostensibly closeted nature, and presented an apt object for literary study. However, it was also clear that in order to read such writings, one needed to understand their historical context. Why, for example, did Cowper believe that a bruise to her breast might cause cancer, or that the uterine cancer of her acquaintance was caused by a ‘foul’ venereal disease? In order to understand how early modern people thought about and experienced cancerous disease, this thesis reads medical texts and life writing through the lens of the literary scholar, and approaches literature as refracting and reshaping somatic experience. Furthermore, it contends that somatic and cultural experiences were not cleanly divided. In both literary and medical texts, how cancer felt, and what was said about it, were two sides of the same coin.

This approach is indebted to the work of numerous historians of gender, medicine and material culture, as well as so-called ‘New Historicists’, ‘Historical Formalists’ and ‘Cultural Materialists’ in the field of literary studies. In particular, I am aware that debates over how far one may approach the body and its maladies as culturally mediated are negotiated rather than resolved in this thesis. The thoroughgoing social construction of the body as posited by Judith Butler – that is, the insistence that there is no epistemic ‘anchor’ outside of discursive creation – seems, in the context of this thesis’ subject, unfairly to deny the felt reality of pain and physical degeneration. As Laura Gowing

66 Ibid., pp. 71 (19 May, 1703), pp. 22-3 (11 November, 1700).
67 Judith Butler, Gender Trouble: Feminism and the Subversion of Identity (New York: Routledge, 1999). On ‘hard’ constructionism and the problems thereof, see also Robert
points out, ‘knowing that the body is a product of culture does not tell us much about how it felt’.  

I am conscious that behind the texts examined in the coming chapters are a multitude of early modern people who almost certainly did not consider their pain, debility or bereavement as products of discourse. However, if, as Robert Aronowitz suggests, one starts from the premise that disease experiences are contingent upon discursive construction – an amendment which Phil Brown calls ‘contextual constructionism’, but which is prevalent in many works maintaining the label of ‘social constructionism’ – we can approach a more useful theoretical model.  

This model still resists assertions, such as that of Susan Sontag, that social and cultural attitudes obscure the ‘truth’ of illness, and that illness can be ‘purified’ of metaphor. Rather, it suggests that social experience is embedded in, while not entirely constitutive of, experiences of the body. This approach, most influentially put forward by Charles E. Rosenberg, has underpinned many of the most incisive studies of bodily

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68 Gowing, *Common Bodies*, p. 4. See also Stolberg, who warns against ‘body history’ that fails to take account of material experience (*Experiencing Illness*, p. 6).  
experience since the mid-1980s. In the words of Ludmilla Jordanova, it implies that

the biomedical sciences deploy, and are themselves, systems of representation. If devices like personification and metaphor have been central to scientific thinking, then the notion of representation becomes a central analytical tool for historians. It can signal a number of important assumptions: that discourses are never simple descriptions or reflections of an actual state of affairs; that their rhetoric and their use of verbal and visual devices is constitutive of their character; and that no domain can be devoid of symbolic forms.

The interdependence of cultural and somatic experience Jordanova describes is, arguably, a particularly important factor in early modern experiences of the body, in which, as I describe above, humoral and neo-humoral theories of physiology implied a profound connection between intellectual, emotional and physical sensation. The accompanying challenges of grasping the conceptual implications of an unfamiliar somatic model are elegantly expressed by Shigehisa Kuriyama in relation to the divergence of Greek and Chinese medicine. He cites different methods of taking and interpreting the pulse as an example of how apparently static physical facts may be experienced differently according to the culture in which one is embedded:

My argument is not about precedence, but about interdependence. Theoretical preconceptions at once shaped and were shaped by the contours of haptic sensation. This is the primary lesson that I want to stress: when we study conceptions of the body, we are examining


constructions not just in the mind, but also in the senses. Greek and Chinese doctors grasped the body differently - literally as well as figuratively. The puzzling otherness of medical traditions involves not least alternate styles of perceiving.\textsuperscript{73}

Such loosely constructionist approaches have impacted on my work in several respects. First, arguments such as those of Jordanova, Kuriyama and Paster have contributed to a general trend toward, as William Kerwin puts it ‘[turning] the history of medicine and science out-of-doors, into the septic world of social history’.\textsuperscript{74} This approach eschews the notion that medical history describes progress toward an ‘enlightened’ modern age in favour of a more complex narrative, which embraces the contingency of medical beliefs upon non-scientific factors. In this thesis, I will argue at various points that discussions of cancer from 1580 to 1720 show little sustained change. Though they became more numerous during the course of the seventeenth century, descriptions of cancer and its treatments were characterised by stability rather than either revolution or marked evolution. In almost every chapter, there are examples of texts from the late seventeenth or early eighteenth centuries which closely echo those of the 1580s, 90s, and 1600s.

Secondly, the importance of cultural to somatic experience described above provides the basis for this thesis’ unequal emphasis on certain aspects of the construction and experience of cancer. Cancer surgery, for instance (the subject of Chapter Six), appears to have been a relatively infrequent way of treating the disease. However, it loomed large in both medical and non-medical


\textsuperscript{74} Kerwin, \textit{Beyond the Body}, p. 3-4.
discussions of cancer, and, I argue, possessed an importance to the conceptualisation of cancerous disease which outstripped its actual therapeutic use. In this thesis, I use the tools of literary analysis in order to highlight points of anxiety or dissonance in textual representations (both figural and literal) of cancer. Certain works, both literary and medical, recur throughout the thesis as I draw out their different contexts: Thomas Adams’ *The Blacke Devil* (1615), for example, utilises both the well-worn trope of the wolf and the lesser-known notion of contagion in relation to cancer, and as such is discussed in Chapters Three and Four on zoomorphism and malignancy.\(^75\) Perhaps most importantly, thinking about the cultural mediation of disease encounters (whether bodily or via text) has led me to reject, as far as possible, attempts to retrodiagnose cancer. Much literature on this subject has contended that certain examples of cancer found in the primary literature on this subject were misdiagnosed, perhaps from benign tumours or intractable cases of mastitis.\(^76\) Elsewhere, symptoms, such as worms found in cancerous ulcers, which were presented in the primary material as intrinsic to cancerous disease, may appear to modern readers as ‘really’ a secondary complication. For the purpose of examining constructions and experiences of cancer, such retrodiagnoses are, as Peter Elmer puts it, ‘little more than a game’, applying anachronistic criteria based on

\(^{75}\) Thomas Adams (1582 – 1652), *The Blacke Devil or the Apostate. Together with the Wolfe Worrying the Lambes and The Spirituall Navigator, Bound for the Holy Land* (London: 1615).

\(^{76}\) See for example Mansfield, *Early Breast Cancer*, pp. 1, 2.
uncertain evidence.\textsuperscript{77} Bodily phenomena which were accepted in the early modern period as denoting cancers are treated as such in this thesis.

In addition to such theoretical influences, the methodological approach of this thesis has been determined by the unique set of materials upon which it is based, which are wide-ranging in terms of periodicity, geography and genre. First, the thesis covers a relatively wide period – 140 years – which has been chosen for a number of reasons. The seventeenth century, as detailed above, provided a melting pot in which humoralism met and melded with iatrochemical theories. The number of medical practitioners grew over this period to cater to an expanding population, and the activities of those practitioners became better-recorded as various factors combined to ensure that more texts were printed and kept for posterity.\textsuperscript{78} The seventeenth century also saw seismic shifts in the political and religious landscape, which were productive of much polemic, drama and poetry concerning the national ‘body’. However, none of these changes can be viewed in isolation. To put the construction of cancer into its proper context, it is prudent to look back to the late sixteenth century, the point at which the number of medical texts and medical practitioners seems to have begun a significant expansion, and at which enough texts start to survive to build up some picture of an individual (and, I will argue, infrequently diagnosed) disease as interpreted in different (domestic, professional and literary) contexts. Looking forward, to the beginning of the eighteenth century, one can learn more about the appeal of early modern models of cancer by studying how those

\textsuperscript{77} Peter Elmer (ed. and Introduction), \textit{The Healing Arts: Health, Disease and Society in Europe, 1500 – 1800} (Manchester: Manchester University Press, 2004), p. xv.

\textsuperscript{78} See Furdell, \textit{Publishing and Medicine}, especially pp. 29-38.
models underwent or resisted alteration as the empiricist medical theories of the Enlightenment began, tentatively, to take hold.

The thesis’ geographical reach is less clearly defined. It pertains to the experiences of medical practitioners, patients and lay people in England, and is most concerned with texts published in England in the vernacular. These experiences and texts, however, were shaped by influences from mainland Europe and beyond. As detailed above, many of the most influential writings on cancer were translations from French, German, or the European \textit{lingua franca}, Latin. These relate cases and procedures which took place outside England, but they are included because, in translation, they became inseparable from English consciousness and practice. Most physicians of the early modern period could read Latin – indeed, it was at various points a requirement for admittance to the Royal College of Physicians and the College of Barber-Surgeons – but I have found that sustained discussions of cancer more frequently occurred in the vernacular, perhaps because the authors were keen to be associated with a modern, democratic style of medicine, or because such texts were of substantial interest to midwives and apothecaries, for whom Latin was not a prerequisite.\footnote{On the requirement for Latin among surgeons, see Evenden, ‘Gender differences’, pp. 197-199.}

Accounts of cancer and its treatment from the continent show many more similarities to than differences from their English equivalents. The few points of divergence, mainly concerning the time at which different practices were
popularised, are discussed in De Moulin’s work.\(^80\) This similarity between continental and English practices is unsurprising given that many physicians and surgeons had received either practical or academic training in France, Germany or the Netherlands.\(^81\) In addition, medical practitioners from many parts of the continent, particularly the Netherlands, could be found practising, and publishing, in England.\(^82\) Within the British Isles, this thesis is often London-centric, and makes no reference to Ireland, Wales and Scotland. This reflects the contemporary bias in both texts and practice: London far outstripped the rest of the country in terms of population and concentration of medical practitioners during the early modern period, and although cases were recorded from other parts of England, and from France and the Netherlands, Ireland, Wales and Scotland were almost never mentioned in texts discussing cancer.

This thesis is concerned with a broad spectrum of textual genres: principally, literary (poetic, dramatic, religious and polemical), medical, and life writing. This reflects the degree to which it seems that seventeenth-century readers


\(^{82}\) Cook, *Trials of an Ordinary Doctor*, pp. 110-111.
omnivorously consumed texts from the arts, sciences and philosophy. As Carla Mazzio points out, for much of the seventeenth century, ‘science was knowledge’, and scientia of the physical and metaphysical were not mutually exclusive. Moreover, in places, I have deliberately juxtaposed the concrete – accounts of treatment, for example – with the abstract, in order to demonstrate the degree to which the same imaginative constructions of cancer informed both creative and practical reactions to the disease. As Howard Marchitello puts it:

[L]iterary culture is no longer believed to exist in a merely reflective relation to the disciplines of science; instead, science and literature are set in a creative dialectic with each other that denies priority and scientism and helps to offer a more powerful understanding of the dynamic between these two complexly related cultural practices.

Among the literary texts under my examination, political and religious polemic (in the form of poems, sermons and broadsheets) is particularly prominent. Cancer, I will argue, was a ‘tool for thought’ especially suited to this type of debate because of medical ambiguity over its status as a bodily imbalance or an ontological entity. It was also, for clinical and rhetorical reasons, closely allied with the imaginatively potent figures of the worm and wolf. Life writings, mostly in the form of letters and diaries, are treated in this thesis as both intimate forms of expression and crafted, persuasive works which were often intended for an audience, either in life, or after the author’s death. With the juxtaposition of

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85 See Brigitte Glaser, The Creation of the Self in Autobiographical Forms of Writing in Seventeenth-Century England: Subjectivity and Self-Fashioning in Memoirs, Diaries and Letters (Heidelberg: C. Winter, 2001); Adam Smyth, ‘Almanacs, Annotators, and
such ‘literary’ works with medical texts, however, come certain risks: most obviously, that of flattening contextual considerations, ascribing texts’ differences or similarities to broad cultural trends rather than more localised economic, social or stylistic considerations. This is particularly the case with medical texts, of which the language does not so explicitly invite close textual analysis. Brief details of these texts’ pertinent economic and social contexts are, therefore, supplied below.

Modes of early modern medical writing

Most of the material in this thesis comes from the huge variety of medical textbooks of various kinds published in the sixteenth, seventeenth and eighteenth centuries.\footnote{A much more comprehensive view of medical publishing during this period can be found in Furdell’s Publishing and Medicine.} These texts were diverse in authorship and intended audience, and I only detail here a few of the most prominent genres among my sources. As Furdell describes, it is difficult to discern exactly who was reading medical texts and why during this period.\footnote{Ibid., pp. 126-130.} Although some records of the contents of private libraries survive, such as that of Sussex merchant Samuel Jeake (1623 – 90), many works were kept in coffeehouses to be read by the patrons, or were privately passed from one reader to the next.\footnote{Michael Hunter, Giles Mandelbrote, Richard Ovenden and Nigel Smith, A Radical’s Books: the Library Catalogue of Samuel Jeake of Rye, 1623 – 90 (Cambridge: Boydell and Brewer, 1999). See also: Jennifer Andersen and Elizabeth Sauer (eds.), Books and Readers in Early Modern England: Material Studies (Philadelphia: University of Pennsylvania Press, 2002), especially Heidi Brayman Hackel, ‘The Countess of}
we can assume that texts which went through many editions, such as Nicholas Culpeper’s *A Directory for Midwives*, were popular, we have little information on the numbers produced in each print run. In general, however, it appears that medical texts were a marketable product, especially as the seventeenth century progressed. Furdell, for instance, asserts that ‘Medical titles and recipe books constituted roughly five percent of the books published by distaff printers from a sampling of the last half of the seventeenth century’, and certain publishers made medical texts the core of their business.\(^{89}\)

A significant proportion of the medical textbooks examined in this thesis were authored by English, often London-based medical practitioners, who were commonly, though by no means universally, licensed to practice by the Royal College of Physicians, the Company of Barber-Surgeons, or (after 1617) the Worshipful Society of Apothecaries. They frequently marketed the books as aids to the young scholar of medicine, while aware that the same texts would be of interest to gentlefolk with an academic interest in the subject. As well as general guides to the practice of physic or surgery, works abounded on individual procedures, life stages or illnesses. Works of ‘advice’ to midwives, mothers and wet-nurses were common, as were books of surgery, which sometimes focussed on surgical instruments, or texts dealing with the illnesses of certain (usually reproductive) parts. Many authors sought to make their name by focussing on an individual complaint; most frequently, plague or venereal

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pox, though tomes on various diseases from King's-evil to gout, leprosy and cancer could be found in London booksellers.\textsuperscript{90} Not only were such texts instructional, they conspicuously demonstrated the author's expertise in a particular area, often serving as thinly-veiled advertisements. As Cook has argued:

\begin{quote}
The overwhelming number of seventeenth-century medical books in English were meant either to make a polemical point or to make their authors better known to the general public. Unless commissioned to write a text, most contemporary authors received payment from the publisher in kind: that is, they received a certain number of copies of the book rather than money. Writers could sell some of these copies for money, but probably more often they gave copies away to help their reputations ... authors wrote for reasons other than making money from the sale of their books.\textsuperscript{91}
\end{quote}

Other medical practitioners presented texts which were similarly conceived as a mixture of instruction and self-promotion, but were explicitly targeted at lay people seeking to manage their own ailments, with titles, such as \textit{The Widowes Treasure}, which promised economy and common sense.\textsuperscript{92} These were often aimed at women, who were understood to provide or oversee basic medical care and remedies to members of their household and, on occasion, the associated livestock. In many instances, they also dealt specifically with 'women's illnesses', with authors claiming that their books might help women to

\textsuperscript{90} Kings-evil was a skin disease, often identical with scrofula, which was supposedly curable by the monarch's touch.

\textsuperscript{91} Cook, \textit{Trials of an Ordinary Doctor}, p. 113.

recognize their own ailments without medical consultations which might offend
their ‘natural’ modesty. Once again, some of these texts advertised the author-
practitioner or their remedies, with the cure for every ailment being a bottle of
the writer’s top-secret draught.

In addition to such general and disease-specific works, texts on pregnancy and
childbirth were unsurprisingly among the most abundant in the medical
marketplace, and feature prominently in this thesis. As Doreen Evenden
observes, these texts provided a particular locus for debates about the proper
role of women in medical publishing and midwifery more generally.\textsuperscript{93} For
instance, the 1698 edition of \textit{The Compleat Midwife’s Practice} possesses, as
my Bibliography explains, a particularly convoluted authorial history, being first
credited to four female midwives and later to four prominent male medical
practitioners.\textsuperscript{94} However, texts by women were not unheard of. The renowned
midwife Jane Sharp, for example (fl.1641 – 1671), was responsible for one of
the seventeenth century’s most popular books on pregnancy and childbirth, \textit{The
Midwives Book}.\textsuperscript{95} Other women, such Alethea Talbot (c.1584 – 1654 ), and
Hannah Wolley, or Woolley (c.1622 – c.1674), included medical receipts as a

\textsuperscript{93} Doreen Evenden, \textit{The Midwives of Seventeenth-Century London} (Cambridge:
\textsuperscript{94} These were the English physicians and surgeons, John Pechey (1655-1716),
Theodore Mayern (Sir Théodore Turquet de Mayerne, 1573 - 1655), Dr. Chamberlain
(probably Thomas Chamberlayne) and Nicholas Culpeper (1616 – 1654). \textit{The
Compleat Midwife’s Practice Enlarged in the Most Weighty and High Concernments of
the Birth Of Man Containing A Perfect Directory or Rules For Midwives and Nurses}
(London: 1698).
\textsuperscript{95} Jane Sharp, \textit{The Midwives Book, or, The Whole Art Of Midwifery Discovered}
(London: 1671).
significant portion of printed texts on household management, building on the tradition of manuscript ‘receipt books’ as outlined below. Still more women included medical advice in almanacs, like Mary Holden’s *The Woman’s Almanack or Ephemerides for the Year of Our Lord, 1689*. The thriving British market for medical textbooks was also characterised by intertextuality and translation. The seminal texts of ancient authors such as Galen were virtually required reading for anyone claiming expertise in medicine, and were available in the vernacular, or in ‘simplified’ versions, in numerous editions from the mid-sixteenth century. Translations of more modern works came primarily from Europe, in particular France, Germany, Switzerland and the Netherlands, and were usually rendered into English either by medical practitioners, or by unknown figures, seemingly in the employ of printers, who were often registered only by their initials. Different parts of Europe were at various times believed to have expertise in certain areas of medicine – Paris, for example, was known for surgery – and English readers seemingly eagerly consumed this expertise. By the eighteenth century, many continental textbooks were appearing in English translations only a year or two after their initial publication. Whatever their provenance, translated texts were probably coloured by the translator’s own opinions, frequently featuring additions, amendments, or

96 Alethea Talbot, Countess of Arundel (probable – see Bibliography), *Natura Exenterata: or Nature Unbowelled by the Most Exquisite Anatomizers of Her* (London: 1655); Hannah Wolley, *The Accomplish’d Ladies Delight in Preserving, Physic, Beautifying, and Cookery* (1686 (1675)).

marginal notes. Furthermore, all kinds of medical works ‘borrowed’ freely from one another, often without crediting the author whose ideas they appropriated. Without extensive close textual analysis, therefore, it is difficult to discern what belongs to an ‘original’ work and what has been added, especially when – as is the case with many of my primary materials – the source text is no longer extant.

At the opposite end of the spectrum from published medical textbooks were receipt books, which, whilst providing less material upon which to draw, are illuminating of the homemade remedies which often provided early modern people with their first (and sometimes only) means of defence against illness. As Elaine Leong and Sara Pennell have detailed, these manuscripts often contained cookery and household receipts as well as medical remedies. The receipts could be gathered from various places, including medical practitioners, friends and relatives, such that, they argue, ‘their donation and collection functioned as a variety of gift exchange’. Though receipt books were not a gender-specific genre, they have more frequently been associated with women, and were often passed down the matriarchal line, such that entries from multiple hands can be seen with additions or comments attached to older receipts. As Chapters One and Five will detail, these texts usually omitted any discussion of the theory of medicine or disease, simply recording those remedies which were ‘probatum’, or proven. This, along with their less specific and often

99 Ibid., p. 141.
decontextualized use of ‘canker’ and ‘cancer’ to describe various diseases, makes them both valuable and frustratingly opaque sources for the modern scholar.

Lastly, this project draws upon a small number of medical casebooks: texts which recorded, often in manuscript, a single medical practitioner’s dealings with his patients.¹⁰⁰ The advantage of such texts is that they offer an insight into what treatments were actually prescribed for a complaint, and their effects, whereas instructional textbooks often present best or worst-case scenarios. Casebooks demonstrate the process of trial and error by which diagnosis often took place, and the extent to which patients were treated as suffering from a compound of problems rather than a single complaint. Examples from casebooks were sometimes culled for inclusion in an author’s printed works. This seems to be the case, for example, in Several Chirurgical Treatises, a text by the respected surgeon and physician Richard Wiseman (bap. 1620 – 1676) which includes many detailed stories of his treatment of cancer patients, although no manuscript of those cases remains.¹⁰¹ Elsewhere, casebooks were published as stand-alone texts, such as John Hall’s 1657 Select Observations on English Bodies.¹⁰² In either case, it seems likely that the practitioner substantially edited his or her notes prior to publication, a process which

¹⁰⁰ All the casebooks used in this thesis are male-authored, although some female medical practitioners, especially midwives, kept similar records. See Evenden, The Midwives of Seventeenth-Century London, p. 128.
¹⁰² John Hall, Select Observations on English Bodies (1657).
Hannah Newton points out may also have been applied to manuscript texts.\textsuperscript{103}

The detail (and legibility) of early modern casebooks is highly variable – some supply detailed case histories, whilst others contain brief notes of administered therapies, in abbreviations only intelligible to the writer. As part of the tissue of sources employed in this thesis, however, they offer a unique perspective on the difficulties of encountering cancerous disease.

Structure

This thesis is broadly divided into two themes. The first four chapters deal explicitly with beliefs about cancer, its symptoms, aetiology, and ‘character’. The last two chapters examine therapies for cancer, and how these shaped and were shaped by such beliefs. In Chapter One, I establish some parameters for the thesis by asking, ‘what was cancer?’ Looking at the etymology and terminology of cancer, the diagnostic criteria for the disease, and some of its supposed causes, I argue that cancer in the early modern period was a distinct and unique disease for which the pathological understanding relied on a holistic view of the disease’s aetiology, prognosis, and perceived ‘behaviour’. Such complaints, I will contend, were basically continuous with the malignant tumours we understand as cancers today, although the language in which such maladies were described differed from today’s usage in several respects.

This theme is further developed in Chapters Two and Three, where I look in more detail at how cancer was believed to operate within the body. In Chapter Two, I make the case that cancer was understood as a ‘gendered’ disease,

primarily affecting the breasts of women, and ask why this should have been the case. Women’s vulnerability to cancerous disease originated, I contend, in an understanding of sexual difference which was both physiological and social in character. Women’s bodies were understood to be humorally and anatomically different from those of men in several respects. They were ‘naturally’ more subject to cold and sluggish humours, which might become dangerous if not expelled through menstruation, and they possessed a physical connection between womb and breast which disposed the latter organ to soak up superfluous or feculent humours like a sponge. These discourses were highly socially mediated, and women’s pathology was inseparable from their most distinctive social functions as wives and mothers. Accordingly, I contend, some medical practitioners and lay onlookers ascribed cases of cancer in women to factors including maternal nursing, emotional turmoil and domestic violence.

In Chapter Three, I analyse the ways in which cancer was associated with wolves and worms. As I demonstrate, cancers were often viewed as having ontological agency, devouring the body in the manner of a ravenous wolf or, in a more literal sense, a parasitic worm. This conviction sprang in part from prevailing cultural, religious and scientific discourses about worms and wolves which consistently positioned those creatures in relation to bodily and spiritual decay. In turn, I contend, belief in the ‘creature-hood’ of cancers, either in a literal or an analogical sense, materially influenced the somatic experience of, and medical approaches to, the disease.

Chapter Four addresses what I shall contend was the defining characteristic of cancer in the early modern imagination – malignancy. In relation to cancerous
disease, I argue, this phenomenon was understood in its fullest sense, as denoting both a pathological characteristic and a broader cruelty or intractability. Looking first to medical explanations of the spread of cancer through the body, I examine some esoteric but illuminating discussions which positioned cancer as poisonous or contagious. In the latter part of the chapter I attend, to a greater extent than anywhere else in the thesis, to non-medical discourses, in order to show how medical and ‘literary’ or polemic texts operated reciprocally to construct cancer as a disease with social and cultural as well as medical meanings, which was understood by all parties as quintessentially ‘evil’.

Finally, the last two chapters of the thesis look in more depth at the therapies with which early modern people attempted to stay or reverse the effects of cancerous disease. Chapter Five deals with ‘non-surgical’ therapies, which are loosely defined as those which did not involve deliberately penetrating the skin. From recommendations for diet and regimen, through diverse animal and vegetable medicines, to applications of mercury and arsenic, I argue that increasingly aggressive medical interventions for cancer gradually diminished the involvement of the patient in their cure, and instead foregrounded an adversarial relationship between the medical practitioner and a cancerous disease which seemed ontologically distinct from the person in whom it occurred.

This theme is continued in Chapter Six, which discusses surgery for cancer, and particularly mastectomy. I examine why patients might consent to this dangerous course, and what cancer surgery entailed. This therapy presented the ultimate opportunity for the patient to be rid of a cancer that appeared ‘hostile’ to their body, and for surgeons to prove the efficacy of their craft in
‘defeating’ a notoriously intractable malady. However, as I shall argue, surgery for cancer was also highly dangerous, painful and controversial. In the debates around cancer surgery, and the anxieties revealed by cancer surgeons’ own accounts, one can detect both the deep-seated fear of cancer which drove such drastic interventions, and medical practitioners’ uncertainties over the proper limits of their craft.
1. **What was cancer? Definition, diagnosis and cause.**

CANCER, a Crab-fish: Also a Constellation, one of the twelve signs of the Zodiac.

CANCER, [in Surgery] a dangerous Sore, or Ulcer; as in a Womans Breast, & c.

DEGENERATE CANCER, is one which succeeds an Obstinate or ill-dressed Imposthume.

PRIMITIVE CANCER, [among Surgeons] is one which comes of it self.

CARCINODES … a Tumour like a Cancer. L.

CARCINOMA … the Cancer before it comes to an ulcer.¹

Published in 1721, Nathan Bailey’s *Universal Etymological English Dictionary* demonstrates the complexity of early modern perceptions of, and terms for, cancerous disease. In Bailey’s definitions, cancer slips between identification by its prognosis, origins and stage. Not everything that looks like a cancer is a cancer – ‘Carcinodes’ merely imitates that disease – but it is unclear on what basis one can differentiate between ‘real’ and false cancers, or spot a cancer in the first place. Moreover, Bailey’s dictionary only scratched the surface of the variance seen in texts discussing cancer, which included differences in terminology and definition almost as numerous as those who wrote them down.

The project of this chapter, therefore, is to determine how we should understand early modern cancer(s). Can we treat ‘cancer’ as a single disease, with a single name? What made this disease different from others with similar symptoms? By what other terms might it have been recognised, and how was it identified in early modern medical practice?

In this chapter, and throughout the thesis, I will argue that early modern medical practitioners, as well as many lay people, knew cancer as a distinct disease, different from all other diseases, and with a correspondingly unique relationship to those who encountered it either as patient or medical practitioner. As I shall demonstrate, however, the way in which this disease was conceptualised was quite different to a modern pathological understanding. Cancer was a pathological category for which the terminology was complex and often unstable. Furthermore, it was shaped by discourses which described its actions rather than its substance. Understood throughout the early modern period as a morbid and intractable complaint, this malady was primarily known by its mysterious and frightful effects rather than its material constitution.

In the Introduction to this thesis, I noted that studies of the history of cancer have often tended toward a retrodiagnostic approach, applying modern medical knowledge to pre- or early-modern experiences of disease. This tendency has been most prominent in the common assumption that Medieval or Renaissance physicians and onlookers possessed a view of cancerous disease which was simply a less sophisticated version of that found in modern medicine, and that they made 'right' or 'wrong' decisions about diagnosis and treatment from that viewpoint. Daniel De Moulin, for example, casually asserts that during the sixteenth and early seventeenth centuries, 'not much thought was, as yet, being given to the phenomenon of metastasis', whilst George H. Sakorafas and Michael Safiolas just as confidently state that during the Renaissance 'progress was clearly being made towards establishing an anatomical concept of the
disease upon which a consistent therapeutic strategy could be constructed'.

Even in the latest and most comprehensive study of cancer in the early modern period, Marjo Kaartinen’s *Breast Cancer in the Eighteenth Century*, the focus is firmly on the experience of cancer patients once they had been diagnosed, and as such, the author devotes only four of her 124 pages to examining the definition and diagnosis of cancers.

Departing from these treatment-focusoused histories of cancer, I will argue that in the period from 1580 to 1720, discussions of the etymological roots, cause, and symptoms of cancer were central to the discursive creation of the disease as further described in the following chapters. Furthermore, these discussions took place across a wide variety of texts, both literary and medical. To date, scholarly analyses of the multivalent meaning of terms such as ‘canker’ and ‘cancre’ in drama, poetry and polemic have been surprisingly few. One of the most in-depth discussions of the significance of ‘canker’, Jonathan Gil Harris’s article on Gerard Malynes’ 1601 *A Treatise of the Canker of England’s Common Wealth*, focuses largely on the disease’s connection to the canker-worm, and as such is detailed in Chapter Three. Lynette Hunter, meanwhile, speculates on the meanings of ‘canker’ in *Romeo and Juliet* (1597), and notes how, in that play, the Friar and the Prince ‘both deal with different kinds of canker: the canker that

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is the closed-over but ulcerous wound and the canker-worm that consumes the plant from inside its stem'. While Hunter argues that both kinds of canker ‘have the ambivalent potential to be at the same time internal contamination and external infection or contagion’, she views medical ‘cankers’ as referring to ulcerous wounds in general, and thus overlooks the rhetorical potential of malignant cancer, of which ulceration is merely one symptom. Sujata Iyengar’s Shakespeare’s Medical Language comes somewhat closer than Hunter’s analysis to describing the full potential of ‘canker’ as a term which might describe several kinds of horticultural or bodily disease, emphasising the ‘figurative implications’ of a disease that ‘kills or corrupts from within, sometimes unseen from the outside’. Like Hunter, however, Iyengar views the ‘canker’ of an ulcerated wound and that of a malignant tumour as ‘not readily distinguish[ed]’ by early modern medical practitioners. This view is broadly shared by Wendy Churchill, who argues that most breast ailments producing tumours or ulcers were viewed as stages in the development of malignant cancer. Below, I argue that despite lexical confusion between the two categories, the majority of printed medical texts did in fact show a clear understanding of the difference between ‘cankerous’ ulcers caused by wounds or complaints such as venereal pox, and the more serious disease of cancer.

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6 Ibid.
As will become clear throughout this thesis, all aspects of the conceptualisation and experience of cancer, from diagnosis to treatment, were closely intertwined. Moreover, as I will demonstrate, theories about the nature and causes of cancer were often uncertain and conspicuously incomplete. Nonetheless, this chapter examines three areas which we might think of as providing the basic framework for an understanding of cancer: discussions of what the disease should be called and why, opinions about where a cancer could occur in the body and what symptoms it might produce, and debates over the efficient causes of the malady. Part one of the chapter briefly examines the etymology of the term ‘cancer’ and how the disease of cancer was signified in language. The proliferation of variant terms for cancer presents, as I discuss, both a challenge for the modern reader and a question over how far this disease can be imagined as a coherent concept. Equally, however, the rich etymological and linguistic ‘life’ of cancer contributed to the construction of that disease as a singular and unique malady. In the second part of the chapter, I look at the bodily locations of cancer – where it might occur on or in the patient – before outlining some of the most common markers by which this disease was distinguished from more benign lumps and bumps. Finally, part three examines the ways in which cancer was imagined as a disease with complex humoral origins, based primarily in the much-maligned humour of melancholy, but often also reliant on the involvement of yellow bile (choler), and the burning or ‘adustion’ of natural humours into harmful and destructive substances.

1. Cancer or canker? The etymology and terminology of cancerous disease

What was cancerous disease called in the early modern period? As Bailey’s multiple dictionary entries indicate, this question is more complex than it may
first appear. Early modern medical practitioners used several different terms to refer to cancer. Some of these terms referred exclusively to the kind of malignant tumours and ulcers we might easily recognize as cancerous today. Others were less precise, sometimes denoting cancerous disease, and at other times referring to any variety of festering sore. Identifying the points of convergence and divergence between these terms is an essential first step in reconstructing beliefs about cancerous disease.

While early modern medical terminology was often bafflingly complex, terms for cancerous disease shared one clear referent. The most common names for the malady - ‘cancer’, ‘canker’, ‘kanker’ and ‘chancre’ - derive from the same etymological root: namely, the Greek ‘karkinos’ (Καρκίνος), or ‘crab’, translated through the Latin ‘kanker’. As I demonstrate below, many early modern writers discussing cancer were keenly aware of the term’s etymology, and this creatural analogy was influential upon how early modern people diagnosed, and later treated, cancerous disease. Furthermore, it implied that cancerous tumours should be viewed as ontologically independent of the body in which they occurred. Intriguingly, though cancer terminology was unmistakably Greek in origin, it also appears that Old English terms for cancerous disease similarly cast the malady as a discrete entity rather than systemic disorder. Pauline Thompson, for example, points out that in Old English, the term used for cancer matched that for the bite of a snake or spider, and the sting of a scorpion.  

Writing on medieval understandings of cancer, Demaitre also notes that

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8 Pauline Thompson, ‘The Disease That We Call Cancer’ in S. Campbell, B. Hall & D. Klausner (eds.), Health, Disease and Healing in Medieval Culture (Basingstoke: Palgrave Macmillan, 1992), p. 2.
the eating action became explicit in several vernaculars, including Old English. A Latin characterization of a cancerous ulcer as having "taken away" (assumpsert) a patient's lips and nose was translated as "cancer aet." Bald's Leechbook defined the disease with a simple synonymy, "cancer pæt is bite."\(^9\)

As Demaitre's observation makes clear, speakers of one or both languages seemingly recognised the correlation between a biting disease in Old English and a 'grabbing' disease in Latin. This stress on etymology as closely linked to pathology is visible elsewhere in early modern medicine. Writing on the medieval leprosy patient, or 'misellus' (little wretch), for instance, Demaitre notes that 'Much of premodern medical learning relied on the belief that words were keys to the knowledge of reality and inversely that there was a factual reason for every name', and that disease definitions 'interwove logic, stereotype, poetic imagination, and reported observation'.\(^10\) For cancer, however, links between the terminology and the experience of cancerous disease seem to have been particularly strong, materially influencing diagnostic and therapeutic approaches to the malady.

With the meaning of the word 'cancer' so powerfully encoded in the disease's etymology, one might expect that determining incidences of the disease in early modern writings should be a straightforward task. Unfortunately, primary evidence suggests that even for the contemporary medical practitioner, this could become a complicated business. In 1684, for example, a translated work by the Swiss physician Théophile Bonet (1620 – 1689) complained that the field

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of diseases identified as cancers was widening to include unpleasant but non-cancerous maladies such as skin ulcers:

The original of the Cheat and Errour is from hence; because Theodorick and Lanfranc, whom Guido [Guy de Chauliac] follows, distinguished a Canker, into a Canker an imposthume, and a Canker an Ulcer. The Canker an Imposthume is the disease so called by Hippocrates, Galen, Avicenna and others, rational Physicians and Surgeons: But the Canker an Ulcer (so Guido calls it) is, when by reason of Ulcers or Wounds, irritated by sharp Medicines, bad melancholick humours become adust and troubled, and are drawn from the whole and parts adjoyning, to that place, where they putrefy, grow hot, and acquire an acrimony and poisonous quality, whence there is an increase of the evil disposition, and it becomes a Canker: So Guido. But such Ulcers, though malignant, and often times stubborn, are not yet Cankers, nor ought to be confounded with a Canker, whose Contumacy far surpasses the Malice of all Ulcers.\(^\text{11}\)

Bonet’s complaint appeared to be about misdiagnosis. At its root, however, was the shifting terminology of cancer, which threatened to destabilise the disease category altogether. Bonet, like many of his contemporaries, used ‘canker’ instead of ‘cancer’. His Guide to the Practical Physician, in which this quotation appeared, made abundantly clear that the disease described was identical with that pinpointed as cancer in other texts. It shared symptoms, prognosis, and treatments, and Bonet titled this section ‘A Cancer, or a Canker’. Clearly, Bonet’s ‘canker’ was merely a variant spelling of cancer which retained the ejective form of the Latin term. The same can be said of many contemporary texts which refer to ‘cancre’, ‘kanker’ or ‘cancor’. Confusion arose, however, because whereas ‘cancer’ always referred to the malignant disease as described throughout this thesis, ‘canker’ could signify multiple conditions of which malignant cancerous disease was only one. These included bodily ulcers

and lesions of various kinds, mouth ulcers and venereal sores. As R.W. McConchie observes, this crucial distinction has not always been recognized in literary and medical history:

The existence of an anglicized form alongside the neo-classical form hardly necessitated the desuetude and loss of the other, and the word in foreign form may still have a place in the lexicon. As is often the case pairs develop with differentiated uses, as with cancer - canker, and the omission of one of a pair from the OED helps to obscure this process.  

In the vast majority of cases, early modern texts referring to ‘canker’ contained supplementary information indicating whether that term was being used to describe a malignant cancer or another kind of sore. Nonetheless, there are some instructive exceptions to this rule. In particular, domestic receipt books occasionally provided remedies for ‘canker’ with no supporting context. Whilst challenging, one may view a lack of specificity in these texts as indicative of the writers’ understandings of disease, which may have been quite different from that of the medical practitioners whose work appeared in printed instructional texts. As discussed in my Introduction, receipt book writers often expected their remedies to be passed down the generations, and thus to be read by people who could not turn to the writer for clarification, yet they did not always feel the need to differentiate varieties of ‘canker’. That omission suggests that for a section of medical writers, nosological differences were of little significance, provided the cure remained the same. They did not worry about the cause or character of a disease, but only on relieving and redressing symptoms.

13 See for example Dorothea Repp, Collection of Cookery, Medical, Veterinary and Household Receipts (early eighteenth century) Wellcome Library MS.7788, p. 8.
Outside the variations of ‘cancer’, ‘canker’ and ‘cancre’, a separate term was also employed by certain practitioners to describe cancers of the face in particular. Noli-me-tangere, or ‘touch me not’, was a phrase which played on the widely held belief that interfering with cancers made them worse, as discussed in Chapter Five. From at least the sixteenth into the early eighteenth century, a number of medical writers used the phrase alongside ‘canker’ or ‘cancer’: asserting, for example, that ‘when [cancer] fixes on the Face, 'tis called a Noli me tangere, because that touching irritates it, and makes it a greater Ravage’. Others, however, believed that noli-me-tangere was a disease similar or related to cancer, but not identical with it. In the 1706 Chirurgia Curiosa, for instance, German medical practitioner Matthias Gottfried Purmann (1649 – 1711) described noli-me-tangere as a disease which shared many of the characteristics of cancer, including the tendency to ulcerate, but was separate from and ‘in some Particulars worse than a Cancer’.

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15 See Demaitre, who finds noli-me-tangere to have been identified as a ‘subspecies’ of cancer by medieval medical practitioners (Demaitre, ‘Medieval Notions of Cancer’, p. 616).

16 Matthias Gottfried Purmann (with appended text by Conrade Joachim Sprengell), Chirurgia Curiosa: Or, the Newest and Most Curious Observations and Operations in
‘cancer’, this appellation for cancerous disease was intrinsically linked to its symptoms and prognosis. Unlike those terms, however, this phrase presents few challenges to the modern reader. Throughout the early modern period, discussions of the complaint consistently and clearly indicate whether the author uses ‘noli-me-tangere’ to denote facial cancers, or to signify a separate, though similar, skin complaint.

The terminological instability of cancer presents a recurring challenge to medical historians. Aside from the ‘canker’, ‘cancer’ and ‘cancre’ and ‘noli-me tangere’ described here, various authors would, as we shall see in Chapter Three, later employ even more diverse names for this disease based on a perceived likeness to wolves and worms. Nevertheless, it is clear that cancerous disease ‘existed’ in the early modern period, in the sense of there being a distinct, unique malady known as ‘cancer’ which was broadly contiguous with the illness sharing that name today. Early modern medical practitioners generally did not, like some modern physicians, view cancer as a host of separate diseases with similar symptoms. They understood that cancer could occur in different places, and be designated ‘womb cancer’, ‘breast cancer’, and so on, but they believed that the same mechanisms were at work in every case. Furthermore, medical writers’ stress on the etymology of cancer indicated key directions in the development of the disease concept. By focusing on the crab, they gravitated toward a model of the disease as independent, even sentient. Noting the visual similarities to that creature, they established a memorable shorthand by which cancer’s most distinctive symptoms were easily

the Whole Art of Chirurgery … To Which is Added Natura Morborum Medicatrix: Nature Cures Diseases (London: 1706), p. 34.
recognized. Finally, the activities of that creature, recapitulated even in Old English forms of the same, promised a sinister and determined adversary, a disease that could bite and grab. Each of these characteristics was to prove influential in the early modern diagnosis, experience and attempted cure of cancers.

2. **Symptoms and diagnosis**

> When, he, the sore hath searched, clens'd, and dressed,  
> With Tents, and Plaisters proper thereunto,  
> (And, all things els, befitting him to do)  
> If, on the Wound, his Medicine worketh nought  
> Of that effect, which, thereby hath been sought;  
> But, keepes it at a stand, or, makes it worse:  
> He, presently, begins another course;  
> And, if that, also, failes him, growes assured,  
> It is a Cancer, hardly to be cured\(^{17}\)

This section of a work by the poet and pamphleteer George Wither (1588 – 1677) employs the relatively common device of associating the malignancy of cancers with political corruption. The rhetoric underpinning his project, the ‘Cure of Some Scabs, Gangreeves and Cancers Indangering the Bodie of this Common-Wealth’, is discussed at greater length in Chapter Four of this thesis. As we turn to considering discourses of diagnosis, however, it is interesting to consider Wither’s work as exemplifying the public perception of cancer as an elusive disease, which revealed itself through behavioural characteristics as much as visible symptoms. For Wither, the ability of this disease to evade

\(^{17}\)George Wither, ‘Opobalsamum Anglicanum: An English Balme, Lately Pressed Out of a Shrub, and Spread Upon these Papers, For The Cure of some Scabs, Gangreeves and Cancers Indangering the Bodie of this Common-Wealth’ in *Miscellaneous Works* (1872-1877 (c.1645)), p. 149. From *English Poetry Database* (online resource), <www.0-collections.chadwyck.co.uk.lib.ex.ac.uk>, 19 February 2011.
detection and appear simply as a benign ‘Wound’, as well as to resist cure, was a culturally and medically established truth which underpinned the malady’s usefulness as a rhetorical device. In many medical texts, the former trait was also a worrying example of the disease’s more general tendency, as discussed elsewhere in this thesis, to defy medical knowledge or ‘assurance’, and resist the model of teleological medical progress within which some practitioners envisioned their art. This section looks at how medical practitioners attempted to place cancer within the bounds of the knowable by describing its most recognizable locations and symptoms – and how they understood the disease as eluding or defying those efforts, presenting a shifting target for which the parameters could never reliably be established.

The question of where in or on the body cancer could occur was central to the diagnostic process. It presents, therefore, an appropriate point from which to begin an examination of how medical practitioners and lay people looked at and for this disease. In Chapter Two, I make the case for cancer as paradigmatically a disease of the female breasts. For various medical and cultural reasons, I argue, the ‘dugs’, and to a lesser extent, the womb, of nature’s supposedly weaker sex were understood as uniquely vulnerable to this disease. Thoughts of cancer would have come far more readily to a medical practitioner examining, or a patient discovering, a lump in her breast than anywhere else on the body. However, although these locations loomed large in the pathology of cancer, they did not define it absolutely. While attention was certainly highly concentrated on particular ‘cancer-prone’ areas, it seems that, given sufficiently compelling symptoms, some medical practitioners were prepared to diagnose cancer in almost any external part of the body. For example, an apparent lack of
precedent did not prevent the French physician Claude Deshaies Gendron (c. 1663 – 1750) from declaring a complaint of the eyelid to be cancerous in nature (and undertaking a remarkable ‘cure’ involving blowing gold leaf between the eyeball and eyelid).\textsuperscript{18} Furthermore, certain non-gendered areas of the body – principally the ‘upper partes about the face, the nosethrills, the eares, the lippes’ – appear to have been diagnosed with the disease more frequently than others, and were cited by various practitioners as being at special risk.\textsuperscript{19}

Like the breasts, the soft flesh of the face was deemed vulnerable because of its ‘glandulous and spongy’ nature, which provided the perfect environment for sluggish humours to coagulate and thicken.\textsuperscript{20} Thus, as the multi-authored text *A Worthy Treatise* put it, in 1587,

\begin{quote}
[Cancer] happeneth in many partes of the bodye, as in the face, eies, eares, but especially in such, which are more loose, spungye, full of kernels, receiving naturally the grossest matter of blacke choler, as ate the nostrells, lips, and breasts. But it is most usually incident to the matrice and breasts in women.\textsuperscript{21}
\end{quote}


These tissues may also have been common sites of diagnosis for more pragmatic reasons. Facial tumours could not remain hidden for long, and even the staunchest sufferer would struggle to ignore either their social effect or the likely interruption of essential sensory, respiratory and nutritive functions wrought by a large tumour or ulcer. Discussing mouth cancer, for example, Gendron recorded that tumours began ‘either like a Wart, or a little hard Swelling, more or less painful’, before

This hardness increasing, the Skin that covers it, becomes sleek, shining, sometimes livid; with more or less pain, and at last breaks; it afterwards appears a hard callous Body, which Ulcerates in the Substance of it, and Wastes in some places, while it raises it self on the other side into Cancerous protuberances, which by alternative Ulcerations in themselves waste, and at the same time, produce other callous hardnesses, in the Neighbouring parts, till at length the Flesh and the Bone is discover’d and consum’d.22

His account makes clear the unmistakeable difference between mouth sores caused by malnutrition, poor dentistry or venereal diseases, and an invasive cancer. Later in the text, Gendron described a similar course in cancer of the nose, and also evoked the gruesome image of the eye similarly ravaged, such that ‘the Ball becomes an unshapen lump, hard, full of uneven, lumpish Protuberances’.23

Producing painfully obvious symptoms which, sooner or later, forced sufferers to seek medical advice, it is clear that the vast majority of all diagnosed cancerous tumours or ulcers were on or near the surface of the body, in the breasts, face and skin. Indeed, many early modern authors presented cancer as affecting only these areas. At various points throughout the early modern

23 Ibid., p. 20.
period, however, individual medical practitioners occasionally discussed and diagnosed cancer in the throat, tonsils, cervix and even the lower part of the intestine. This passage, from the prominent surgeon Richard Wiseman, outlines some of the challenges such diagnoses might raise:

Cancers may also be said to differ as they affect several Parts of the Body, as the Head, Face, Eyes, Nose, the Palate, Tonsils, Throat, Tongue, Jaws or Lips...

Cancers affecting the Uterus and Podex may also be distinguished as they are in the interiour or exteriour parts; or as they take their beginning from a Swelling, or Excrerence: in both which cases and places they are extremely painful, and communicate their malignity both from within outward, and also from the external to the internal parts. Those that possess the body of the Uterus, or the upper part of the Rectum intestinum, are not discovered till they have made some progress; in which cases there is a bearing down, with a suppression of Urine. […]

If they be ulcerated, a filthy Sanies will discover it. If it be in the Intestinum rectum, the difficulty and pain in going to Stool will be exceeding great, If the Uterus be cancerated, there will be Fever, nauseousness, anxiety of mind. In some of those who died so diseased I have opened the Body, and found the Uterus preternaturally big and hard: in cutting into it I hav[e] seen it all rotten, Those in the more exteriour parts, whether it be of the Womb or Podex [rectum], are sooner discovered, and the Patients are in a greater possibility of being eased of their pains.24

Wiseman’s description demonstrates that even when practitioners were aware of the possibility of internal cancers, diagnosis depended largely on the cancers either producing externally visible corollaries (tumours around the anus, or fetid ‘sanies’) or being palpable by the examining practitioner. When cancer invaded the innermost, ‘interiour’ parts of the body, the impossibility of safely conducting investigative surgery made accurate diagnosis overwhelmingly difficult. As such, tumours of the vital organs were hardly discussed at all, and those

24 Wiseman, Several Chirurgical Treatises, p. 101.
discussions were usually brief, pointing out the near-impossibility of either identifying or treating the condition in such circumstances. In 1701, for example, Gendron asserted merely that ‘there are also other internal Cancers which seise [sic] on the principal parts of the Body; as in the Liver, Spleen, and Kidneys’. His assertion echoed that put forward over a century previously by the authors of *A Worthy Treatise*, that some cancers ‘lyeth hidde within more secrete, as in the bowels, matrice, fundament’.

Very occasionally, medical practitioners might surmise the existence of an internal tumour in a living patient. Mostly, these were uterine or cervical cancers, as discussed in Chapter Two. One notable abdominal case, however, was recorded by the French practitioner Lazarus Riverius (1589 – 1655) as having taken place in Montpelier in 1638, and was reprinted in a translation of his *Four Books* in 1662. Riverius recorded the plight of a widow in whom a tumor was discerned in her belly, towards her navel, enclining to the right hand, and that hard, so that it was counted scirrhous, and was placed among the muscles of the Epigastrium, because it was felt immediately under the skin, and was not painful but being touched.

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26 Guillemeau et. al, *A Worthy Treatise* p. 42. Lung cancers do not appear in my primary texts. However, it is possible that accounts may yet be uncovered: Dr. Willis’s *Practice of Physick*, for example, discussed in 1684 the eponymous author’s treatment of a man suspected to suffer from pus-filled tumours inside his lungs, caused by a ‘concourse of ill humours’ gathered there. See Thomas Willis (1621 – 1675), *Dr. Willis’s Practice of Physick* (transl. Samuel Pordage) (London: 1684 (Translation of *Pharmaceutice Rationalis* (1674–5))), p. 74.

27 Lazarus Riverius, *Four Books of that Learned and Renowned Doctor, Lazarus Riverius*. Appended to Felix Platter, Abdiab Cole and Nicholas Culpeper. *A Golden Practice of Physick* (London: 1662), p. 83; image 624. N.B. This is a complex composite text composed of re-editions and direct copies of several books from
Nonetheless, it took the death of the patient and her post-mortem to establish that ‘her liver was found ful of scirrhous tumors ... in the extremety whereof, there were two cancerous tumors, sticking out as far as her navil, and equalling a man’s fist in greatness’. The cancerous nature of the tumours was never mentioned before opening up the patient, and in any case there would most likely have been nothing that either the physicians or surgeons attending the unnamed lady could do. One should, therefore, judge the near-absence of internal tumours from the primary texts as not only the result of ignorance on the subject, but as a pragmatic assessment of the usefulness of such knowledge to either patient or physician.

Given that most cancers were diagnosed on or near the surface of the body, it is unsurprising that visual symptoms were most prominent in medical textbooks’ descriptions of cancer, setting the stage for an abiding concern with the (in)visibility of this disease which would continue into discussions of pharmaceutical and surgical treatment. From the 1580s into the first decades of the eighteenth century, medical practitioners consistently talked about the colour of cancerous tumours, which varied from an unspecified livid hue to ‘blackish, and sometimes inclined to black and blue’. On occasion, this

different authors. Puzzlingly, this version of *Four Books* contains observations not printed in later version of that text. Parts of the book are separately paginated; therefore, for clarity, I have given the EEBO image number alongside the page number in each case.

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colouration in any swelling was considered sufficient grounds for a cancer diagnosis, as when Everard Maynwaringe (b. 1627/8) declared in 1679 that ‘Now a Tumor is said to be cancerous, when it turns into a dark reddish, or livid and blackish colour, declaring this transmutation [from a benign tumour] and degenerate state’.

More usually, however, it was expected that cancer’s livid appearance would accompany a distinctive shape to the tumour, which was both ‘rough and unequall’ and ‘round’; that is, circular in circumference, but with an uneven surface appearance.
For medical practitioners writing about and encountering this disease, a round, highly coloured swelling was therefore an immediate source of alarm. Nonetheless, these were characteristics that could and frequently did appear in other, more benign, growths. The most definitive of cancer's visual symptoms was one which medical practitioners presented as occurring solely in this disease, and which was taken not only as proof of cancer's presence but as a sign of its 'evil' nature. Darkened blood vessels spreading outward from or surrounding the suspect tumour seemed to illustrate the spread of malignant matter into the surrounding flesh as well as the capacity of the tumour to corrupt healthy blood which flowed toward it, and this sign recurred in medical texts across the early modern period as the preeminent visual marker of a tumour's status as dangerously malignant. In the 1587 A Worthy Treatise, for instance, cancer was said to be characterised by 'Veines swollen rounde about with melancholicke bloude'. Over a century later, the 1698 edition of The Compleat Midwife’s Practice similarly noted that breast cancer might be 'known by the crooked windings, and retorted veins that are about it, stretching out long roots

a good way from it, being sometimes blackish, and sometimes inclined to black
and blue'.

These visual features were firmly established as essential to the diagnosis of
cancer, having been, as Demaitre observes, common to texts on the subject
since the medieval period. Each one was also consistently reiterated, creating
a consensus on the visual signs of cancer that was remarkably stable compared
to the vigorous debate which surrounded the disease’s treatment. Such
consensus undoubtedly relied in large part on medical writers’ tendency to
directly or indirectly copy one another’s work. However, it was stabilised by the
compelling narrative which united diverse visual traits with reference to the
figure of the crab. Each of the visual signs noted above was explicitly aligned
with features of that animal in comparisons which, in their ubiquity, appeared
less as idle observations of the aptitude of cancer’s namesake than a vital tool
for imprinting the salient features of this disease into the medical and popular
consciousness. The roundness of cancer and its colour were both analogised
with the round and vividly (or sometimes darkly) coloured body of the crab,
whilst the blood vessels extending from the tumour were ‘verie like unto the
feete of crabbes, descending from the round compasse of their bodies’.
To
many, the comparison seemed a perfect one, ‘exquisite’ in its fit to cancer’s
symptoms. For example, the eminent medical practitioner Alexander Read (c.
1575 – 1641) observed that:

as a crab, in Latine *Cancer*, hath a body and feet of a livid colour, and whatsoever it claspeth with the claws, it holdeth it firmly, so this griefe is of a livid colour, and so girdeth the part which it possesseth, that it seemeth to be nailed to the part, and about it the full veines exquisitely imitate the feet of a crab: and from these similitudes the tumor hath its name.\(^36\)

Images of the cancer-crab thus codified the visual symptoms of this disease into a vivid and memorable format. In addition, although to a lesser degree, the grasping claws of the creature evoked certain somatic symptoms of cancerous disease. In 1597, Peter Lowe (c.1550 – 1610) pointed out how cancer ‘gnaweth, eateth and goeth like this fish [the crab]’, and in numerous texts, pain – its presence or absence, type, and extent – was presented as a deciding factor in distinguishing cancerous from benign scirrhous or phlegmatic tumours.\(^37\) As Christof Wirsung (German physician, c.1500 – 1571) vividly described, ‘the Canker causeth ... great paine and beating, whereof *Schirrus* is free’.\(^38\) Others described an ‘exquisite pricking’ or ‘corrosive, cruel and terrible pain’.\(^39\) Often coincident with pain as a diagnostic criteria was the ‘certaine straunge, and

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\(^37\) Lowe, *The Whole Course of Chirurgerie*, sig. L3r. One notable exception to this rule was Culpeper, who argued that cancers were painless until they grew large or ulcerated. See Culpeper, *A Directory for Midwives*, p. 165.


extraordinarie heate’ believed to attend cancerous tumours. As the famous French practitioner, Ambroise Paré (c.1510 – 1590), pointed out, these sensations became more pronounced as the tumour grew. ‘[A]ccording to the measure of the encrease’, he stated, ‘it torments the patient with pricking paine, with acride heat, the grosse blood residing in the veines growing hot, and inferring a sense like the pricking of Needles’. Undoubtedly, medical practitioners’ interest in heat as a symptom originated in part from Galenic doctrines which positioned health as related to bodily temperature, and to discussions of cancer’s cause which pinpointed the ‘burning’ of melancholy humours as most dangerous (see below). In the above observations, one can also detect an imaginative fascination with the topic. Paré’s text conjured an image of blood almost boiling in the veins, the natural and ‘vital’ warmth of the healthy body transformed into something beyond regulation, for which the inevitable end seemed to be the chill of death.

The use of the crab image as a means of reinscribing the visual and sensory symptoms of cancer remained immensely popular throughout the early modern period. The success of this device, however, depended on something more than its fit to cancer’s visual characteristics. As an analogy defined in part by its animation, the crab lent itself naturally to one of the most defining and enduring characteristics of cancer diagnostics – the reading of this disease’s symptoms as behaviours. In 1583, physician Philip Barrough (d. 1600) asserted that ‘Some have given [cancer] this name [crab] because it is verie hardly pulled awaie

40 Barrough, The Method of Physick, p. 274.
from those members, which it doth lay holde on, as the sea crabbe doth, who obstinately doth cleave to that place which it once hath apprehended’, while in 1635, Read added that ‘whatsoever it claspeth with the clawes, it holdeth it firmly ... [so] that it seemeth to be nailed to the part’. The grip of the crab was understood not only as painful but as immensely strong and tenacious, matching precisely the intractability and resistance to cure which was one of cancer’s most distinctive features. An innovative French practitioner, Pierre Dionis (1642 – 1718), made the connection explicit in 1701 when he explained that “Tis no more possible to extirpate [cancer], than force a Crab to quit what he has grasped betwixt his gripping Claws’, while in the sixteenth century, Paré deemed the link between the ‘tenacity’ of cancer and the ‘toothed claws’ of the crab so instructive that he inserted a picture of the creature into his writing on the subject, to drive home the ‘perspicuous’ nature of the comparison.

When diagnosing cancers, early modern medical practitioners seamlessly blended their objective and subjective knowledge of the disease. Objectively, cancers were understood to present a variety of distinct visual symptoms – most prominently, a round shape and darkened veins extending outward. Subjectively, these characteristics were understood as of a piece with the disease’s ‘behaviour’ of causing pain to the patient and vexation to their medical practitioner by ‘gripping’ tightly onto human flesh. Both these aspects of cancer’s aetiology were united in the figure of the crab, which occupied a central place in discussions of the disease, and appears not to have


problematized, or been problematized by, understandings of cancer as humoral in origin (below). This phenomenon is seen amplified in Chapter Three, where I discuss the casting of cancer as a type of worm or wolf.

Although medical practitioners had a good sense of cancer’s symptomatology, however, there remained an element of doubt in any diagnosis. As Wither’s verse suggested, in order to really be sure that a patient was suffering from cancer, one had to see whether the suspect tumour followed the most distinctive cancerous ‘behaviour’, that of expanding and spreading throughout the body. Malignancy was, as I discuss in Chapter Four, fundamental to the very meaning of ‘cancer’. Furthermore, it presented a counterpoint to all medical writers’ diagnostic criteria. The way to ‘know’ a cancer was to see it growing; however, that hardly required medical expertise, and once a cancer had grown large, it was much more difficult to treat. Cancer’s diagnosis therefore presented the first of the disease’s many challenges to medical wisdom. Encounters with suspect tumours were not only matters of clinical determination, but of defining human relationships to cancer.

3. Causes of cancer

Discussions of the etymology and symptoms of cancer both provided criteria for the distinguishing of this disease from all others. While these writings sought to construct cancer through its difference from other maladies, however, discussions of cause furnished the writers and readers of medical texts with a mode of assimilating cancer into the dominant neo-Galenic model governing early modern medical thought. The story of cancer’s cause is, therefore, one of how the disease was, sometimes problematically, integrated into the prevailing intellectual landscape.
Speculation about the causes of cancer generally appeared in instructional medical textbooks rather than receipt books, for several reasons. First, it was deemed important for students of physic and (to a lesser extent) surgery to understand how the remedies they administered, or procedures they carried out, redressed the underlying causes of a disease. Secondly, some medical texts implied that a practitioner’s distinction between cancer and diseases with similar symptoms could, and should, be made on the basis of the patient’s particular humoral make-up, something which could be discerned through a raft of signs apparently unconnected to the cancer, and which might even have been previously identified for a practitioner’s long-standing patients. John Browne (1642 – 1702/3), for example, encouraged medical practitioners to distinguish between cancer and the related disease of scirrhus (sometimes thought to precede cancer) by considering that ‘a Scirrus is made by natural Melancholy, which is in the Blood, as the Lee is in the Wine; but a Cancer is not bred from natural, but adust Melancholy’.44 Maynwaringe went still farther, categorising a whole range of tumours by their humoral cause:

First, from Blood, which makes a Phlegmon
Second, from Choler, which begets an Erysipelas.
Third, from Phlegm, which begets an Oedema
Fourth, from Melancholy, which makes a Scirrus
Fifth, from a serous or watery humor, which generates watery Tumors, as Hydrocephalus
Sixth, from Flatulency, and this Tumor is called Emphysema, Inflatio, Tumor flatulentus45

Maynwaringe provided visual criteria for the diagnosis of some of these ills, but his emphasis remained on their divergent origins. Unusually, his discussion of

44 Browne, The Surgeons Assistant, p. 81.
45 Maynwaringe, The Frequent, but Unsuspected Progress of Pains, p. 183.
tumours also dwelt upon internal tumours and the difficulty of their detection.\footnote{Ibid., p. 188.}
In this context, his emphasis on humoral causes was particularly important
since many of the visual clues upon which medical practitioners traditionally
relied were absent.

Whatever their motivation for the discussion, those writers who showed an
interest in cancer’s cause(s) tended to draw broadly similar conclusions about
the bodily origins of the disease. Overwhelmingly, and in line with early modern
medical orthodoxy, medical practitioners emphasised the provenance of cancer
as humoral.\footnote{Even Stolberg, who argues that humoral explanations for disease were becoming
outmoded by the seventeenth century, notes that ‘Cancer … serves as a particularly
vivid illustration of the central importance of the undisturbed flow and purity of humors
in the early modern experience of the body’ (Michael Stolberg, \textit{Experiencing Illness and
136).}

More specifically, the disease was believed to arise from the
much-maligned substance of black bile, or melancholy, which turned into \textit{atra
bilis} under certain circumstances. Causes of an excess of black bile were, as
detailed below and in Chapter Two, both anatomical and environmental, but the
humour’s effects were well documented. ‘Cold and dry, thicke, blacke, sowre’, it
provoked diseases including epilepsy, ulcers, paralysis and, most notably, the
disease of melancholy or melancholia (for clarity, I henceforth use ‘melancholia’
to describe the disease of melancholic ‘depression’ and ‘melancholy’ or ‘black
bile’ to denote the humour).\footnote{See Bridget Gellert Lyons, \textit{Voices of Melancholy: Studies in Literary Treatments of
early modern body, melancholy, and the maladies associated with it, were associated in particular with the elderly, since with age came a natural ‘diminution of spirits and substance’ which saw the body becoming colder and drier. Women, as Chapter Two details, were thought to be naturally colder than men from the outset, and therefore old women were particularly at risk of melancholy complaints.49

While melancholy itself could pose a health risk, the vast majority of medical texts did not identify the simple presence of that humour as cancer-causing. Rather, they surmised that it only worked real mischief when either confined to a certain area, transformed into a more harmful substance, or both. Medical practitioners’ means of describing these phenomena were diverse, and often confused, but consistently centred upon images of congestion and heating which subverted the principles of balance and circulation underlying the Galenic model of good health. Robert Bayfield (bap. 1629), for example, asserted in 1662 that ‘when this melancholious humor, resembling in proportion the dregs of wine, doth descend and flow into any member, and there abideth compact together, it causeth sometimes the disease called Varices, and sometimes it breedeth a Cancer, as when the same is somewhat cool’d’.50 Bayfield’s emphasis was on the compaction of the humour, which appeared to become thicker and less mobile as it cooled. Furthermore, his comparison of this humour with a waste product, the thickened dregs of wine, was one seen repeated in several other discussions on cancer during the period. Barrough, for

49 Burton, The Anatomy of Melancholy, p. 78. On humoral difference between the sexes, see Chapter Two.
50 Bayfield, Tractatus de Tumoribus, p. 92-3.
example, wrote in 1583 that melancholy ‘resembleth the dregges of wine, & the filthines of oyle’, while in 1703, Browne noted that the humour was ‘in the Blood, as the Lee is in the Wine’. 51 Other writers dwelt in their own words upon the viscosity of this substance, which was almost always construed in negative terms. In 1657, for example, the Polish physician Joannes Jonstonus (1603 – 1675) asserted that ‘The CAUSE [of cancers] is adust and black Choler hanging in the veins, and by its thickness unable to pass along’, while Bayfield also directly linked the thickness of melancholy to its pathological effects, stating that ‘The thicker and blacker that the humor is, so much the worse is the effect’. 52

There was an obvious internal logic to these claims – since movement and vigour created (and might result from) bodily warmth, melancholy, which occupied the ‘cold and dry’ corner of the humoral system, was bound to lack those qualities. Certain physicians also linked the sluggish and viscous movement of melancholy to the dysfunction of organs elsewhere in the body, notably the spleen. While the exact role of this organ in the regulation of the humours was often unclear, writers of medical textbooks repeatedly cited ‘the infirmity or weakenesse of the spleene in attracting and purging the bloud’ as a

51 Barrough, The Method of Physick, p. 273, see also p. 276; Browne, The Surgeons Assistant, p. 81. On the related belief that strong wine heated the body and exacerbated cancers, see Chapter Five.

cause of tumours. According to Read, this connection was attributable to Galen, who posited that the organ somehow drew ‘superfluous naturall melancholy’ from other parts of the body, preventing the mischiefs associated with that humour dwelling too long in one place. However, the persistence with which melancholy was imagined in cancer texts as thick, dark, sluggish and potentially dangerous was not only a product of physiological theory. As Demaitre notes of the medieval period, the conceptualisation of melancholy as related to cancer ‘underscores the suggestive power of humoral physiology’. The idea that cancer was caused by black bile both drew from, and reinforced, that humour’s status as ominous, disgusting and threatening.

As medical and cultural historians have identified, black bile possessed a well-established cultural and medical ‘biography’ by the early modern period. Angus Gowland notes that early modern ideas about black bile, and particularly its role in the generation of madness, were broadly contiguous with those of medieval and ancient Greek texts, while Demaitre shows medieval texts to have firmly identified this humour as the root cause of cancers. Notably, black bile was also subject to the same sort of terminological instability that dogged cancer. As well as describing a particular substance, or a constitution in which that

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54 Read, *Chirurgicall Lectures*, p. 212.


humour dominated, 'melancholy' also described a disease derivative of, and yet conceptually different from, black bile. Indeed, Charles Taylor sees the relationship between black bile and melancholia as exemplifying the necessity of a historically specific understanding of the relationship between humours and the diseases they 'caused':

Melancholia is black bile. That's what it means. Today we might think of the relationship expressed in this term as a psycho-physical causal one. An excess of the substance, black bile, in our system tends to bring on melancholy. We acknowledge a host of such relationships, so that this one is easily understandable to us, even though our notions of organic chemistry are very different from those of our ancestors.

But in fact there is an important difference between this account and the traditional theory of humours. On the earlier view, black bile doesn't just cause melancholy; melancholy somehow resides in it. The substance embodies this significance.  

Taylor’s claim fits neatly with the observation of Robert Burton (1577 – 1640), author of the popular Anatomy of Melancholy, that it was almost impossible to say 'whether [melancholia] bee a cause or an effect, a Disease, or Symptome [of black bile]'. It also implies that the relationship between black bile and melancholia, or black bile and cancer, is more fundamental than one might imagine, such that black bile may be said to be the progenitor of both these diseases in an organic sense, imbuing them with its own material qualities. Thus, contemporary discourses about melancholia may have influenced discussions of black bile and its other resultant diseases – including cancer.

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59 Burton, Anatomy of Melancholy, p. 45.
This is not to argue for a link between melancholia and cancer, which is nowhere evident in the primary material, but rather to speculate upon the impact of the more extreme aspects of beliefs about melancholia upon the conceptualisation of cancer. Gowland, for example, argues that a burgeoning tendency in the seventeenth century to ascribe seemingly supernatural powers (such as those of witches) to the effects of melancholia relied in part on 'the common assumption that devils were analogically attracted to interfere with complexionate melancholics because of the dark and semi-excremental nature of the black bile predominating in their bodies'. Similarly, in his discussion of the supposed hallucinatory effects of melancholia, Clark points out that 'balneum diaboli (the devil's bath)' was a common moniker for the substance of melancholy. Bridget Gellert Lyons asserts that melancholy’s association with Saturn imbued it with certain 'crafty, envious, secretive ... maleficent' moral properties, which were particularly useful to contemporary poets and dramatists. It is easy to see how this information might colour one’s reading of cancer, a disease which was itself consistently figured as evil.

Even for those writers who did not view melancholy as malign or devilish, the humour’s characterisation as excremental positioned it as dirty and undesirable.

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60 However, strong emotions, including grief, were thought to put one at risk of the disease. See Chapter Two.
62 Clark, Vanities of the Eye, p. 52.
63 Lyons, Voices of Melancholy, pp. 4-5.
a view upheld by Burton’s description of melancholy as drawn from the ‘faeculent part of nourishment’. In her work on humoralism and cosmology, Gail Kern Paster notes the expansion of this characterisation in popular culture, such that for many non-medical authors, melancholy became a watchword for filthiness:

In *The Terrors of the Night*, Thomas Nashe likens "the thick steaming fenny vapours" of bodily melancholy to waste water: "even as slime and dirt in a standing puddle engender toads and frogs and many other unsightly creatures, so this slimie melancholy humour, still thickening as it stands still, engendreth many misshapen objects in our imaginations." When reabsorbed into medical culture, discourses like this one strengthened dialogues, discussed in the coming chapters, that viewed cancer as either highly zoomorphic or conjoined to the dangerous anatomy of women in an image of monstrous pregnancy. Interestingly, Nashe’s ‘slime and dirt’ also chimed with physicians’ repeated emphasis on the repellent sight and smell of cancerous ulcers, a phenomenon examined in more detail in Chapter Four.

For the reader of early modern medical texts, therefore, the tendency of melancholy to cause cancers by becoming blocked up or stagnating in a certain area was to some degree inherent in that humour’s nature as it was established by both medical and broader cultural discourses. However, there were further dimensions to the implication of melancholy in generating tumours. Across the

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early modern period, but particularly from the mid-seventeenth century, printed medical texts consistently pointed to the ‘adustion’ or heating of melancholy humours as a crucial step in rendering those humours harmful in general and cancer-causing in particular. Browne, for example, asserted in 1703 that ‘a *Scirrhus* is made by natural Melancholy, which is in the Blood ... but a Cancer is not bred from natural, but adust Melancholy’, while in 1635, Read drew a similar conclusion when he stated that ‘Although Cancers may appeare in all the quarters of the yeare, yet most commonly they shew themselves about the ending of the summer, and during the whole time of the harvest: because in these seasons, the melancholick exceedingly increaseth, and humors become adust’. Even while disputing the model, both Gendron, in the early eighteenth century, and Wiseman, in the late seventeenth, grudgingly admitted that adustion had become the predominant theory on the generation of cancers.

What adustion actually comprised, and how it occurred, was less clear. Medical practitioners variously ascribed the process to the dysfunction of the liver or spleen, the influence of other humours, the native heat of the body, and external factors such as diet. Most often, as is visible in this quotation from Read, they blamed a cornucopia of factors, which might act together or individually:

> There are sundry efficient causes which ingender these humors in our bodies: First, a strong hot distemperature of the liver, which burneth the naturall melancholy and yellow choler, and so hatcheth this *Bilis atra*. Secondly, according to *Galen* ... the spleene by reason of its weaknesse and distemperature, doth not draw unto it selfe the superfluous naturall melancholy, and so staying long without it owne proper place it is inflamed and burned. Thirdly, sometimes this humor is caused of the menstruall courses, and Hemorrhodes stopped. Fourthly, verie often an

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ill diet breedeth this humor (...) An hot aire and perturbations of the mind set forward also this humor.68

The external factors – diet, amenhorrea and ‘mind set’ – identified by Read are discussed in Chapters Two and Five. In common with many of his peers, however, Read identified certain methods and causes of adustion with more certitude than specificity. The intricacies of how the liver could burn or the spleen draw melancholy were absent from his text, and Read gave no indication that any further explanation was necessary.

In general, medical practitioners positing a humoral explanation for cancer looked only so far inward – to the level of adust melancholy or atra bilis – before, like Read, they turned their gaze once more toward the environmental factors which aggravated that substance. They were therefore either unable, or saw no good reason, to supply details of exactly what happened inside the body to turn melancholy into these more harmful substances. The neo-Galenic model seems not to have fostered inquiry into the mechanics of each humour’s operation, but rather focussed upon their qualitative characteristics. One particularly interesting theory, however, which we can see fleetingly referenced in Read’s ‘burning of naturall melancholly and yellow choler’, was that adust or poisonous forms of melancholy might either have been comprised of several different humours, or of a different humour – choler, for example – which mutated into melancholy during the process of adustion.69 As Gowland explains

There was ... a second, 'unnatural' kind of black bile which had unequivocally toxic effects, generated out of combusted humours and later known as 'adust melancholy' in Avicenna’s scheme of 'good' and

68 Read, Chirurgicall Lectures, p. 212.
69 Lyons, Voices of Melancholy, p. 2.
'bad' humours, unnatural black bile originating from burnt yellow bile, blood, phlegm, or natural black bile. It was therefore possible to speak of natural and unnatural kinds of 'choleric melancholy', 'sanguine melancholy', and 'phlegmatic melancholy', as well as pure melancholy derived from either non-adust or adust black bile. The characteristics of each melancholic condition were understood to be influenced by the humour out of which the adust melancholy had arisen.\textsuperscript{70}

While this kind of 'secondary' melancholy is not evident in most texts on cancer, it is present in a number of discussions of the malady's cause, where a posited link between adust melancholy and choler (yellow bile) often provides a logical bridge between the efficient causes and the characteristics of the disease.\textsuperscript{71}

Read, for example, proposed in 1635 that cancerous tumours might arise 'from \textit{Atra bilis}, or melancholy, or choler adust ... for there are two sorts of \textit{Atra bilis}: the one is caused of naturall melancholy adust: the other is caused of yellow choler burned, and it is much more maligne than the former' – a sentiment which echoed that of the 1571 \textit{Most Excellent Workes} of Italian surgeon Giovannida Vigo (c.1450 – 1525).\textsuperscript{72} In his 1684 \textit{Adenochoiradelogia}, Browne similarly asserted that 'when [cancer] takes Adust Choler into its cognizance, and this gains better and nearer acquaintance therein, this in time masters the other, and makes the Patient feel the Vigour of its prevalency, by its corrosive, cruel and terrible pain which it brings along with it'.\textsuperscript{73} The former envisaged the burning of choler into a form of melancholy, while the latter saw choler as combining with black bile, but both authors were clear on the fact that yellow bile changed the character of resulting diseases for the worse. 'Hot, dry [and]

\textsuperscript{70} Gowland, \textit{The Worlds of Renaissance Melancholy}, p. 63.

\textsuperscript{71} Many dietary prescriptions were designed to reduce choler – see Chapter Five.


\textsuperscript{73} Browne, \textit{Adenochoiradelogia}, p. 31-32.
bitter’, choler was associated with anger and fierceness, and in his 1621 *The Anatomy of Melancholy*, Burton pinpointed choler as the root of ‘brutish’, ‘rash, raving’ varieties of madness. Moreover, Jennifer Radden notes that, according to Galen, yellow bile was associated with acute diseases and black bile with those of long continuance. In theories of ‘choleric’ melancholy, therefore, one sees particularly clearly the marriage between discussions of cancer’s cause and its troublesome character, alongside a ready explanation of how the disease could be both acute in effects and chronic in duration. Furthermore, the language in which such correlations were described once again makes obvious the relative unimportance of biomechanical understandings of cancer’s cause to early modern medical practitioners, relative to emotive discourses of the fierce, filthy and mutable nature of certain bodily substances.

While neo-Galenic theories of adustion may have been lacking in some respects, they retained a largely unchallenged hold over how cancer’s cause, and therefore its nature, was imagined until well into the eighteenth century. Iatrochemical language seeped into discourses of cause at various points: in particular, the ‘bad’ melancholic humour or *atra bilis* was often described as acidic or acrid. However, the texts employing these phrases usually used them in conjunction with humoral terminology, seemingly seeking to lend gravitas to their conclusions by what Gendron dismissed as a mere ‘change of

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Terms’. Within the period under my examination, only a handful of medical writers offered real alternatives to neo-Galenic theories of cancer’s cause as outlined above. Van Helmont’s radical theories of disease causation have been well documented by critics and remained unaltered for cancer, positing the mysterious ‘Archeus’ as the agent of disease. His approach, however, seems to have had little impact on the majority of medical practitioners or lay writers concerned with this disease. Elsewhere, Wiseman and Gendron provided visibly different alternatives to the above humoral models, but which remained linked to neo-Galenism. Wiseman, for example, scorned traditional ideas about adustion in his Several Chirurgical Treatises, scoffing that ‘I cannot imagine what heat these Authors suppose to be in the Body which is capable of making such an Adustion as is here spoken of’. He went on, however, to propose a model which integrated both humoral and iatrochemical concepts:

I rather think the matter of the Humour to be in fault, which by some error in the Concoction became sharp and corrosive, (it may be arsenical, as appears by the Sloughs we sometimes find made in a night.) This Humour, being of it self sharp and corrosive, is apt to convert whatever comes to it of Bloud into the same acrimony with it self: which is easie to be done by mixing such an acrimonious Ferment with a Liquor that abounds with acid Salts, as the Bloud of such men usually doth.

77 Gendron, Enquiries, p. 5.
79 Wiseman, Several Chirurgical Treatises, p. 98.
80 Ibid., pp. 98-99.
Couched in the familiar language of the humours, Wiseman’s model, almost uniquely, proposed an experimental double in which the action of the cancerous ‘corrosion’ could be seen outside the body. That thesis was in line with Wiseman’s more general self-presentation as a medical practitioner of superior learning and deductive skill as well as ‘long experience’. Notably, however, it was also a thesis that altered little in terms of either the disease’s treatment or its supposed antecedent causes, which under this model still included the familiar culprits of diet, amenorrhea, cessation of haemorrhoidal bleeding, and bruising.

For Gendron, too, imagining any cause for the ‘acid ferment’ posited as causing adustion by many of his contemporaries proved an insurmountable stumbling block to adopting traditional theories of melancholic adustion as causing cancer. His alternative theory, however, was more drastic than Wiseman’s. ‘I mean nothing else by a Cancer’, he insisted, ‘but a change of the Nervous Glandulous Parts, and the Lymphatick Vessels into an uniform, hard, close indissoluble Substance, capable of Increasing and being Ulcerated’. That change was not a humoral one, but rather, was caused by malfunction in the filtrative tissues found in those parts of the body affected by cancer. As these tissues broke down and compressed into a lump, the vessels around them came under increased pressure, causing them to break down in turn, and so on.

Like Wiseman, Gendron presented his new model as the result of objective

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experimentation, in this case anatomical. Stating that ‘I proposed to my self, for my better Instruction, to look upon Cancers as a new and unknown Distemper to this time’, the author claimed to have been anatomizing cancers for eight years prior to writing the *Enquiries*, published in English in 1701. However, while their claims of scientific rigour may have reflected a medical community increasingly invested in the experimental principles of its work, neither author’s purported objectivity prevented him from using the same highly emotive terms as were seen in emphatically humoralist texts on the genesis of cancer. Of the cancerous tumour, Gendron stated that ‘Nature, if I may so say, is out of order’, and continued the use of organic and even anthropomorphic images in talking of a cancerous ulcer ‘which like the Rotteness of the Teeth, destroys its own Substance, by a Progressive Putrefaction’. Similarly, Wiseman slipped from the language of objective science into well-worn descriptions of cancer as anthropomorphically ‘rebellious’ and ‘malign’.

Clearly, the vast majority of writers on cancer adhered broadly to theories which positioned adust melancholy as the immediate cause of the disease. Even some of those who ostensibly rejected this model in fact incorporated aspects of the theory and its attendant imagery into their more ‘scientific’ theses. What then made this idea such an appealing and influential one, and how did it affect the perception of cancer’s pathology more generally? As is noted above, such theories accessed the wealth of imagery attendant on melancholy as part of both medical and broader cultural discourses. Moreover, *adust* melancholy

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offered solutions to a number of troubling aspects of the model of regular melancholy as causing cancer. It, for example, helped to explain why cancer patients frequently lacked any melancholic symptoms prior to the onset of their cancer, by arguing that patients suffered less from an excess of the humour than an accident in its formulation. It also avoided blaming serious illness on a substance which was, under Galenic theory, natural and native to the body, as well as helping to explain – either through the ‘heating’ or ‘choleric’ models – why these swellings, caused by a cold and dry humour, were often so hot to the touch. As importantly, adust melancholy carried a cultural freight which expanded in some aspects on the imagery of the humour in its usual form. Paster, for example, points out the peculiar properties of the adust humour:

"Melancholy adust" represented the cold, dry ashes - the soot - of a body's excessive heat, consumed by the expenditure of choleric humors and the agitation of the body's spirits. Melancholy adust explains the aftereffects of spent rage, the melancholy of warriors or men younger and more active than sedentary Falstaff [in 1 Henry IV]. Melancholy in this form especially was bodily waste, ominously darkening the color of the body's other fluids and spirits and clogging their flow.89

As Paster makes clear, cultural discourses about adust melancholy repeated and expanded on negative aspects of the figuration of melancholy generally. This mid-seventeenth-century poem on ‘Religion’, for example, picked up the well-worn idea of black bile as the humour of witches and devils and reapplied that notion to adust melancholy in particular. ‘Evill Spirits’, wrote the author,

... have been, in Adust,
Black Choler, sayd, to find a Tempting Gust
(From whence their own Familiar-Imps, like Leaches

89 Paster, ‘Melancholy Cats, Lugged Bears and Early Modern Cosmology’, p. 118.
Are Nursd, and Suckled, at the Teats of witches)\textsuperscript{90}

Such suspicious attitudes toward adust melancholy were repeated in the loaded language of medical texts, where the humour was viewed as unnatural despite its generation in and by the body. The French medical practitioner Paul Dubé, for example, identified adust humours as more sinister in their effects than their ‘natural’ counterparts. Discussing varieties of tumours, he wrote that

there is also another difference of tumours, which owes its Origin to an unnatural [sic] Humour, and discovers it self rather by its malignant Quality, than its Quantity. This non-natural Humour is nothing else than a natural Humour degenerated from its natural Disposition, and turn’d into a foreign form; which being separated from the mass of Blood, carries along with it the impression of its Malignant Quality, which discovers it self in some Part or other, by Pimples, or little Ulcers, and Pustules, which are of a different nature, according to the different Qualification of the Humour that produces them. For an adust sanguine Humour produces a Carbuncle or Bubo ... and an adust melancholy Humour the Cancer.\textsuperscript{91}

Theories of malignancy are explored further in Chapter Four, but this passage is remarkable for the language in which it couches adust humours. Unnatural, degenerate, foreign and malignant, adust melancholy is decisively alien to the body, having been utterly transformed from the sometimes harmful but ultimately native substance of ordinary melancholy. That concern was reiterated in Browne’s assertion that ‘Cancer is not bred from natural, but adust Melancholy’: adustion was a product for which the organic genesis was implied

\textsuperscript{90} Samuel Butler, ‘Religion’ from \textit{Satires and Miscellaneous Poetry and Prose} (1928: the date of writing is unknown, although Butler was most active from 1650-1680), l.51-54. From \textit{English Poetry Database} (online resource), <www.0-collections.chadwyck.co.uk.lib.ex.ac.uk>, 7 February 2011.

\textsuperscript{91} Dubé, \textit{The Poor Man’s Physician}, pp. 333-334.
in that term ‘bred’ but which was, like cancer itself, an unnatural progeny. Bonet, citing the prominent medieval writer Guy de Chauliac as his influence, summarised adust melancholy in emotive terms. ‘[B]ad melancholick humours’, he wrote, ‘become adust and troubled, and are drawn from the whole and parts adjoyning, to that place, where they putrefy, grow hot, and acquire an acrimony and poisonous quality, whence there is an increase of the evil disposition, and it becomes a Canker’. One sees in this passage the natural conclusion of the above discourses on adust melancholy as ‘unnatural’: the casting of that humour as a poison, created by the body but now, like the cancer itself, hostile to it. Furthermore, the adustion of the humours marked, for Bonet, their transition from merely ‘bad’ to the anthropomorphic terms of ‘troubled’ and ‘evil’; sentiments which, as Chapter Four demonstrates, were common among medical practitioners struggling to express the malignancy of the disease.

Overall, the implication in these diverse texts was that atra bilis‘ combination of ‘unnaturalness’ and malignancy set it beyond the reach of conventional humoral medicine. Since most pharmaceuticals were designed to work with the humours in redressing the body’s internal balance, it was little surprise that in this case, as is seen in Chapter Five, medical practitioners consistently emphasised the difficulty of curing this disease or even stated that it was incurable. Moreover, the degree to which the terms in which melancholy and adust melancholy were couched were so contiguous with those in which we shall see both malignancy and cure discussed in later chapters that it is clear that the cause of cancer was considered not as a precursor to it but as a fundamental aspect of the disease’s

92 Browne, The Surgeons Assistant, p. 81.
pathology. As Taylor observes of melancholy (above), for cancer, the qualities of the adust melancholy from which it was understood to arise were fully integrated into the qualities and ‘behaviours’ of the disease itself.

Conclusion

This chapter set out to investigate the definition of the disease that constitutes the subject of my thesis. What, I asked, did early modern people talk about when they talked about cancer? The firmest conclusion of the chapter is that this is a question worth posing, for we have seen the degree to which the concept of cancer was at once a malleable construction, and a disease of which the fundamental ‘character’ remained stable even as medical practitioners debated its specifics. Visible throughout early modern sources on the naming, diagnosis and causes of cancer is the urge to turn this disease from a disparate and confusing collection of incidences into a singular and understandable entity. Thus, the language of cancer consistently returned to a single image, that of a biting creature; the symptoms of the disease were collected into one creature, the crab, which was made to stand for the diverse indicators of the malady, and discussions of cause overwhelmingly presented an image of the disease’s generation which accorded with the established ‘truths’ of Galenism.

Those unifying urges could only do so much, and anxieties about the unknowability of this subject consistently resurfaced. Nonetheless, the tone and content of these primary texts has shown that cancer was a disease understood through shaping discourses about its actions and characteristics rather than by the means, now more familiar to us, of a pathology based on its material and biomechanical properties. These discourses would prove influential upon every aspect of early modern conceptualisation and experience of cancer. Belief in
humoral causation would affect which therapies were administered for the
disease, and lead practitioners to look at dietary, environmental and emotional
circumstances as they pondered why some people suffered cancers whilst
others stayed healthy. Meanwhile, observation of cancer's crab-like
characteristics, and speculation about its roots in the 'evil', unclean and
gendered substance of melancholy, played a shaping role in discussions of the
disease's nature as explored in the coming chapters.

On December 3, 1700, noblewoman Sarah Cowper (1644 – 1720), wrote in her diary: ‘My breast is unquiet and gives me troublesome apprehensions. I sometimes seem weary of living, yet find myself often in fear of a painfull lingering death’. Beside the entry was a marginal note in the same hand: ‘Fearing a Cancer’. In this chapter, I will argue that Cowper’s identification of her breast as the ‘troublesome’ site where a cancer might breed was, in part, born of contemporary medical and cultural orthodoxy. The feminine body – in particular, the female breast – was for early modern medical practitioners and lay observers the paradigmatic site of cancerous growth. This paradigm was rooted in medical, social and aesthetic discourses in which the female body variously appeared as fecund, feeble, dangerous and secret. Moreover, as they attempted to explain cancer’s bias toward the supposedly weaker sex, medical practitioners reluctantly engaged with troubling aspects of early modern women’s lifecycles, making cancer a disease with the potential to cast light on hidden aspects of the sufferer’s conjugal and domestic situation. Women’s cancers thus sprang from, and in turn re-inscribed, a model of sexual dimorphism in which the female body appeared physiologically, functionally and pathologically unique.

As I shall describe, various scholars of the history of cancer have noted a sex bias in conceptualisations of the disease prior to the nineteenth century. Until

very recently, however, there had been little discussion of the possible causes of this bias. In her *Female Patients in Early Modern Britain*, Wendy Churchill briefly identifies cancer (in particular, breast cancer) as a ‘sex-specific’ disease which was believed to be connected to disorders of the womb.\(^2\) Michael Stolberg’s *Experiencing Illness* likewise notes that the disease was usually diagnosed in the breasts or uterus, and briefly speculates that ‘Ultimately cancer’s predilection for women, like their need to menstruate, supported prevailing cultural beliefs about women’s natural tendency to inner impurity’.\(^3\) More comprehensively, Marjo Kaartinen’s 2013 work on breast cancer in the eighteenth century identifies a number of gendered ‘risk factors’ for the disease similar to those discussed here, including ‘Being female and having breasts’, breastfeeding, childlessness and cessation of the menses.\(^4\) In line with her chronological remit, however, Kaartinen only briefly touches on the notion that women’s biological ‘predisposition’ towards cancer might be a result of a radically different pathology, as I shall argue was the view of many seventeenth-century medical practitioners. Her pragmatic approach also notes the potential of ‘Passions’ and ‘Mechanical Causes’ to cause cancer, but does not, as here, explicitly align those dangers with women’s often fraught domestic arrangements.\(^5\)

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In seeking to illuminate the cultural and medical forces which influenced the positioning of cancer as a gendered disease, this chapter looks in particular to the one-sex / two-sex debate which has occupied many scholars since Thomas Laqueur’s and Londa Schiebinger’s influential proposition of the former model in *Making Sex: The Body and Gender from the Greeks to Freud* and ‘Skeletons in the Closet’ respectively.\(^6\) In brief, the now well-known ‘one-sex’ model argues that the notion of two sexes distinguished not only by genitalia but by internal pathology was virtually unknown prior to the eighteenth century. Until that point, Schiebinger and Laqueur argue, it was more popular to think of woman as an unfinished or imperfect version of man, whose lesser bodily heat caused her to retain inside her body the generative organs which men had on the outside. Thus the ovaries could be seen as equivalent to the male testes, and the cervix to the male penis. Only in the eighteenth century did other differences – notably, skeletal differences – emerge. This model is largely based on observations of the similitude of male and female genitalia in anatomical texts, and the idea that the ovaries might produce ‘seed’ similar to that of the testes. From hence, Laqueur in particular posits women’s changing social and economic roles as having influenced suppositions about their internal pathology.

Although the ‘one-sex’ model has proven valuable, several scholars, most notably Michael Stolberg, have argued, convincingly in my view, that the location of a dimorphic sexual model as emerging in the late seventeenth or

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eighteenth century is misjudged, and that sexual dimorphism was in fact prominent in texts dating from the sixteenth century onward.\textsuperscript{7} As Stolberg points out, ‘[t]his is not just a question of getting the dates right: if this is true the contexts from which this earlier discourse of sexual difference emerged also differed from that described by Laqueur and Schiebinger’.\textsuperscript{8} His own estimation of possible factors in the development of a ‘two-sex’ model includes:

- a growing preference for empirical observation and discovery, the blending of Galenic teleology with pious belief in the value and purpose of every creature, the gradual shift from more humoral to more solid conceptions of the body, and the "gynecologists" professional interest in "difference," as well as changing notions of woman within the urban upper classes among whom the physicians moved and whose support they sought.\textsuperscript{9}

Stolberg’s contention is based on a range of evidence, including early modern anatomical drawings and treatises, and writing on sex-specific diseases. In this chapter, I argue that cancer – particularly breast and womb cancers – constituted one such ‘sex-specific’ disease, which was understood as contingent upon a humoral and anatomical pathology unique to the female sex. It is to be noted, however, that my argument for cancers as linked to sex-specific traits does not preclude a degree of continuity between male and female states. As I detail below, Gianna Pomata has argued persuasively that haemorrhoidal bleeding in men was viewed as strongly analogous to female

\textsuperscript{8} \textit{Ibid}, p. 276.
\textsuperscript{9} \textit{Ibid}, p. 299.
menstruation.\textsuperscript{10} In addition, Gail Kern Paster notes in her ‘The Unbearable Coldness of Female Being: Women’s Imperfection and the Humoral Economy’ that the idea that both male and female temperaments could be located on a continuous spectrum, from hot and dry to cold and wet, remained in place even after the notion of genital homology declined.\textsuperscript{11} Notably, however, men occupied most of this spectrum. Women, argues Paster, were confined \textit{en masse} to the ‘cold and wet’ end of the humoral spectrum, with any deviance therefrom taken as abnormal or pathological.

Building upon the theme of ‘gendered’ illness as confirming sexual dimorphism, this chapter views certain aspects of women’s lifestyles as implicated in their physiological and social otherness, and associated susceptibility to cancerous disease. In doing so, I touch upon several aspects of early modern women’s physiology and lifestyles for which there are substantial, and growing, critical literatures beyond the scope of this project to examine extensively. Work on menstruation, maternal nursing and domestic violence is notably heterogeneous, with ongoing debate about, for example, whether menstruation was viewed positively or negatively by medical practitioners, whether the use of wet nurses rose or fell over the seventeenth century, and how prevalent spousal abuse was in early modern households. In each of these cases, I have dwelt on


the points of consensus between authors rather than their differences: that menstruation was a fraught topic, that medical and religious rhetoric favoured maternal nursing, and domestic violence was often permitted within the law.

The chapter is therefore comprised of three parts dealing with linked aspects of the gendering of cancer. The first part examines the case for viewing cancer as a ‘female’ disease, showing that, although men might suffer from sex-specific cancers, these were rare and not usually attributed to a male pathology. By contrast, women made up the majority of recorded cancer cases, and their sex-specific cancers were believed to be indexed to their distinctly different biology. This sexed biology is the subject of part two, in which I show how the twinned excremental and generative functions of women’s reproductive systems were believed to ‘breed’ cancers. Descriptions of womb cancer, and the belief that the womb sent cancer-causing humours to the ‘spongy’ breasts, whether via a vague ‘consent’ or material circulatory vessel, played to contemporary discourses in which women’s bodies were positioned uncertainly between perfect and pathological. In part three, I consider some environmental factors primarily affecting women, and why early modern medical practitioners believed that these factors contributed to the development of cancerous disease. Sex, or the lack thereof, maternal breastfeeding or refusal to breastfeed, domestic violence, and emotional turmoil were all indicated as ‘risk factors’, such that a woman’s cancer might be read as revealing shameful home truths. More broadly, cancer’s ‘risk factors’ indicated that a woman’s social and psychological life was inescapably indexed to her unique physiology, and that both these aspects of womanhood were potentially dangerous.

1. A Woman’s Disease?
In the section of his ‘Historical notes on breast cancer’ focussed on the seventeenth century, Daniel De Moulin asserts that

The history of carcinoma was for many centuries mainly the history of breast cancer. Only when in the second half of the 19th century anaesthesia and antisepsis had enabled surgery to treat certain internal carcinomas as well, interest in malignancies other than those of the breast sprang into being.\(^\text{12}\)

De Moulin’s statement makes some questionable assumptions about early modern surgery, as Chapter Six will demonstrate. Nonetheless, is it true that, as James S. Olson has similarly asserted, in the early modern period, ‘breast cancer was cancer’?\(^\text{13}\) The answer, as this section and this chapter shall demonstrate, is a qualified ‘yes’. Breast cancer was certainly the predominant form in most medical accounts, for various cultural, pragmatic and medical reasons. Nonetheless, men did suffer with cancers, as well as being positioned as the ‘normal’ against which female bodies could be cast as pathological.

It has gone unremarked in the few texts dealing with early modern cancers that, rarely, men were diagnosed as suffering from sex-specific tumours – namely, of the testes (‘cods’ or ‘stones’) or penis (‘yard’). Fleeting mentions of cancers on the yard appear in several medical textbooks around the mid-seventeenth century, usually accompanied by prescriptions for the disease.\(^\text{14}\) Most

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prominently, in the early eighteenth century, John Marten (fl.1692 – 1737) asserted that ‘Swellings or Tumors on the Stones’, if not handled properly, ‘may terminate into a Cancer’. The signs of such a transformation were that ‘upon applications to it, it begins to be attended with pricking Pain, &c.’, and such cases ‘therefore must be manag'd with great circumspection and Care’. He went on to add that

a Sarcocèle or fleshy Swellings of the Stones, cause no less inconveniency; those fleshy Ruptures are caus'd from Blows, Falls, &c. causing Inflammations and Pain at first, and sometimes the Vessels and Membranes of the Stones are thereby torn, and the Blood and Nutritious Juice caus'd to stagnate and grow into a fleshy Excrecence or Substance, which sticks to one or both Stones, or to the Dartos or Membrane of the Cod. As the bruise wears off, the fleshy Substance continues, and is without Pain, hard, and increases bigger and bigger by degrees; but if it be attended with a sort of Pain and Shooting, it indicates it to be of a malignant Nature, and inclining to be Cancerous, and consequently ought not, or but very cautiously to be medled with.

Such accounts relied upon the popular belief, outlined below, that bruises could cause cancer. They are notable, however, not for indicating ‘male cancers’ as a subject area, but rather the opposite; male cancers, even when sex specific, were not viewed as allied to pathological traits peculiar to men, or to gender-specific aspects of their lifestyles. Marten’s case appeared in a text dealing primarily with venereal diseases, but it was not implied that cancer should be viewed as just reward for contracting the pox any more than for bruising one’s ‘cods’. It was simply that this was the circumstance most likely to produce a swelling that could be ill-handled. Moreover, cancer of the penis or testes was

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not generally treated, as one might expect under a ‘one-sex’ model, as
equivalent to cancer of the womb. In 1654, a republished text by Peter Levens
(fl.1552 – 1587) prescribed ‘A Water for a Canker in the Nature of a Woman, or
in the Yard of a Man’, but it was not entirely clear in this isolated example
whether the ‘canker’ was malignant or venereal. More commonly, cures for
male cancers appeared either in texts specific to diseases of the reproductive
system, or in those dealing especially with cancer, but were seemingly too
uncommon to merit mention in the pages of texts on general surgery and
physic, where remedies for dermal or breast tumours could be found in
abundance.

Only a handful of male-specific cancers were mentioned in early modern
medical texts; quite possibly because when it appeared on the genitals, this
disease was easily confused with venereal pox, which similarly produced pain,
swellings and ulcers, but also because, as I shall contend, theories about the
disease’s causation meant that medical practitioners did not expect to find
cancers here. Neither is there any evidence that when it appeared in men,
cancer was thought of as a feminising malady. Conversely, even this unusual
1703 account of a man suffering from breast cancer construed the illness in
gender-neutral terms:

_Hildanus_ ... tells of one _Poteer_, an ingenious man, who had a Cancerous
Tumour about his left Pap the bigness of a Hens Egg, with which he was

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18 On the ‘one-sex’ model, see Laqueur, _Making Sex_, especially Chapter Three, ‘New

19 Peter Levens, _The Path-Way to Health_ (London: 1654 (1587)), p. 148. This text was
republished at least four times between 1587 and 1654, but remained largely
unchanged.
troubled many years. Some Physician advised that he would try to
dissolve the Tumour and discuss it [with emollients] ... but he no sooner
had applied these to it, but a pain and inflammation arose in the part; so
that he was forced to lay that aside and come to the use of a cooling
Medicine: The pain and inflammation being allay’d, he applies the
Emollients again, but pain succeeded as formerly; and when he found by
experience, that these Emollients only raised his pains, and inflamed
him, he laid them aside, and the Patient lived a long time after in safety
and free from pain.20

The subject here is rather the inadvisability of using emollient cures than
Poteer’s gender, and the patient is approvingly described as ‘ingenious’.

Another case of male breast cancer can be found in Robert Bayfield’s 1655
*Enchiridion Medicum*.21 Once again, the account is brief and the patient is soon
cured with mild medicines. It appears that diagnoses of breast cancer in men
during this period were vanishingly rare, and were not allied to wider
pathological problems, as was often the case for women. Where female breast
cancer was, as I shall detail, frequently connected to amenorrhea, and hence to
the connection between womb and breast, the absence of the womb in men
meant that no such conclusions could be drawn. Men were on rare occasions
thought to lactate, and therefore their breasts were not always devoid of
function. The ‘milk’ emitted on these occasions, however, was thought to come
from the stomach or from blood circulating in the body, and thus had little in
common with the fraught concoction of that substance in the uterus.22 Cases of

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20 John Browne, *The Surgeons Assistant ... Also a Compleat Treatise of Cancers and
Gangreens. With an Enquiry Whether they have any Alliance with Contagious

21 Robert Bayfield, *Enchiridion Medicum: Containing the Causes, Signs, and Cures of
all those Diseases, that do Chiefly Affect the Body of Man* (London: 1655), pp. 293-
294.

breast, penile or testicular cancer in men were seemingly viewed as no more nor less allied to their broader humoral makeup than tumours which appeared anywhere else on their bodies.

The contrast between this attitude and that seen in discussion of women’s cancers could hardly have been more pronounced. In 1670, the anonymous *An Account of the Causes of Some Particular Rebellious Distempers* declared that

> Cancers are known in part by the Places they fix on, which are the Glands, tho’ they may breed in almost all parts of the Body; and this *Aegineta* confirms, who says, a Cancer may happen to sundry Places, as the Lips, Tongue, Cheeks, Womb, and other loose Glandulous Parts; but were [sic] One has a Cancer in any part besides, Twenty have them in their Breasts.\(^{23}\)

That view had been orthodox, as Luke Demaitre attests, in the medieval period, and would remain so into the eighteenth century, in which Kaartinen argues that ‘having breasts at all was the greatest risk of contracting cancer’.\(^{24}\) In 1721, for example, *An Universal Etymological English Dictionary* defined ‘Cancer’ as 'a dangerous Sore, or Ulcer; as in a Womans Breast'.\(^{25}\) Although it is impossible to determine with any accuracy how many cancers, and what kind, were diagnosed in England between 1580 and 1720, Edward Shorter has found that in parts of eighteenth-century Europe, recorded deaths from cancer were up to


nine times higher among women than men. Furthermore, non-medical texts readily adopted the paradigm of cancer as ‘of the (female) breast’. For instance, churchman Thomas Adams’ 1615 invective against thieves described them ‘as that disease in the brest, call’d the *Cancer*. In John Webster’s 1612 *The White Devil*, Flamineo described himself as ‘like a wolf in a woman’s breast’ (5.3.54), while Shakespeare’s ambiguous ‘canker’ often relied on analogy between the rose and the female body to play upon both somatic and horticultural meanings.

Cancer was thus paradigmatically a ‘woman’s disease’ in the sense that it was much more frequently identified in women, and that, as both consequence and cause of this bias, the breasts represented the ‘archetypal’ cancer site. This bias did not mean that men could not suffer with cancers, including some that were sex-specific. Where men’s cancers were generally considered the result of bad diet, bad humours, or simply bad luck, however, women’s sex-specific cancers were, as I shall describe, attributed to the peculiar pathology of the female body.

2. Breeding a tumour: cancer and female pathology

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That women were more likely than men to suffer from cancerous disease was a commonplace in early modern medical and popular understandings of the malady. Exactly why this should be the case, however, has been less extensively explored, particularly in relation to the neo-Galenic model which dominated early modern medical thought. In this section, I argue that women’s susceptibility to cancers was explained in terms of their sex-specific pathology, and in particular, their peculiar anatomy. The uterus, the female breasts, and the connection between them, provided a fertile environment for cancers to grow, flourish, and even mimic that most paradigmatically female of bodily states, pregnancy.

Arguably the driver behind all ‘feminine’ cancers, as well as a host of other female-specific disorders, was one mysterious and much-discussed organ, the womb. Fundamental to generation, and remaining ‘secret’ within the body, ‘the womb’, Katherine Park and Robert Martensen have asserted, ‘appeared as a - arguably the - privileged object of dissection in medical images and texts’. 29 Matthew Cobb and Monica Green likewise observe that unlocking the secrets of the complex female reproductive system seemed for early modern anatomists and medical practitioners a sure route to understanding the mysteries of generation more generally. 30 While they were consistently fascinated by this

30 Matthew Cobb, The Egg and Sperm Race: The Seventeenth-Century Scientists Who Unravelled the Secrets of Sex, Life and Growth (London: The Free Press, 2006);
organ, however, medical texts also reflected cultural ambivalence about the status of the womb and in particular one of its main functions, menstruation. On one hand, it was widely accepted that, as Stolberg points out, menstruation provided a system by which excess humours, gathered in the womb, could be expelled from the body, thus preventing illness.\textsuperscript{31} Haemorrhoidal bleeding in men was commonly viewed as an imitation of that process, as were periodic flows of blood from other sites such as the nose.\textsuperscript{32} On the other, however, most medical practitioners believed that women only required such a system because of the lack of perfecting heat in their bodies, which was inadequate for the full concoction or perfection of the blood.\textsuperscript{33} In Stolberg’s words, ‘the need for menstruation, not the evacuation itself, was pathological’.\textsuperscript{34}

While menstruation might be a healthy process, menstrual blood was sometimes – particularly prior to the seventeenth century – viewed as excremental and noxious, to the point that certain medical writers believed the proximity of a menstruating woman could kill plants, sour milk, and cause

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\textsuperscript{32} \textit{Ibid.} See also Pomata, ‘Menstruating Men’.
\textsuperscript{34} Stolberg, ‘Menstruation and Sexual Difference’, pp. 91-92.
\end{flushleft}
infants to become sick.\textsuperscript{35} Furthermore, throughout the early modern period, the womb was commonly viewed as an unreliable organ, prone to dysfunctions which threatened not only the woman, but her unborn children, her family, and society at large. The terms in which these dysfunctions were presented were often lurid, explicitly depicting the womb as a negative, though necessary, constituent of the feminine body, which was partly independent of the woman in whom it ‘resided’. In 1636, for example, John Sadler (1615 – 1674) wrote in \textit{The Sick Woman’s Private Looking-Glasse} – purportedly aimed at a female audience - that ‘from the wombe comes convulsions, epilepsies, apoplexies, palseyes, hecticke fevers, dropsies, malignant ulcers, and to bee short, there is no disease so ill but may procede from the evill quality of it’.\textsuperscript{36} Still more dramatically, a translated work by the French physician Jean Riolan (1580 – 1657), printed in 1657, insisted that

\begin{quote}
The womb is the Root, Seed plot and foundation of very near al womens Diseases, being either bred in the womb, or occasioned thereby.

If it be troubled with an hot distemper and inflamed, it causes intollerable burnings, the Feaver Synochos and the burning Feaver, very troublesome Itchings and finally it brings exulcerations, the Cancer and Gangraena.

If it be stung with fervent Lust, it becomes enraged, causes Uterine fury and Madness; wil not let the Patients rest, but invites them to shake and agitate their Loins, that they may be disburthened of their Seed; and at last, they become shameles and ask men to lie with them.
\end{quote}

\textsuperscript{35} See Monica H. Green, ‘Flowers, Poisons and Men: Menstruation in Medieval Western Europe’ in Andrew Shail and Gillian Howie (eds.), \textit{Menstruation: A Cultural History} (London: Palgrave Macmillan, 2005), pp. 51-64.

\textsuperscript{36} John Sadler, \textit{The Sicke Woman’s Private Looking-Glasse. Wherein Methodically are Handled all Uterine Affects or Diseases Arising from the Womb. Enabling Women to Informe the Physitian About the Cause of their Griefe} (London: 1636), sig. A5r.
Sometime it is drawn out of its place towards the sides, and is carried this way and that way, as far as the Ligaments and Connexions of the Womb wil give leave; and it wil rise directly to the Liver, Stomach and Midrif, that it may be moistened and fanned; it Causes Choaking and Stranglings, and raises terrible and violent motions and Convulsions in the Body.

In a word, the Womb is a furious Live-wight in a Live-wight; punnishing Poor women with many Sorrows.\(^{37}\)

In this description, the womb acted in ways which made clear that it had no functional counterpart in the male body, threatening the life of the afflicted woman, and disrupting familial and societal structures by inducing inappropriate lust. It was, like cancer, both of and hostile to oneself, ‘an Animal in an Animal’, imbued with a degree of sentience and, according to some, ‘Brutish understanding’.\(^{38}\) Accordingly, one common remedy for the ‘Mother’, or wandering womb, was to tempt the organ back into its proper place by holding foul smells at the nose and sweet ones under one’s skirts. Some sources even attested that the womb continued living for some time after a woman’s death.\(^{39}\)

As Riolan notes, the temperamental womb was also susceptible to cancers. Indeed, it was the only internal organ for which diagnoses of cancer were consistently, if not frequently, advanced. As described in Chapter One, cancers of the fundament or intestines appeared only very occasionally in medical texts. Cancers of the womb, however, were described in more detail in a number of writings across the early modern period, in terms which reiterated medical ambivalence toward that organ. The important visual symptoms of the disease

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\(^{38}\) Thomas Bartholin (‘published’, with possible additions, by Nicholas Culpeper and Abdiah Cole), Bartholinus Anatomy (London: 1668), p. 70.

\(^{39}\) Ibid.
described in Chapter One were obviously absent from these diagnoses, and were replaced by sensational ones including pain, amenorrhea, difficulty in urinating, feelings of heaviness and tiredness. Somewhat problematically, such symptoms were common to many renal and gynaecological conditions, not least pregnancy. To clarify the situation, Lazarius Riverius suggested that one might use ‘a Womb-perspective Instrument’ to see ‘an uneven and bunching swelling, lead-colored or black, compassed about with certain branches of Veins, as it were with roots’. In some, seemingly rare, cases, medical practitioners might manually examine patients in whom they suspected uterine cancers. For example, the physician and surgeon Edmund King (bap. 1630 – 1709), wrote in his casebook that examining a ‘Mrs Hutchinson’, who complained of constipation and pain in her groin and abdomen, he had ‘felt in vagina … noe passage bigger than to admit the end of a little finger or swan quill’. His tentative diagnosis of a tumour in the ‘cervix uteri’, however, was only confirmed by Hutchinson’s death and post-mortem.

In the absence of reliable means of internal examination, the surest sign of an ulcerated cancer in the womb, agreed upon in most medical texts dealing with this subject, was a foul ‘sanies’, or discharge. Medical practitioners dwelt at length upon this symptom. Robert Bayfield, for instance, talked of a ‘carrion-like filth’ in the womb, while Paré asserted that the disease ‘poures forth filth or

42 Sir Edmund King, *Sir Edmund King’s Casebook, 1676-96*, British Library, Sloane MS.1589, p. 297v (pagination is irregular).
matter exceeding stinking & carion-like [sic], and that in great plenty’.\textsuperscript{44} Christof Wirsung similarly described the womb as issuing ‘a blacke graene matter’, while Read labelled this matter ‘cadaverous’.\textsuperscript{45} The emphasis on these substances as unclean was more concentrated than anywhere else in discussions of cancer – it was the definitive sign of the disease, rather than an unfortunate side-effect. Descriptions of ‘filth’ emanating from the womb echoed (often misogynistic) accounts of menstruation as poisonous. In the positioning of such matter as ‘carrion-like’ or ‘cadaverous’, writers also raised the disturbing image of a disease consuming the body from the interior, such that this variety of cancer matched, more closely than any other, the common dramatic image of a flower which remained apparently whole while a canker rotted the interior.\textsuperscript{46}

Given contemporary ideas about the humoral causes of cancer, as outlined in Chapter One, the womb’s supposed susceptibility to this disease, and the language in which its symptoms were described, are unsurprising. The womb provided a sink for what Riverius described as a ‘perpetual Common-shore of Excrements’: humours which were viewed as, at best, surplus to requirements, and at worst, degraded and feculent.\textsuperscript{47} When not expelled through the menses,


\textsuperscript{46} See for example Shakespeare’s ‘Sonnet 35’, ‘Sonnet 70’, ‘Sonnet 95’, all of which describe a flower or bud which appears lovely but is inwardly consumed by moral or social ‘cankers’.

\textsuperscript{47} Riverius, \textit{The Practice of Physick}, p. 492. On debates over the nature of menstrual blood, see Paster, \textit{The Body Embarrassed}, p. 79-81.
these humours could easily accrue and stagnate in precisely the way believed to breed tumours. As such, restoring menstruation which had stopped inexplicably was described as a matter of urgency in texts dealing with all kinds of cancer in women.\textsuperscript{48} The reasons for amenorrhea were diverse, and, as described elsewhere in this thesis, sometimes environmental. One obvious factor, however, was age. Though it was not generally emphasised, Pierre Dionis and Claude Deshaies Gendron both pointed out that ‘Of twenty Women afflicted with Cancers, fifteen will be found to be aged from forty five to fifty Years, when Nature usually puts a stop to the menstrual Evacuations’.\textsuperscript{49} Diagnoses of cancer in menopausal women inevitably intersected with prevailing medical and cultural discourses which Stolberg argues positioned the menopausal woman as weak and in precarious health by dint of her cooling humours.\textsuperscript{50}

Another obvious means by which the menses might be suddenly interrupted was pregnancy. Although there is no evidence of confusion between the two

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\footnote{50 Michael Stolberg, ‘A Woman’s Hell? Medical Perceptions of Menopause in Pre-Industrial Europe’, \textit{Bulletin of the History of Medicine} 73 (1999), pp. 408-28. Churchill also points out that while menopause was not generally deemed pathological, physicians often treated irregular menstruation in women who were entering the menopause in the same manner as amenorrhea in younger women (Churchill, \textit{Female Patients}, p. 114).}
\end{footnotes}
conditions, it is notable that many of the initial symptoms of conception were
cruelly mimicked by uterine cancer. Indeed, ‘moles’, or false pregnancies, were
believed to be masses of tissue somewhat akin to tumours, though, crucially,
lacking the malignancy characteristic of cancers. More broadly, it is evident
that, following on from the attribution of zoomorphic sentience to cancers, the
disease – in the womb, but also elsewhere - could be perceived as a variety of
‘monstrous progeny’. Chapter Four discusses medical practitioners’ habit of
comparing cancerous tumours at every stage with organic objects with marked
potential for growth or generation, such as seeds, nuts and eggs. Cancers were
also repeatedly characterised as having been ‘bred’ from ill humours, and
contemporary interest in spontaneous generation, as described in Chapter
Three, vivified the long held belief that tumours might contain ‘al kynd of
humours, but also sound bodies, and straunge thinges’. Most strikingly,
throbbing pain in a tumour was sometimes characterised as pulsation. In
1583, for instance, Philip Barrough asserted that ‘About the place where cancre
is lodged, there is felt a certaine beating or pulse, and as it were a pricking:
sometime also (as Celsus saith) the tumour is a sleepe, and as it were deade’. In
this context, a cancer’s ‘breaking out’ from the body might be viewed as a
grotesque delivery which imitated the dangers of childbirth.

51 See Cathy McClive, ‘The Hidden Truths of the Belly: The Uncertainties of Pregnancy
in Early Modern Europe’, Social History of Medicine 15:2, p. 221.
52 Galen of Pergamon, Certaine Workes of Galens, Called Methodus Medendi, With a
Briefe Declaration of the Wortheie Art of Medicine, The Office of a Chirurgion, and an
Epitome of the Third Booke of Galen, of Naturall Faculties (transl. Thomas Gale)
In the case of cancer, the ambivalence traditionally present around the womb was thus particularly strong. Both the excremental and generative functions of the womb fitted with perceptions of how cancerous tumours came about, and the womb’s quasi-independence from – even hostility toward – the body in which it ‘resided’ echoed that attributed to cancer. Nonetheless, womb cancers were recorded only rarely compared to tumours in the breast. The reasons for this apparent contradiction inhered in the supposed peculiarities of female biology, the nature of the breast itself, and the practicalities of diagnosis. As Chapter One describes, medical practitioners noted the near impossibility of diagnosing internal cancers. Even the ‘sanies’ which might accompany uterine cancers were an uncertain sign, and patients may have been reluctant to consult upon (and doctors reluctant to record) a symptom which was also characteristic of some varieties of venereal pox. In any case, it was generally accepted that, while they might be palliated, there was no effective cure, pharmaceutical or surgical, for such complaints. For the early modern medical practitioner, however, disorder in the womb did not necessarily mean that a cancer would arise in that organ. Other, more easily diagnosed, spots could bear the brunt of excremental humours, and first among these was the vulnerable and desirable female breast.

According to most early modern medical textbooks, the womb was, by one means or another, connected to the breast, more directly than to any other part of the body.⁵⁵ For many writers, the connection was a simple physical one,

outlined in the seminal works of Galen and Hippocrates and confirmed by their own investigations.\textsuperscript{56} In 1657, for example, Riolan asserted confidently that

There is a great League, and fellow-feeling, between the Dugs, and the Womb, by reason of two Veins, \textit{viz.} The \textit{Vena Mammaria}, or Dug-Vein; and the \textit{Epigastrica}: and also by the \textit{Venae Thoracicae}, or Breast-Veins, which are Branches of the \textit{Vena Cava}, which in the bottom of the Belly, affords the Hypogastrick Vein unto the Womb.\textsuperscript{57}

Other practitioners supposed a different arrangement of connecting vessels, or a vaguer ‘consent’ between the two organs, but it was commonly agreed that the two ‘communicated’.\textsuperscript{58} As the anonymous \textit{An Account} observed, ‘the Breasts of Women are tender ... which upon the flowing of the Courses, that tenderness leaves them’.\textsuperscript{59} Further evidence could be found in the way that post-partum women did not menstruate, but did lactate. According to many eminent practitioners, blood which was usually surplus, and hence excreted as menses, was used during pregnancy to sustain the foetus, and was afterwards diverted to the breasts to make milk.\textsuperscript{60} As Sadler asserted in 1636, breast milk might thus be viewed as ‘nothing but the menstrual blood made white in the breasts’, having been altered by divine design in order to avoid the alarming

\textsuperscript{56} See Laqueur, \textit{Making Sex}, pp. 104-5.
\textsuperscript{57} Riolan, \textit{A Sure Guide}, p. 98
\textsuperscript{58} Browne, \textit{The Surgeons Assistant}, p. 77.
\textsuperscript{59} \textit{An Account of the Causes of Some Particular Rebellious Distempers}, p. 22.
sight of infants covered in blood. Under this model, the female breast was functionally unique; male lactation merely imitated the same process.

For those writers concerned with cancer, it was apparent that the connection between breast and womb could endanger as well as sustain life. If humours might travel from womb to breast in order to be concocted into milk, there was no reason that they could not make the same passage in their un-concocted, potentially harmful state. In 1670, An Account explained that

The Ancients observ'd, that Women were most troubled with Cancers, upon the stopping of their Monthly Visits, and that when at any time they had swellings in their Breasts, upon the provocation of that Evacuation, the swellings either sunk or left thin, from whence they concluded, that the stopping of that Course in Women, was the only Cause thereof; and this they endeavour'd to explain, by saying that the Blood, by such stoppages being not purify'd from the Atribilious Humour or Acids, which separate themselves from it, by the regular flowing of the Courses, discharge themselves upon some one of the Glandulous Parts, and those of the Breast, more generally, from the Communication there is between them and the Womb.

Whenever the menses stopped, argued the anonymous author, the readiest place for the resulting build-up of ill humours to be discharged was the breast. That conclusion was shared by medical practitioners across the early modern period, though exactly what was transported, and by what mechanism, was a matter for debate. Browne, for example, differed slightly from Riolan and An Account by arguing that the cancer-causing substance was ‘black or burnt Blood; which comes from the Womb by the Veins, which are carried upwards out of the Womb by the right Abdominal Muscles’. Some medical practitioners

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62 An Account, pp. 22-3.
63 Browne, The Surgeons Assistant, p. 77.
seemingly believed that the connective structures themselves could also
become diseased, though this view was uncommon: John Ward, for example,
recalled in his diary a conversation with Walter Needham, in which the eminent
physician informed him that in one post-mortem examination ‘hee hath seen a
string … going from the breast to the uterus. I suppose itt was the mammilarie
veins full of knotts which were cancrous, and hung much like ropes of onions’.  

Furthermore, breasts were not only rendered vulnerable to humoral ‘discharge’
by dint of their direct connection to the womb. Rather, susceptibility to absorbing
excess humours was a characteristic of the breast itself – or more accurately,
the female breast, since the flesh thereof was, as An Account noted, widely
accepted to be of a ‘Glandulous’ quality. According to the 1656 The Compleat
Doctoress, ‘The Breasts are naturally thin, spongy, or funguous, and loose; for
this reason they are apt to entertaine any crude and melancholy humours,
flowing to them either from the Matrix, or from any other parts’. The female
breasts’ ‘lax’ structure could be evidenced by palpation and anatomical
examination. They were, in most cases, and especially in the older women most
susceptible to cancers, visibly larger and less muscular than the male
equivalent, differences which were not only visually but medically significant.
Moreover, discussions of these tissues’ laxity often bore a misogynistic taint.
Large breasts, it was suggested, provided an abundance of ‘loose’ flesh in
which to breed a cancer:

64 Reverend John Ward, Diary of the Rev. John Ward, A.M., Extending from 1648 to
Archive (online resource) <http://www.archive.org> 2 March 2012.
65 The Compleat Doctoress: Or, a Choice Treatise of all Diseases Insident to Women
Large and ponderous Dugs, do hinder Breathing, by burthening the Chest. So the swelled Breathes of Ancient Virgins and married women, are liable to the same Diseases. For either by reason of a Flux of Humors or of some bruise, they are inflamed and impostumate: somtime they become Scirrhous and Knobbed as it were with the Kings-Evil, by reason of the Kernels; and then a Kernel or two, if they be movable, ought to be taken clean away, by cutting the Skin before they cleave to the Fat, the Disease encreasing and creeping on to infect other Kernels: Hence comes an incurable Cancer; Because the Dugs are ful of Kernels and spungy, and therefore ordained by Nature to receive superfluous Humors.\textsuperscript{66}

The laxity of flesh which allowed ‘superfluous’ humours to gather and form tumours was, for this 1657 text, directly indexed to two kinds of women with minimal libidinal capital, old maids and wives. Elsewhere, large breasts were deemed both ‘very unsightly’, and indicative of lustfulness, such that, as Paster contends, ‘The large breast is the female metonymy not only of age but of shame and thus of a specifically gendered form of social and bodily inferiority’\textsuperscript{67}

As The Compleat Doctress’s observation of the breasts ‘entertaining’ crude incoming humours suggests, loose and lax breasts were often thought to indicate loose and lax women, since many believed that ‘the cause of [the breasts’] greatnesse is often handling of them’ or ‘stroaking of them’.\textsuperscript{68} Both the popular Compleat Midwife’s Practice and Jonstonus, meanwhile, linked breast size and its associated dangers to greed, when they advised that women alter their diet to reduce the breasts, since ‘the lesser the Breasts be, the less subject

\textsuperscript{66} Riolan, A Sure Guide, p. 97.

\textsuperscript{67} John Pechey, Theodore Mayern (Sir Théodore Turquet de Mayerne), Dr. Chamberlain (probably Thomas Chamberlayne), Nicholas Culpeper, The Compleat Midwife’s Practice (London: 1698), p. 186; Paster, The Body Embarrassed, p. 205.

they are to be cancered’.

Once again, these bodily responses were at least partly sex-specific. Women’s inability to resist either gastronomic or sexual temptation could be ascribed to their naturally weak characters, in contrast to the self-mastery supposedly exercised by men. In addition, it was believed that older women in particular had ‘colder’, sedentary bodies in which fat was more apt to congeal and less likely to be fully ‘concocted’ into blood and spirits. In a literal sense, the female body burned fewer calories.

Medical explanations for the prevalence of breast cancer diagnoses over all other types thus engaged with wider cultural ambivalence about female breasts more generally. It is clear that breasts were sites of sexual desire, both for men looking upon them, and according to Riolan, for women too. ‘In ripe Virgins fully Marrigable’, he asserted, ‘the Dugs are firm and solid’:

They become more soft and swelling, when they are transported with a burning desire of carnal Embracements: and by how much the higher they swel without pain, and the fuller Orbe that they make, strowing and Kising one another, the greater is their desire after bodily Pleasure, and it may be guessed that they have tasted the Sweetness of Mans-Flesh.

Writing on the significance of these ‘orbs’, scholars including Angela McShane Jones and Gail Kern Paster have noted the trend for exposed breasts in

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fashionable dress during parts of the seventeenth century. Looking to art, fashion and literature, Marilyn Yalom similarly contends that ‘The meaning of the breast in Renaissance high culture was unequivocally erotic’. Exposed breasts could signal fecundity and erotic potential. Furthermore, the nipples of the breasts were occasionally compared to the head of the penis. In 1682, Thomas Gibson (1648/9 – 1722) described the female nipple as ‘of an exquisite sense,’ and resembling ‘the Glans of a Man’s Penis, in that by handling or sucking it becomes erect or stiff, being otherwise commonly laggy’. In related discourses, women were occasionally described as ‘milking’ the penis during sex, whilst breast milk was itself a remedy for male impotence. Viewing the breasts in these terms did not preclude writers or artists from also valorising their maternal function, and McShane Jones notes that noblewomen were sometimes painted bare-breasted, surrounded by their children. However, such positive representations of the breasts were strictly conditional, such that, as Margaret R. Miles observes, that organ either appeared ‘extremely perfect’ or ‘extremely bad’. To be extremely perfect, the breasts, and the individual to

77 McShane Jones, ‘Revealing Mary’, p. 44.
whom they belonged, needed to fulfil a raft of criteria. The breasts should be small, high, and youthful, promising the fertility of the bearer; furthermore, she should be modest, chaste and of aristocratic pedigree, as well as (preferably) available for marriage. Breasts which became cancerous might have, by dint of their size and age, failed the demands of perfection even prior to illness. When they became diseased, they offered a sign of illness and decay which was in stark contrast to the erotic and maternal ideals of youth, fecundity and plenitude.

The status of the female body, and more specifically, the female breast, as a paradigmatic site of cancers in this period thus depended on discourses in which ambivalence and mistrust towards sex-specific organs was long established. On one hand, the womb and the breast both possessed the mysterious power to nurture and sustain life. On the other, medical practitioners widely accepted that such generative power was bound up with women’s constitutional inability to perfect the matter of their humours, and therefore the contingency of their health on menstruation. As women approached older age, this paradox became increasingly fraught, and the womb appeared, like cancer, as both of and hostile to the body, moving around uncontrollably, and creating monstrous growth. That these concerns were transposed onto the breast reflects both contemporary beliefs about the porosity of that organ, and the pragmatic limitations of early modern diagnosis. The womb was impossible to view in a living patient, and produced unreliable symptoms. The breast, however, provided a visible, palpable site from which the destructive and constructive potential of the uterus could be read.

3. Domestic bodies: cancer and female lifestyles
Women were viewed as uniquely vulnerable to cancer, and in particular to breast cancer, for a number of biological reasons. Yet, early modern practitioners noted the obvious: not all women, menopausal or otherwise, suffered with the disease. As detailed in Chapters One and Five, several non-gendered factors were believed to influence one’s susceptibility to cancer, how fast it progressed, and if it might be cured. However, many of the elements medical practitioners identified as rendering one at risk of the disease were, implicitly or explicitly, those which linked the peculiar physiology of women to social or domestic phenomena which were either sex-specific, or affected women to a greater extent than men. This section looks at several of the most prominent: maternal nursing, sex, domestic violence and emotional trauma.

Demonstrating the indivisibility of social and biological bodily functions in the early modern period, the most widely discussed ‘risk factor’ in texts about cancer, as well as discussions of that disease in household receipt books, midwifery texts, and manuals of physic, was the thorny issue of maternal breastfeeding. Lactation, as described above, was often thought to involve the flowing of humours into the breasts for concoction into milk; a process which, in contrast to the noxious ‘discharge’ of excremental humours into that tissue, was essentially healthy. As was often the case in discussions of cancer’s cause, however, medical practitioners feared that this healthy process might, for a number of reasons, turn unhealthy. Prone to inflammatory infections such as mastitis, the lactating breast was viewed as a potentially vulnerable organ. In 1686, for example, Wiseman asserted:

[T]he Glandules through which Milk is separated may either through fault of the Ferment by which they make that separation produce divers variety of Distempers, or through an indisposition of their Pores not
permit a due percolation of it from the Blood. When any of these things
happen, there is a disturbance in the Circulation, and Fluxion doth arise,
which soon produceth a Tumour suitable to the Humour so stirr’d up. 79

Despite the iatrochemical and hydraulic terminology with which Wiseman
peppered his writing, the principles he described were the stuff of basic
humoralism: blockage, stagnation and flux. Whether the humours to create milk
came from the womb or, as was occasionally ventured, the stomach, it was
clear that once concoction had taken place, it could not be reversed. 80 Where
milk failed to find its proper place – outside the body – the body’s humoral
equilibrium therefore became unbalanced in terms of both the quantity and the
kind of matter circulating therein. Wiseman posited the failure of ‘due
percolation’ as a complex internal issue, but the social and practical implications
of his comments must have been evident to an early modern audience
consistently exposed to religious, cultural and medical debate about the
advisability of maternal nursing. As Valerie Fildes and David Harley have
documented, the seventeenth and eighteenth centuries saw a steady rise in the
number of ‘professionals’ advising this practice as preferable to wet-nursing,
though not necessarily a corresponding shift in behaviour. 81 The ‘failure’ of
upper-class women to nurse their own infants was, argues Harley, increasingly
cast as an issue of public moral and physical health, and women who ‘refused’
to breastfeed were often cast in lurid terms. For example, a 1612 translation of

79 Wiseman, Several Chirurgical Treatises, pp. 25-6.
80 On milk generated from chyle, see Gibson, The Anatomy of Humane Bodies, p. 211.
a work on childbirth by the French physician Jacques Guillemeau (1550 – 1633), asserted that there was ‘no difference betweene a woman that refuses to nurse her owne childe; and one that kills her child, as soone as shee hath conceived’.\(^{82}\)

The increased risk of breast cancer attendant upon failing to breastfeed one’s children was explicitly stated in several medical advice books, from across the early modern period, which held that milk became dangerous when it ‘curdled’ or ‘coagulated’ in the breasts.\(^{83}\) In 1671, for instance, midwife Jane Sharp (fl. 1641 – 1671) stated in blunter terms than Wiseman that

> If there be too much milk in the breasts after the child is born, and the child will not be able to suck it all, the breasts will very frequently inflame, or imposthumes breed in them; they swell and grow red, and are painful, being overstretched, where hard tumours grow: too much blood is the cause of it, or the child is too weak, and cannot draw it forth.\(^{84}\)

Notably, however, these texts did not argue for the immorality of the non-nursing mother, nor cast cancer as her ‘punishment’.\(^{85}\) Rather, they made conspicuous efforts to explain why one might not nurse, or nurse inadequately, and suggested alternative means for drawing milk from the breasts including suckling by puppies, another woman, or ‘an instrument designed for that

\(^{82}\) Jacques Guillemeau, *Childbirth, or, the Happy Delivery of Women* (London: 1612 (1st edition in French c.1609)), sig. li2v


\(^{85}\) This was conspicuously the case in some nineteenth-century texts; most notably, Maria Edgeworth’s novel *Belinda*, in which Lady Delacour believes (incorrectly) that she has breast cancer and ascribes this to her failure to breastfeed her children (Maria Edgeworth, *Belinda* (1801) (New York: Oxford University Press, 1996)).
Medical practitioners’ apparent lack of interest in blaming a non-nursing mother for her cancer was born of several factors. There was, as shall be seen later in this chapter and in the thesis, a general disinclination to assign blame for cancers. People with cancer were acknowledged to be suffering immensely and usually mortally, and attracted much sympathy. They were also, in the eyes of medical professionals, valuable paying customers. In addition, though they commonly agreed that breast cancer and lactation were linked, medical practitioners were far from univocal on whether breast feeding actually diminished or increased the risks of cancer. Shorter’s *A History of Women’s Bodies* records that, in 1798, one continental doctor complained that a ‘folkloric belief that lactation caused breast cancer’ was responsible for women’s refusal to breastfeed. That ‘folklore’ may well have been contemporary wisdom in the seventeenth century, when Riolan judged that ‘If in a Woman with Child, the Dugs are liable to Inflammation, Tumors, and Ulcers; much more are they so in a Child-bed Woman, and one that gives suck, by reason of the curdling of her Milk’. At least one anonymous household receipt book grouped together cancers of the breast with ‘nipping biting in the breasts by giving Children suck’. Several more medical writers acknowledged a connection between lactation and breast cancer, but were vague as to whether the risk was exacerbated by breastfeeding.

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87 Shorter, *A History of Women’s Bodies*, p. 244.
something of a double bind in relation to this ‘risk’ factor. Lactation, it was acknowledged, increased personal susceptibility to cancer, but how mothers might sidestep this physiological hazard by altering their behaviour was uncertain, and would remain so for decades to come.\textsuperscript{91}

Where lactation presented a biologically unavoidable risk to new mothers, the social structures which made motherhood more generally a woman’s duty were also implicated in cancer’s cause, often in contradictory ways. Marriage and childbearing almost always represented the most proper and ‘natural’ lifestyle for an early modern woman, as has been demonstrated by scholars including Lawrence Stone, Susan Amussen and Su Fang Ng.\textsuperscript{92} Texts on cancer sought neither to diminish nor support this institution, but showed how both marriage, spinsterhood, and celibacy all presented biological hazards. It was repeatedly, though infrequently, observed during this period that nuns appeared particularly susceptible to breast cancer. Dionis, for instance, observed in 1710 that ‘the Disease is very rife in Nunneries’.\textsuperscript{93} Meanwhile, Madame de Motteville remembered her mistress, Anne of Austria, as having on several occasions visited nuns ‘all rotten’ with breast cancer, recording on one occasion in 1647 that ‘The disease had so eaten away into the part on which it had fastened that

\begin{footnotesize}
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\item Kaartinen notes that in the eighteenth century ‘often it is impossible to say which was considered more dangerous, to breastfeed or not’ (Kaartinen, \textit{Breast Cancer in the Eighteenth Century}, p. 14).
\item Dionis, \textit{A Course of Chirurgicall Operations}, p. 249.
\end{enumerate}
\end{footnotesize}
we could see into [the nun’s] body’. Miles firmly identifies a popular link between nuns and cancer, arguing that breast cancer was known as ‘nun’s disease’ throughout the early modern period, and that the supposed correlation was attributed to nuns’ lack of sexual activity. Sarah E. Owens, meanwhile, has investigated incidences of breast cancer in Italian and Spanish nunneries in particular, and argues that there was a strong belief among both medical practitioners and lay people that nuns were more vulnerable to cancer. She cites the Paduan medical practitioner Barnardino Ramazzini, who attested in 1713 that ‘tumors of this sort are found in nuns more often than in any other women … Every city in Italy has several religious communities of nuns, and you seldom can find a convent that does not harbor this accursed pest within its walls’. Cancer was in these instances understood as resulting from a combination of sex-specific physiological and circumstantial factors. Simply put, lack of sex meant that a woman had no opportunity to put her ‘seed’ to use in the creation or nourishing of a child. To expel the seed (concocted blood), nuns needed to menstruate more, and if they did not, they would likely suffer with one of the many diseases caused by excess humours either collecting in and blocking up a part of the body, such as the circulatory vessels of the breast, or


stagnating and putrefying in the womb, from whence noxious vapours could affect the stomach and brain.\textsuperscript{98}

Celibacy, enforced or elective, thus presented a serious risk to women’s health. However, writings on cancer also made clear that married life – the only acceptable sphere for female sexual activity – held its own dangers. Throughout sixteenth-, seventeenth- and eighteenth-century medical texts, the tendency of cancer to follow a bruise or fall was prominent.\textsuperscript{99} Multiple medical textbooks suggested that ‘blows, strokes, punches’, ‘falls or bruises’, ‘a Blow, or some Bruise’ or ‘a fall, a stripe, a blow, a bruise’ were among the most likely causes of cancer, particularly breast cancer.\textsuperscript{100} The physiological basis for this statement was clear. Anyone looking upon a bruise could see the discoloured blood welling under the skin, and conclude that the blue, green or yellow tinge thereof represented a stagnation of melancholy and choleric humours in the part,

\textsuperscript{98} On menstrual disorders and nuns, see Green, ‘Flowers, Poisons and Men’, p. 56; McClive, ‘Menstrual Knowledge’, p. 81. Carol Thomas Neely notes that hysteria, a disease with a number of pathological similarities to cancer, was thought mostly to affect virgins, nuns and widows; see "Documents in Madness": Reading Madness and Gender in Shakespeare’s Tragedies and Early Modern Culture’, Shakespeare Quarterly 42:3 (Autumn, 1991), p. 320. Lovesickness and greensickness, associated in part with humoral flux, were also most likely to affect the unmarried woman and could often be ‘cured’ with sexual intercourse. See Lesel Dawson, Lovesickness and Gender in Early Modern English Literature (Oxford; New York: Oxford University Press, 2008), especially pp. 47-49.

\textsuperscript{99} According to Kaartinen, ‘mechanical causes’ remained prominent into the nineteenth century, though she does not identify them as referring to violence (Breast Cancer in the Eighteenth Century, pp. 17-18).

precisely the substances believed to provoke cancers. Couching this theory in mechanistic terms, later seventeenth- and early eighteenth-century authors asserted that 'Induration of the Glandules' led to the breakdown of tiny passages which allowed the healthy circulation of blood and lymph through bodily tissues, prompting a blockage. The perceived causal link between bruises and cancer was so well established that in 1729, a man was brought to court, though acquitted, for causing cancer by punching a woman in the breast on the street. Most strikingly, in 1670, An Account gave numerous examples of cancer patients whose tumours appeared after they had sustained a blow in some way:

we have instances without number, of Women that have had them [cancerous tumours] by Blows, Bruises, &c. as before we have made mention of; and as was the case of a Gentlewoman, whose Husband after a Drunken Bout was thrown into a Fever, and being delirious, upon her giving him something to drink, he hit her Left Breast with his Hand, which caus'd it to Cancerate, of which she soon after dy'd.

A poor Working-Woman, by a Blow upon her Right Breast with the Key of a Door, which she run against, had a great Pain in it that she could not Rest Night not Day; the Bruise inflam'd and Swell'd, she ran from one to another for help, till at length she was told it was a Cancer, and must be cut off.

101 Matthias Gottfried Purmann (with appended text by Conrade Joachim Sprengell), Chirurgia Curiosa: Or, the Newest and Most Curious Observations and Operations in the Whole Art of Chirurgery ... To Which is Added Natura Morborum Medicatrix: Nature Cures Diseases (London: 1706), p. 123.
103 An Account of the Causes of Some Particular Rebellious Distempers, p. 23.
104 Ibid., p. 29.
A Gentlewoman by a punch upon her Breast by a Man's rushing by her in the Street, had such a Pain, throbbing, and at length Inflammation and Swelling, that she was told it was a Cancer. Each of these cases was individually plausible, and reinforced the connection between bruising and cancer. Notably, they all involved the breast, suggesting that the damage caused by a bruise was exacerbated by that organ's 'natural' tendency to receive and absorb excess humours. Taken as a body, however, the unusual detail supplied in these stories becomes conspicuous. The gentlewoman received a blow because her husband was not only drunk, but delirious and feverish; the working-woman was hurt by the key of a door which she ran into. As Porter has observed of grotesque bodies, ‘the disclaimer doubles as an attention-seizing strategy’. These accounts actually make more visible the most likely way in which a woman could sustain 'a fall, a stripe, a blow': domestic violence.

The prevalence of spousal violence during the early modern period has been discussed at length by, among others, Garthine Walker, Elizabeth Foyster and Laura Gowing. Though they emphasise different aspects of the wide variety of activities one might characterise as abusive, they all make clear that early

105 Ibid., p. 30.
modern married women had relatively little legal protection from husbands who might mentally and physically subjugate them, including as a mode of ‘reasonable correction’. Women had no right to a separation unless the violence inflicted upon them was deemed life-threatening, and thus might find themselves in situations which imperilled their physical and mental health without legal, economic or practical means of escape.\textsuperscript{109} Not all domestic violence was spousal, and women were also known to enact violence upon servants, children and spouses. Nonetheless, male-on-female violence appears to have been more common, and seems implicit to An Account’s convoluted tales of how three women found themselves receiving blows to the chest which had nothing whatsoever to do with the dispositions of their husbands, fathers or masters. Medical practitioners’ reluctance to identify domestic violence specifically as a cancer cause is understandable, since to do so would cast aspersions on the situations of those whom they treated for the disease, not to mention their spouses.\textsuperscript{110} Writing in her diary, however, the formidable gentlewoman Sarah Cowper experienced no such compunction. On February 23, 1700, she wrote that ‘A visitor told me it was said the Lady Ang. was like to dy of an Ulcer in her Womb and a Cancer in her Breast both caused by the Barbarous Cruelty of her L[ord] ... with the utmost detestation [I] cou’d see scourged this cruel, brutish L[ord]’.\textsuperscript{111} Three years later, the dangers of a bruise, though of more benign origin, were still clearly playing upon Cowper’s mind. She admonished her coachman for neglecting to fit new wheels to the vehicle,

\textsuperscript{109} Gowing, \textit{Domestic Dangers}, p. 206.

\textsuperscript{110} Churchill draws the same conclusion in relation to medical texts’ silence on traumatic injuries to women more generally (\textit{Female Patients}, p. 50).

\textsuperscript{111} Cowper, \textit{Diaries}, p. 64.
confiding to her diary that ‘A fall is more perilous to me than many others because of the disease I apprehend in my Breast, and a Bruise there may cause a Cancer’.\textsuperscript{112}

Cowper’s assessment of ‘Lady Ang.’s ill health, clearly passed on by a gossiping acquaintance, shows the popular currency of the ‘bruise’ theory of cancer causation. It also shows how, outside medical textbooks, the physical effects of violence could not be separated from its emotional and social ramifications. Medical practitioners identified grief, anger, brooding and mourning as possibly contributing to the development of cancers in both sexes.\textsuperscript{113} Women, however, were once again at particular risk from a combination of physiology and personal circumstances. Even in normal, peaceful settings, women were thought to be constitutionally less able to moderate their emotions. Evelyne Berriot-Salvadore summarises: 'According to a tradition stemming from Aristotle and others, woman was weak, quick to anger, jealous, and false, whereas man was courageous, judicious, deliberate, and efficient'.\textsuperscript{114} Being on the receiving end of domestic abuse (emotional or physical) thus necessarily had a particularly strong and uncontrollable effect on the female sex. In women’s accounts of violent marriages, fear, as one might expect, featured strongly.\textsuperscript{115} One had to be in fear of one’s life in order to justify

\textsuperscript{112} \textit{Ibid.}, p. 71.


\textsuperscript{115} Gowing, \textit{Domestic Dangers}, pp. 208-214.
a court separation, and such an extreme of emotion might be expected to have
a damaging effect on already fragile female constitutions. A husband did not
necessarily have to beat his wife, however, in order to bring about grief, anger,
sadness and potential physical harm. Only months after recording the
‘Barbarous Cruelty’ of Lady Ang.’s husband, Cowper wrote that:

A lady of my acquaintance had a Cancer broke in her Breast ... it was
thought the result of a foul disease she got of her Hus[band], who was
known to be a Profligate man. These are sore calamity, but what gives
them inexpressible weight is that (perhaps to palliate his own crimes), he
accused her of a design (confederate with the Butler, I think it not likely)
to poison him.116

Her account bespeaks a complete breakdown of the conjugal relationship, in
which one might reasonably expect strong emotions to be in plentiful supply.
Transmission of venereal diseases was, as Gowing notes, sometimes cited as a
manifestation of ‘cruelty’ in separation cases, since it caused physical
damage.117 Moreover, cancer in this case became, while not a ‘shameful’
disease as such, a means by which the unsavoury and potentially shameful
details of one’s domestic circumstances could be surmised by others. Sources
such as Cowper’s diary are rare, but her entries suggest that some onlookers,
medical or otherwise, might have heard of a woman’s cancer and begun to
speculate about her life behind closed doors.

Conclusion

In early modern medicine and culture, it was often accepted that women’s lives
must be blighted by ill health. Because of their unstable humours, their

116 Cowper, Diaries, pp. 22-3.
117 Gowing, Domestic Dangers, p. 211.
emotional incontinence and their ‘destiny’ to bear children, women suffered from an array of sex-specific diseases. Textbooks discussing women’s health issues far outstripped similar texts about men, and underlined this sex’s status as not only fairer but weaker. The gendering of cancer as a disease to be found primarily in the female breast was largely a product of this discourse, trading on speculation about women’s mysterious anatomy and in particular the ‘secret’ womb. Cancer texts also recognised that women’s lifestyles presented several ‘risk factors’. Mindful of their market, medical practitioners were reluctant to state in print that domestic turmoil, and choices (or lack thereof) around breastfeeding and sexual activity, might predispose one to cancerous tumours. Free from such concerns, however, Cowper’s diary, providing a fascinating and rare glimpse into lay perceptions of cancer, shows that readers might be all too aware of what medical texts really meant when they described the risks of ‘grief’ or ‘blows’, and from whence the greatest risk of these arose for women – their marriages, their masters or their parents.

Cancer might also be viewed as representing the ‘pathological’ nature of women’s bodies more fully than other diseases. Cancerous tumours were both a part of the body, generated and sustained by the humours, and a hostile interloper, eating up one’s substance. This paradox closely matched that understood to characterise women’s peculiar physiology. The bodily phenomena which made women able to bear children – the womb, the ‘coldness’ of the body and the excess of humours to be voided through menstruation – were the same things which so frequently made them ill. Whilst essential to life, the womb also threatened women by acting against them in diseases such as ‘the mother’. More broadly, the generative function was a
hazardous one in its own right, since childbirth represented the most perilous event of an early modern woman’s life. In constructing cancer as a ‘gendered’ disease, early modern writers thus depicted the illness as both contingent upon, and imitative of, the double bind of women’s life-giving but dangerous bodies.
In Chapter One, I described the crab as the oldest and most pervasive zoomorphic image of cancer, bound up with the disease’s etymology and diagnosis. This creature, however, was arguably the least colourful, and certainly the least frightening, of several animals which came to be associated with cancerous disease. In this chapter, I shall argue that the most extreme and culturally resonant figurations of cancer during the early modern period were to be found in the unlikely pair of the worm and the wolf. Through examining the use of these beasts as both popular and medical images, I discuss why early modern Englishmen and women came to associate these creatures with cancer, and how the cultural freight of worms and wolves shaped, and was shaped by, anxieties surrounding this disease.

The relationship between human and non-human species in the early modern period has proven a productive field for literary and historical scholars of the last decade, though it remains under-explored within the medical humanities. Studies of the human/animal interface have often focussed on the anxieties generated by incomplete or fragile distinctions between man and beast, and on creatures which seemed to bridge the gap between the two. Taking its departure from Keith Thomas’ influential *Man and the Natural World*, Erica Fudge, Ruth Gilbert and Susan Wiseman’s edited volume, *At the Borders of the Human*, offers a collection of essays considering bestiality in humans and

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humanity in animals, of which Margaret Healy’s ‘Bodily Regimen and Fear of the Beast’ is particularly influential on this chapter. More recently, Jean E. Feerick and Vin Nardizzi’s edited collection, *The Indistinct Human in Renaissance Literature*, has sought to expand upon the topic by offering essays which dwell upon the animal, vegetable and mineral contexts of Renaissance experience, seeking an ecocritical decentring of the human subject. Ian MacInnes’ contribution to that volume, ‘The Politic Worm’, provides the most comprehensive analysis of invertebrates in Renaissance culture to date, and is discussed further in the latter half of this chapter. It is notable, however, that despite focussing closely on the worm in the human body, MacInnes does not mention the ‘worm’ of cancer or its relation to the horticultural canker-worm, an omission which seems inevitably related to current lack of scholarship on cancers in this period.

Elsewhere, scholarship on individual texts or authors has also provided insight into the rhetorical utility of animals in early modern culture, often centring on

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religious works. Karen Edwards' ‘Milton’s Reformed Animals’ provides a comprehensive collation of the occurrence and significance of animals in that poet’s work, which informs various parts of this chapter.\(^5\) Marta Powell Harley and Jonathan Wright have looked to the worm to shed light on Chaucer’s ‘Physician’s Tale’ and Reformation religious tracts respectively.\(^6\) Most significantly for this chapter, Jonathan Gil Harris’ 1999 analysis of the canker-worm in Gerard Malynes’ *A Treatise of the Canker of Englands Common Wealth* is the only literary-focused work to draw the connection between canker-worms and cancer, usefully arguing that the former lent a ‘distinct, ontological agency’ to the latter.\(^7\) As will become clear in the second part of this chapter, however, I believe the connection Harris portrays to be incomplete in many respects, and to benefit from closer attention to the materiality of the canker-worm.

Drawing from this rich critical field, this chapter focuses on two creatures consistently and often problematically associated with cancerous disease in the early modern period. My first section examines the wolf. This animal lent its

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name to certain cancers, particularly those of the lower limbs, and medical writers were quick to point out the similitude between the voracious appetites of wolves and malignant tumours. Moreover, the wolf possessed long-standing associations with ferocity, secrecy and treachery, and these were brought to bear upon constructions of cancer and cancer sufferers. The second, longer, section of the chapter considers the (broadly defined) worm, and is split into two parts addressing different aspects of the association between cancer, worms, bodies and morality. In the first part, I show how bodily cancer- or canker-worms were linguistically related to horticultural cankers. I also explore the contention of some early modern medical practitioners that cancers were nothing else but worms, eating their way through the human body, and show how this related to contemporary theories on spontaneous generation. In the second part, I ask why worms became so powerfully associated with bodily corruption. This creature was, I contend, one biblically and culturally associated with the symptoms, causes and punishments of bodily and moral weakness, vulnerability or sin.

1. The Wolf

[Thieves] lye in the bosome of the Church; as that disease in the brest, call'd the Cancer, vulgarly the wolle: devouring our very flesh, if wee will not pacifie and satisfie them with our substance.\(^8\)

In 1615, clergyman Thomas Adams (1582 – 1652) chose the twinned images of wolf and cancer to express his loathing for those who stole from the church, in a collection of three sermons entitled *The Blacke Devil or the Apostate, Together*...
with the Wolfe Worrying the Lambes, and the Spiritual Navigator, Bound for the Holy Land. Adams’ designation of cancer as a ‘wolfe’ pointed to anxieties about the destructive potential of certain godless individuals within the body of the Church. It depended on ideas about wolves formed in religious discourses, many of which spilled over into dramatic and poetic forms of writing. Moreover, the sermon recognized and reiterated the long-standing association of cancer and wolves, in which medical practitioners and popular writers variously analogised cancer with the wolf, used ‘wolf’ as an alternative name for cancer, or even believed the disease to be literally a wolf in the body. The variety of ways in which the wolf emerged as a ‘cancer animal’ reflected the range of beliefs which might arise from one potent central premise: that being devoured by an animal was an appropriate metaphor for the degeneration effected by a malignant disease.

To examine these discourses, I shall begin at the most extreme end of the spectrum of beliefs about the cancer-wolf. Here, one finds a significant, though atypical, account from the respected physician Daniel Turner (1667 – 1741), which appeared in the 1714 text De Morbis Cutaneis: Diseases Incident to the Skin.\(^9\) Turner noted that cancer, being a disease difficult to cure, attracted many tall tales about its nature and causes. Such a tale, he wrote,

\[\text{I was not long since inform’d of, by a Woman who vow’d, that in Time of Dressing, one of these Ulcers, by a villainous Empiric (a famous Cancer}\]

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\(^9\) On Turner’s career and affiliations, see Philip K. Wilson, Surgery, Skin and Syphilis: Daniel Turner’s London (1667 – 1741) (Amsterdam; Atlanta: Rodopi, 1999).
Doctor) when they held a Piece of raw Flesh at a Distance from the Sore, the Wolf peeps out, discovering his Head, and gaping to receive it.\(^{10}\)

Turner’s anecdote may seem unbelievable. Yet underlying the story of the ‘villainous Empiric’ and his patient were a complex of convictions about the nature of cancerous disease which in their most extreme form could lead to belief in the wolf of cancer as a bodily reality. Foremost among these beliefs was the observation that cancers seemed to ‘devour’ the body, growing larger whilst the patient became steadily more emaciated. This belief was fostered in part by widespread attestation of the efficacy of ‘meat cures’ such as Turner described; that is, the palliative application of freshly killed and sliced poultry, veal, kittens or puppies to a cancerous ulcer. By offering the devouring cancer a meal that was warm, fresh and appealing, it was believed, the disease could be tempted to stop eating the patient, at least for a time, and consume the meat instead.\(^{11}\)

Faith in the meat cure did not necessarily imply that one believed, like Turner’s empiric, that a wolf could literally be present in the human body. Nonetheless, the therapy sprang from, and reinscribed, an image of cancer as flesh-eating which made stories such as this one imaginatively satisfying. Meat cures were widely used, and the connection between this therapy and the cancer-wolf was long-established. In the fourteenth century, for example, surgeon Guy de Chauliac pronounced: ‘Some people appease [cancer’s] treachery and wolfish

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\(^{10}\) Turner, *De Morbis Cutaneis*, p. 76. On the construction of cancers as monstrous pregnancies, see Chapter Two.

fury with a piece of scarlet cloth, or with hen’s flesh. And for that reason, the people say that it is called ‘wolf’, because it eats a chicken every day, and if it did not get it it would eat the person’. Unlike the ‘famous Cancer doctor’ described by Turner, most early modern medical practitioners believed cancer to be wolfish in an analogical rather than literal sense. However, the association was a powerful one, which continued from the medieval period well into the eighteenth century. Dionis, for example, argued in 1710 that cancer was ‘called the Wolf, because if left to itself, ‘twill not quit [the patient] ‘till it has devoured them’, while Turner, despite scoffing at the notion of cancer as literally a wolf, freely admitted the resemblance between this creature and the disease, explaining that ‘If it seize upon the Legs and Thighs, it is termed Lupus, the Wolf; for that it is, say some, of a ravenous Nature, and like that fierce Creature, not satisfy’d but with Flesh’.

Medical practitioners thus clearly and consistently made the connection between the devouring behaviour of the wolf and the progress of malignant cancers. Furthermore, that connection was so appealing that ‘Wolf’ was used as a synonym for cancerous disease from as early as the thirteenth century. Indeed, the term became so established that some seventeenth-century authors even complained about the indiscriminate use thereof. In his 1686 *Several Chirurgical Treatises*, for example, Richard Wiseman grumbled that ‘our vulgar

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language useth the name of Wolfe in a large sense’, and not, as he would have it, only to denote cancer on the legs.\textsuperscript{15} Often, but by no means exclusively, practitioners did employ this criteria, using ‘Wolf’ to mean cancer of the legs and thighs. Why this should have been the case remains unclear. It may have been a reflection of the hunting patterns of the wolf, leaping for the back legs of its prey. It may also have been a simple case of utility to find another word for these leg cancers, since the disease was, as seen in Chapter Two, so strongly associated with women that the word ‘cancer’ often held an unspoken suffix ‘of the breast’.

The use of the cancer-wolf image in early modern discussions of cancer was widespread and sustained. Perhaps unsurprisingly, then, it did not only depend on medical practitioners’ observation of the similitude between devouring creatures and wasting disease. In non-medical writing, and particularly in religious and moralistic texts, the wolf was often connected with anxieties about human frailty and integrity. Such fears are most visible in the rhetorical uses of that animal in the Bible, a source which was well known to virtually every early modern English citizen. Genesis 49:27, for example, threatened that ‘Benjamin shall ravin as a wolf: in the morning he shall devour the prey, and at night he shall divide the spoil’, while Jeremiah 5:6 and John 10:12 depicted the animal in similarly fearsome terms. Throughout such representation, the image of the wolf as a ravenous beast preying upon the faithful flock was foremost: Ezekiel 22:27 compared the princes of the corrupt house of Israel to ‘wolves ravening the prey’. As well as savage power, the wolf was associated with deceit and false

appearances. Matthew 7:15, for instance, advised the faithful to ‘Beware of false prophets, which come to you in sheep’s clothing, but inwardly they are ravening wolves’. As a creature both fierce and hard to discern, the biblical wolf thus had clear parallels with malignant, intractable cancerous disease.

In the often febrile religious climate of the early modern period, biblical images of the wolf as a fearsome and deceitful predator remained powerfully relevant for many writers of religious or moral polemic. In his 2010 Animal Characters, Bruce Thomas Boehrer identifies the wolf as a popular symbol of deception in early modern culture, augmented by the presence of three wolf fables in William Caxton’s influential 1483 edition of Aesop. Furthermore, the continued presence of wolves in many Catholic countries after their extinction in Britain in the fifteenth century, and the omnipresent threat of their return to native shores, made this creature a ready metaphor for the perceived Popish threat. In the seventeenth century, Edwards notes that ‘The figurative wolf in Milton's works consistently represents those with Romish allegiances or inclinations, promoters of superstition, arch-hypocrites, and rapacious predators’. Milton, she argues, seemingly aligned those church-destroyers with Romish churchmen who lived luxuriously whilst members of their congregation starved.

Arguably as important as this geographical context, however, was the way in which biblical stereotypes of the fearsome and deceitful wolf, which had

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17 Ibid., pp. 277-8.
19 Ibid., pp. 277-8.
contributed to the casting of that creature as a ‘cancer animal’ in the first instance, were revitalised in early modern texts with reference to the wolfishness of cancerous disease. In the late sixteenth century, for instance, the popular preacher Henry ‘Silver-tongue’ Smith (c.1560 – 1591) drew upon moralistic and medical writings when he informed his congregation that ‘[covetousness is] … like the disease which we call the Wolfe, that is always eating, and yet keeps the bodie leane’.\(^{20}\) This rhetoric inevitably spilled over into secular writings. For example, a moralistic poem by seventeenth-century poet Charles Cotton (1630 – 1687) directly echoed Smith when characterising ambition as ‘the minds Wolf, a strange Disease, / That ev’n Saciety [satiety] can't appease’ (‘Contentment’ l.51-2).\(^{21}\) By evoking the image of the body eaten from the inside, such texts played to an anxiety also identified by Erica Fudge in relation to lycanthropia (werewolves). Writing about lycanthropia, argues Fudge, often dwelt on the humanity or otherwise of the werewolf, debating the disturbing possibility that the creature, being without conscience, was temporarily inhuman (tellingly, inhumanity also extended to atheists, and sometimes Catholics).\(^{22}\) Tales of the eating cancer-wolf likewise conjured an image of the wolf undermining, then taking over, the body, this time in an abiding physical sense. Moreover, as Fudge recognizes, lycanthropia was from the late sixteenth century commonly viewed as a delusion brought on by


\(^{22}\) Fudge, *Perceiving Animals*, pp. 51-55.
melancholic madness. From spiritual, psychological and physical perspectives, wolves were consistently associated with the extinction of the self.

The uses of the ‘cancer-wolf’ in both medical and ‘literary’ early modern texts show clearly that this image was one shaped by literary and religious, as well as medical, discourses. For medical practitioners, the wolf was an appropriate metaphor for malignant disease, and a widely-used piece of cancer terminology. On very rare occasions, it was even a ‘real’ bodily interloper. Poets, playwrights, moralists and clergymen, meanwhile, found in the cancer-wolf an image well established enough to be bent to diverse purposes, underpinned by biblical rhetoric and vivified by contemporary medical doctrine. For all groups, the wolf and cancer were images which readily coincided to describe deception and threat, since both wolves and malignant tumours were characterised by their ability to remain hidden while wreaking destruction. Furthermore, both the wolves described in preachers’ sermons and those delineated in medical textbooks threatened to undermine one’s humanity, whether spiritual or physical. While the cancer-wolf image never achieved the scientific credibility or cultural saturation of the cancer-worm, its repeated and varied use across genres demonstrates the degree to which early modern people apprehended cancer as a vicious, ravenous and unpredictable threat.

2. The Worm
   i. Cancer-worms, science and medicine

If the wolf represented the devouring force of cancer, the worm – by which I mean the variety of caterpillars, centipedes, maggots and worms that seem to

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23 Ibid., p. 54.
function in the same way in early modern medical texts – made manifest a more insidious variety of malignancy. The image worked in a broadly similar way, with worms imagined as literally involved with cancer, and employed as analogies for the disease. However, the worm proved a more popular zoomorphic image, and one with quite different rhetorical associations.

The cancer-worm differs most conspicuously from the cancer-wolf in the extent of linguistic entwinement between disease and creature. Where the term ‘wolf’ was adopted by medical practitioners because the animal that word describes behaved similarly to a devouring cancer, the cancer-worm concept similarly originated from perceived creatural similitude, but then ‘evolved’ into a term – canker-worm – which came to designate both cancer-causing parasites and horticultural pests. At one level, the logic behind this evolution is clear. Both bodily and horticultural canker-worms clearly shared a *modus operandi*: namely, consuming the subject (plant or human body) while remaining hidden from view. Harris has briefly described this connection in “'The Canker of England’s Commonwealth’”. Notions of cancer as having ‘ontological agency’, he argues, ‘doubtless contributed to the emergence in the fifteenth century of the term 'canker worm' or simply 'canker', to designate a parasitic caterpillar that

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24 On indistinction between varieties of invertebrate in early modern texts, see MacInnes, 'The Politic Worm', especially p. 256.
25 Curiously, both the canker-worm as horticultural pest and the cancer-worm as disease agent are absent from Sujata Iyengar’s entry on ‘canker’ in her *Shakespeare’s Medical Language: A Dictionary*, 2 vols. (London; New York: Continuum, 2011), vol. 1, pp. 51-54. This absence seems crucial to her more general downplaying of the ‘ontology’ of cancer, as discussed in Chapter One.
destroys plants by eating their buds and leaves’. In the following century, he contends,

Through a process of reverse influence, 'canker' the parasite arguably began to affect popular perceptions of 'canker' the disease … Instead of implying an internal humoral disorder, the now multivalent 'canker' more readily suggested a hostile, even foreign organism; the slippage is evident in Shakespeare's sonnet 99, where he wishes of the fair youth that 'growth/ like a vengeful canker eat him up to death'. This perception was to gain medical legitimacy in the seventeenth century, when the German pathologist Daniel Sennert proposed that cancer was a communicable disease derived from an 'external contagion' – an attitude that was in large part responsible for European hospitals refusing admission to cancer victims well into the nineteenth century.

Harris’ analysis focuses on the use of ‘canker’ in economic and dramatic, rather than medical, texts, and contends that during the early modern period, cancers became perceived as ‘distinct, hostile organisms, extraneous to the body rather than produced by it’. His model of reciprocal influence between horticultural and medical terms, facilitated by rhetorical uses of ‘canker’, is undoubtedly astute. Nonetheless, that model may flatten the full complexity of this exchange by underplaying medical sources. As evidenced below, the perceived biological peculiarities of worms in the early modern period allowed for a model of cancer-worm that might be ‘distinct’ from the body without being an external agent in the way Harris describes. Indeed, medical practitioners never identified the cancer-worm as entering the body from outside, and belief in the inter-personal spread of cancers was, as Chapter Four discusses, highly atypical in this period. In other words, it was not simply the case that the linguistic development

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27 Ibid.
28 Ibid., pp. 317-8.
of a horticultural ‘canker-worm’ in the fifteenth century single-handedly effected the conceptual development of cancer-worms. As I shall demonstrate, biblical, cultural and scientific discourses all had a significant, and hitherto unexplored, role to play.

In order to examine the cancer-worm concept in more detail, one may begin, as with the wolf, at the ‘extreme’ position of imagining this creature to have literally taken up residence in the body. In this case, however, and for reasons which shall become clear, this position did not represent the end of a spectrum of beliefs, but rather occupied a central location. Although they represented what they had seen in various ways, many medical practitioners across the early modern period firmly believed that they had witnessed worms living in, and being extracted from, cancerous ulcers. In 1687, for example, the ‘irregular’ medical practitioner William Salmon (1644 – 1713) reported that:

A certain Emperick did cure many Cancers by this one medicine: He took Worms, called in Latin centum pedes, in English Sowes; they are such as lye under old Timber, or between the Bark and the Tree. These he stamped and strained with the Ale, and gave the patient to drink thereof morning and evening. This medicine caused a certain Black Bug or Worm to come forth, which had many legs, and was quick, and after that the Cancer did heal very quickly with convenient Medicines.  

Unlike the story of the wolf discovering its head from within an ulcer, Salmon’s anecdote went into detail about the emerging creature and its normal habitat. He took pains that every reader should understand that his description corresponded to what they had seen for themselves under rocks and in damp logs. That specificity brings to life the emergence of cancer from the dank, dark places of the body, offering the reader a vivid image of the disease’s progress which was, as discussed below, in line with both biblical and contemporary scientific discourses, and thus adding to the credibility of the account.

Interestingly, this passage was an almost verbatim repetition of a tale from D. Border’s *Polypharmakos Kai Chymistes*, published in 1651. The 36-year gap between the two testifies both to the power of this image and to the way in which knowledge circulated between texts apparently very distant from one another, though the origin of the anecdote remains obscure.

Salmon’s story was unusual in offering such a detailed image of a mobile creature which emerged whole from the ulcer, but the premise of his story was a credible one, which materially influenced therapy for cancers. In both printed medical texts and manuscript receipt books, cancer remedies repeatedly promised to ‘slea the worme’, with ‘Mrs Corylon’ graphically suggesting that an application of plantain, ribwort, scabious and butter could tempt worms from a cancerous sore, so that one might ‘plucke [the dressing] awaye sodainlye and it

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30 ‘Sow’ was used from the thirteenth century as a term for woodlice: see “sow, n.1”. *OED Online* <http://www.oed.com>, March 27 2013.

will drawe wormes out of it'.\textsuperscript{32} Other practitioners, both lay and professional, employed crushed and powdered invertebrates of various kinds in their cancer remedies, clearly seeking to effect a cure by sympathy, or ‘like against like’.\textsuperscript{33} Moreover, unlike tales of the wolf emerging from the body, belief in cancer as \textit{literally} a worm (or worms) was not necessarily considered unscientific, but seems in some cases to have been absorbed into theories of cancer as espoused by the period’s most eminent practitioners. In 1714, Turner, who had related (and discounted) the extraordinary story of the cancer-wolf, vigorously asserted the existence of cancer-worms:

That not only Worms of sundry kinds, but other living Creatures are found in our Bodies (however they come there) is too notorious to want Proof: Nay, that our Blood is full of them, that most of our Diseases take Rise from them, more especially the Cancer, Itch, Ringworm, &c. has been asserted by learned Men.

I have more than once, saith \textit{Borellus}, seen upon the Plaisters taken from Ulcers, little Animals like waxen Mites, whereof not only the Figure but the Motion was discoverable: Thus are we held saith he, of many Diseases which come from invisible Animals, to be perceived only by the Microscope.

The famous \textit{De Mayern} takes Notice also, that he observ’d in the cancerous breast cut from a Woman, some Thousands of Worms; hence follows the Remark that perhaps the Progress of the Corrosion is

\textsuperscript{32} A.T., \textit{A Rich Store-House or Treasury for the Diseased. Wherein, are Many Approved Medicines for Divers and Sundry Diseases, which have been Long Hidden, and not Come to Light Before this Time} (London: 1596), pp. 41-2; Mrs Corylon, \textit{A Booke of Divers Medecines} (1606) Wellcome Library MS.213, p. 141r. See also: Elizabeth Sleigh and Felicia Whitfeld, \textit{Collection of Medical Receipts} (1647-1722) Wellcome MS.751, p. 5; Sarah Hughes, \textit{Mrs Hughes Her Receipts} (1637), Wellcome MS.363, p. 55r; Johanna St John, \textit{Johanna St John Her Booke} (1680), Wellcome MS.4338, p. 14.

\textsuperscript{33} See Chapter Five.
sometimes stopt, by applying the Flesh of a Chick, to which these Animals stick, leaving the coarse for the finer Food.\textsuperscript{34}

Turner appealed to new and old medical scholarship in this passage. Belief in the profusion of tiny ‘living Creatures’ in the body was undoubtedly augmented by the use of that relatively new and exciting technology, the microscope, which allowed one to perceive a world of organisms invisible to the naked eye.\textsuperscript{35}

Meanwhile, the time-worn popularity of the ‘meat cure’, as described above, seemed to provide practical affirmation of the existence of eating creatures in cancers. As Turner relayed, the cancer-worm theory was thus ‘notorious’ among ‘Learned Men’, such that at the turn of the eighteenth century, the *History of the Works of the Learned* took it as common knowledge that ‘A Cancer is a Mass of little Animals that are bred in the Flesh’.\textsuperscript{36} Even the most comprehensive works on cancer, such as Dionis’ *A Course of Chirurgical Operations*, gave credence to the cancer-worm theory, noting that:

Some believe, that the ulcerated Cancer is nothing else but a prodigious Multitude of small Worms, which by little and little devour all the flesh of the part: What made room for this Opinion, is, that with the Microscope we have sometimes discerned some of these Insects in Cancers; and that putting a bit of Veal on the Ulcer, the Patient has felt less Pain; because, say they, these Worms then feeding on the Veal, leave the Patient at rest for some time.\textsuperscript{37}

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\textsuperscript{34} Turner, *De Morbis Cutaneis*, p. 158.
\textsuperscript{37} Dionis, *A Course of Chirurgical Operations*, p. 249.
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Turner, Dionis, and the History’s descriptions of a ‘multitude’ of worms in the flesh highlight the possible origins of the cancer/worm connection. Many early modern citizens would have witnessed at first hand the consumption of carcasses or rotting meat by maggots, and the above descriptions seem to align the cancer patient with these objects. It is also entirely possible that cancer patients with extensive and poorly treated ulcers did find their wounds to become infected with fly larvae, so that worms could be seen at the site of the disease, microscopically or with the naked eye. Indeed, MacInnes contends that during the early modern period, worms in humans, intestinally and in wounds, were ‘not pathological, or even unusual, but an expected occurrence’.  

Furthermore, contemporary experiments in biology affirmed the potential of worms to appear in the most unexpected places. MacInnes and Matthew Cobb have separately demonstrated that well into the eighteenth century, it was widely believed that worms could be spontaneously generated by organic matter including plants, mud, manure, hair, wood, flesh and even dew. Accordingly, reports circulated of such creatures appearing, post-mortem, in the body’s innermost chambers. In reply to a report of a worm being found in a


man’s heart, the Italian surgeon Marcus Aurelius Severinus (1580 – 1656) wrote to English physician John Houghton that:

> when there is the proper amount of basic substance, the energy of an effector in a place particularly suitable, and natural inducements for the generation of life, suddenly a creature will result and come into existence, a living creature, I mean, not merely a semblance actually without life.

The author argued that this creature must be considered a plant rather than a sentient being, since ‘it is against nature for a mobile animal to be introduced into the highest visceral throne’. Nevertheless, the principle of the animate worm or other creature generated by and living in the body was clearly a popular and imaginatively compelling one for lay audiences as well as medical practitioners. In 1658, for example, a vernacular translation of *The Theater of Insects*, by Thomas Moffett (1553 – 1604) was appended to Edward Topsell’s popular book of zoological observations, *The History of Four-Footed Beasts and Serpents*. Containing some medical material, but clearly intended to entertain and educate a mixed readership, it devoted seventeen pages exclusively to the consideration of worms in living human and animal bodies, asserting confidently

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41 Ibid., p. 316.

that worms could breed in numerous spaces of the body including the heart, and moreover, that they might be spontaneously generated from the humours.\footnote{Moffet, The Theater of Insects, pp. 1100-1106.}

Still more sensationaly, a text by ‘R. Clark’, first published in 1661, and entitled 
\textit{Vermiculas Destroyed, with an Historical Account of Worms}, provided numerous examples of worms found in all parts of the human body, some of extraordinary size or with features such as forked tails.\footnote{R. Clark, \textit{Vermiculas Destroyed, with an Historical Account of Worms, Collected from the Best Authors as well Ancient as Modern, Proved by that Admirable Invention of the Microscope} (London: 1690). An advertisement for this text shows that it was first printed in 1661, though no extant copy remains. It was reprinted at least four times until 1691.} The author also provided readers with instructions for seven experiments via which they could see for themselves the extraordinary ability of worms to be generated from meat, dead snakes, leaves, wood, dust and skin.\footnote{\textit{Ibid.}, pp. 11-14.} In 1668, William Ramesey’s \textit{Helminthologia} similarly described a variety of worms, of diverse shapes and sizes, which could be found in human bodies everywhere from the brain to the toes.\footnote{William Ramesey, \textit{Helminthologia, or, Some Physical Considerations of the Matter, Origination, and Several Species of Wormes Macerating and Direfully Cruciating Every Part of the Bodies of Mankind} (London: 1668).} Such texts indicate that, as in the medical community, public interest in worms was piqued by the popularisation of microscopy in the mid-seventeenth century.\footnote{Wilson, \textit{The Invisible World}, pp. 70-80.} However, as I argue below, they may also be viewed as part of a wider and much older fascination with body-worms in medicinal contexts.

Contrary to Harris’ assertion that cancer-worms necessarily appeared as external agents entering the body from without, both imaginative and medical
literature thus suggests that early modern readers appreciated some varieties of body-worms as, in MacInnes’ terms, ‘something latent within the very thing being consumed … in a real sense, part of the individual’. In large part, this notion was built on empirical foundations, and in particular the rise of microscopy. Underpinning and working alongside these observations, however, were another set of assumptions. Bodily worms in general, and cancer-worms in particular, were creations of a rich cultural and religious history which positioned that creature as variously a cause, a symptom, and a punisher, of weakness and sin.

ii. Worms and corruption in religion and culture

And if thine eye offend thee, pluck it out: it is better for thee to enter into the kingdom of God with one eye, than having two eyes to be cast into hell fire:
Where their worm dieth not, and the fire is not quenched.
For every one shall be salted with fire, and every sacrifice shall be salted with salt. (Mark 9:47-49)

And they shall go forth, and look upon the carcases of the men that have transgressed against me: for their worm shall not die, neither shall their fire be quenched; and they shall be an abhorring unto all flesh. (Isaiah 66:24)

In the Bible, worms – perhaps more than any other creature – appear poised to undermine humans’ fragile dominion over nature and misplaced ideas of their own self-importance. Canker-worms may strike at any time to destroy crops and bring about famine. King or pauper, when one dies, ‘the worm is spread under

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48 MacInnes, ‘The Politic Worm’, p. 263.
49 Interestingly, both the King James Bible (1611) and the Geneva Bible (1560) translate Joel 1:4 and 2:25 as featuring a ‘cankerworm’ which is absent from the same passages of the 1539 Great Bible. In turn, the King James Bible translates as ‘cankerworm’ in Nahum 3:15-16 the pest which appears as ‘locust’ in earlier versions
thee, and the worms cover thee’ (Isaiah 14:11). Moreover, as is seen above, the worm could take on an active role as the punisher (and occasionally the cause) of humanity’s sins. According to the scriptures, the undying worm of conscience endlessly tortured the souls of those who angered God. It also provided generations of clergymen with a vivid punitive image to impress on their congregations.

From as early as the fourteenth century, it is clear that religious writers seeking to represent the moral tortures of the worm of conscience viewed that creature as analogous to worms which lived in, and gradually devoured, the physical body. Writing on Chaucer’s ‘Physician’s Tale’, Harley finds the worm to have been ‘frequently invoked in the fourteenth and fifteenth centuries ... consistently regarded as an agent of severest torture’. Medieval churchmen warned that ‘the “curselyngs ... shuln be cast doun into helle ... Venemous wormes and naddris [adders?] shul gnawe alle here membris withouten seessyng, and the worm of conscience … shal gnawe the soule”’. Like a cancer, these ‘Venemous wormes’ ate one from the inside, and the trope persisted, complete with this stress on internal consumption, into the early modern period. Jonathan Wright, for example, identifies the worm of conscience as an image commonly used in relation to religious conformism during the Reformation, and cites in support John Abernethy’s *A Christian and a Heavenly Treatise* (1622), which held that ‘[conscience causes] the heart to be pricked and to smite itself:

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including the Geneva, perhaps indicating a greater investment in that term as time wore on. A reference to cancer as a disease in 2 Timothy 2:17, however, remains stable throughout all three versions, as well as the 1526 Tyndale New Testament.  

and like a worm to gnaw the heart, stirring up ... fear and our own thoughts to trouble and affray. Still more gruesomely, a 1691 hymn by the Particular Baptist preacher Benjamin Keach (1640 – 1704), invitingly titled 'No Light, But Darkness There Doth Dwell', provides an excellent example of the conscience-worm in action. As a text which lived or died on the strength of its appeal to a mixed audience of early modern churchgoers, Keach’s hymn drew upon the full, grisly force of the worm metaphor:

Here meets them now that Worm that gnaws,  
And plucks their Bowels out;  
The pit too on them shuts her Jaws,  
This dreadful is no doubt.  

This ghastly Worm is guilt of sin,  
Which on their Conscience feeds,  
With Vipers Teeth both sharp and keen,  
Whereat it sorely bleeds.  

This Worm is fed by memory,  
Which strictly brings to mind  
All things done in their Body here,  
As we in Scripture find.  

Their Conscience is the Slaughter-shop,  
There hangs the Axe and Knife;  
’Tis there the Worm doth them torment,  
With most egregious strife. (l.13-28)

This worm moved easily between literal and analogical kinds of torture, at one moment figuratively gnawing the conscience, and at the next literally consuming

53 Benjamin Keach, ‘Hymn 146: No Light, But Darkness There Doth Dwell’ from Spiritual Melody (1691).
the sinner’s entrails. Indeed, while it purported to describe a metaphysical scenario, the sheer corporeality of this text, replete with blood, bowels and carcasses, is striking. It is the ‘Body’ that is the arena for sin and its redress; corporeality is both the motivating force for misdeeds and the means by which they are punished. The above excerpt, titled ‘Hell a bottomless pit’, functioned as the culmination of a trio of similarly gruesome sections. Rather akin to some medical writings on cancer, the whole ten-stanza passage dwells obsessively on the inevitability of suffering and death for the doomed subject, asserting that ‘without stay they always sink, / Thus fainting till they fail’ (l.9-10) and ‘They sooner may drink up the Sea / Than shake off these their fears’ (l.29-30). In a way horribly apposite to the real experience and mortality of cancer or parasitic disease, Keach thus employed the image of a bodily worm to denote tortures that were inescapable because they originated inside oneself. Also striking is that, almost as much as physical pain, the fearsomeness of this creature inhered in its potential to expose what should be hidden, thus proving itself ‘keen’ both in the sense of the penetration effected by its jaws, and in its ability to see, and to reveal to others, the interior rottenness of the victim.

Notably, Keach’s conscience-worm was able to effect such grisly physical punishments because it possessed ‘Viper’s teeth’. This association between worms and snakes was common in the early modern period. Both medical and literary authors frequently used the terms ‘worm’ and ‘snake’ interchangeably, or described worms as ‘viperous’, venomous, or serpent-like. Moreover, the

connection between worms and snakes inevitably had implications for how the cancer-worm would be perceived. On the most basic level, snakes had sharp and visible teeth, and associating snakes and worms thus lent extra bite (quite literally) to descriptions of the latter creature, particularly since, as Edwards describes, it was 'endlessly debated' during the early modern period whether 'young vipers gnaw at birth through their mother's entrails'.\(^{55}\) As Chapter Four will demonstrate, a number of contemporary medical practitioners also argued that cancer spread through the body by producing a kind of venom or poison similar to that of a snake. Furthermore, Gordon Williams has shown that the worm, which he describes as 'synonymous with *Snake*', was commonly used as a byword for the penis in early modern literatures.\(^{56}\) Given that cancer was sometimes characterised as a monstrous pregnancy, and was believed by some medical practitioners to result from venereal infection, it seems clear that the 'semantic freight' of both worms and serpents was brought to bear upon conceptualisations of cancerous disease.\(^{57}\)

Early modern texts from polemic to poetry and medical advice clearly drew from biblical tropes surrounding bodily worms, and refigured those tropes according to their own beliefs, influences and agendas. Before I consider the overall impact of zoomorphism on conceptualisations of cancer, however, it is worth

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\(^{57}\) This phrase is borrowed from Gil Harris, “The Canker of England’s Commonwealth”, p. 318.
considering just how enduring the human fascination with bodily worms might be. In an article on the supposed presence of worms, newts, snakes and frogs in the body, Bennet argues that such creatures have, for over 400 years, provided a 'language for sickness'. Indeed, she contends, that language continues to the present day, as evidenced by the Western public's fascination with human parasites. However, Bennet understates the antiquity of this fascination. If we look to discussions of pre-Christian syntactic and linguistic forms, it is evident that fascination with worms in the body, and as a source of sickness, was not exclusive to Judaeo-Christian cultures. Thomas R. Forbes' investigation of early medieval folk medicine, for example, cites charms which are clearly adapted from pre-Christian forms, and seek to drive the worm from the body. Looking even further into history, Watkins' How to Kill a Dragon discusses at length both the place of the dragon-slaying myth and its use within a medical context across Proto-Indo-European (PIE) language cultures. With the dragon, as Watkins explains, linguistically and imaginatively transformed into the serpent or worm, 'slaying the worm' in medical terms became a 'mythographic basic formula' across a number of PIE languages – all of which,

of course, far predate the early modern period.\textsuperscript{61} This formula, frequently expressed through healing charms or poetics, tended to focus upon the ‘expulsion’ of the worm creature.\textsuperscript{62} Furthermore, the formula was linked to another which translates as ‘overcoming death’, such that, as Benjamin W. Fortson summarises, ‘the words used as a vehicle for the serpent-slaying myth ... [encapsulate] not only that myth, but a whole complex of cultural notions pertaining to the slaying of (or by) a monstrous opponent, the struggle of order against chaos, and rebirth’.\textsuperscript{63} More work remains to be done on the translation of pre-Christian motifs of illness into Christian contexts, but it appears that, even unconsciously, those early modern writers who employed the worm image accessed a tradition of healing poetics and anxiety about bodily worms that was older than even they may have realised.

Conclusion

Zoomorphic characterisations of cancer provided early modern writers with a memorable and flexible mode for imagining a disease which seemed to devour the body in which it was situated. The most extreme iteration of cancer’s ‘creatatural’ qualities was, as we have seen, the belief that this disease literally consisted of a worm or wolf present in the body. Interestingly, it appears that this view of cancers as ‘parasitic’ did not preclude an understanding of the disease as humoral in origin. Even those writers who indicated that they believed cancer might literally consist of creatures inhabiting the body also

\textsuperscript{61} Watkins, \textit{How to Kill a Dragon}, especially Chapters 57 and 58.

\textsuperscript{62} \textit{Ibid.}, p. 523.

wrote of the role of melancholy and *atra bilis* in causing cancerous tumours.

This ability to subscribe to two seemingly opposed theories of pathology may be viewed as a facet of the broader intellectual flexibility which allowed early modern medical practitioners, as my Introduction suggests, to assimilate aspects of Paracelsianism into medical models which remained broadly humoral. Further along the spectrum, both medical and non-medical writers seized upon these creatures’ devouring activities as an apt analogy for the terrifying experience of degenerative disease, drawing as they did so upon the cultural freight that had surrounded images of the worm and wolf for hundreds, even thousands of years.

It is easy to see how those confronted with a deteriorating patient and a growing tumour concluded that the latter was quite literally eating the former. As explored in the coming chapters, this conclusion materially influenced how medical practitioners treated people with cancer and shaped dramatic, politic and poetic renderings of that disease. Through zoomorphism, cancer would be viewed as more hostile than other equally mortal diseases, an evil to be expelled from the body at almost any cost. What makes the worm and wolf images particularly interesting, however, is that they are not simply distillations of the ‘devouring’ trope. Rather, the biblical, imaginative and scientific freight attached to those creatures allowed them to combine – albeit sometimes uneasily – the image of an external creature attacking the body with the sense that the attacked person was in some form responsible for the generation and sustenance of that ‘creature’. It was this tension between internal and external which made worm and wolf images such a rich vein of poetic inspiration, and which we shall continue to see at work throughout this thesis.
4. **Cancerous growth and malignancy.**

malignant, adj. and n.

1. a. Disposed to rebel against God or against constituted authority; disaffected, malcontent. *Obs.* 1542—1659 (…)

2. Evil in nature and effects; baleful, harmful, gravely injurious. Formerly also of material substances, plants, etc. … poisonous, deleterious (*obs.*). 1564—1977

3. a. Originally (of a disease): potentially fatal; extremely severe; exceptionally contagious or infectious; incurable. Now chiefly (of a neoplasm): having the property of uncontrolled growth, with loss of differentiation, invasion and destruction of local tissue, and (often) metastasis to distant sites (…) 1568—1993…

4. a. Characterized by malignity or intense ill will; keenly desirous of the suffering or misfortune of others. 1592—1988.¹

Early modern writers on cancer variously framed the disease as a humoral imbalance, a monstrous progeny or an invading worm. On one thing, however, they were universally agreed. Cancer was characterised, even defined, by malignancy. Moreover, as the above definition from the *Oxford English Dictionary (OED)* indicates, ‘malignancy’ was in this period a term with religious, social and political significance, of which the biological phenomenon of uncontrolled growth was only one part. In this chapter, I shall examine how cancer was constructed as malignant in medical, political and cultural discourses. Early modern medical practitioners were, I argue, keenly aware of cancer’s ‘malignancy’ in what we might call a clinical sense; that is, the ability of cancerous tumours to grow and metastasise. To explain this disturbing ability,

some writers turned to biomechanistic disease models, attempting to rid cancer of its mystery. In early modern parlance, however, cancer's ability to spread was commonly viewed as a facet of its ‘malignant’ nature, not the sum thereof. In the interchange between medical and politic or polemic texts, one sees malignancy constructed as the cruel and evil driving force which impelled cancers, in the individual or the state, to overspread that body.

At present, little scholarship exists on the meanings of ‘malignancy’ in the early modern period. Unlike certain other terms such as ‘contagion’ or ‘poison’, which have been recognized as having both somatic and figural resonance, ‘malignancy’ is most commonly treated by scholars of polemic or dramatic literature as denoting a generalised sort of evil, with little attention paid to its medical usage. In addition, while several authors have explored sixteenth- and seventeenth-century medical theories of infection and contagion, none has yet written at length on how early modern people conceptualised the spread of illness within the body – ‘malignancy’ in a modern sense. Despite these restrictions, scholarship on infectious illness in the period does provide a useful model for this chapter's focus on intrapersonal disease spread as a facet of malignancy. Among many others, Kevin P. Siena, Vivian Nutton and Rebecca Totaro have noted how medical anxieties about the infectious potential of bodily fluids, breath, touch or even sight operated in relation to seemingly non-medical

2 ‘Pox’ is used throughout this chapter for the range of venereal diseases including gonorrhoea and syphilis, most of which were inexactily differentiated during the early modern period. On the use of ‘pox’ as a more historically appropriate term than syphilis, see Kevin P. Siena’s ‘Introduction’ in his edited Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe (Toronto: Centre for Reformation and Renaissance Studies, 2005), p. 12.
discourses about gender roles, national morality and travel. As Donald Beecher explains in his afterword to the edited collection *Imagining Contagion in Early Modern Europe*, the ‘generic plasticity’ of contagion as a model of disease transmission made it serviceable in explaining any non-medical transfer of energies, such as emotions, or mental states. These extensions of contagion logic tended to draw even the moral and emotional phenomena to which they were applied back into the circle of medical analysis, in contrast to our own tendency to expose the earlier uses of metaphor in order to assess the spontaneous communication of ideas and emotions in socio-psychological terms.

Medical terminology and theory, he notes, was not only turned to rhetorical purposes in non-medical texts, but was in turn shaped by those texts. Understanding the way in which medical and imaginative or polemic texts shaped each other relies in large part on recognising the correlation between natural and ‘politic’ bodies in early modern writing. From both literary and historical perspectives, it has been shown that large communities such as the

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chuch or the state were imagined as composite bodies, dependent on complex
relationships between ‘organs’ of production and regulation.\(^5\) Naturally
attendant on such an image was the possibility of imagining damage or
dysfunction to or in the body politic in specifically corporeal terms. Sarah
Covington, Colin Milburn and David Harley, among others, have pointed out the
rhetorical utility of describing a nation as wounded, syphilitic, or requiring
physic.\(^6\) Furthermore, the designation of monstrous births as symptomatic of
socio-political ills, as noted by David Cressy and others, or the politically
motivated reimagining of skin complaints, as described by Tanya Pollard,
underscore the degree to which the analogy cut both ways, with politics
mediating bodily experience.\(^7\)


This chapter comprises two sections: one dealing with malignancy in the sense of the spread of cancer through the human body, and the other with the conceptualisation of malignancy as a broadly rebellious, evil property which could be found in both natural and politic bodies. The two, as I will show, related to one another but were not identical, and were bent to the varying purposes of medical, literary and polemical writers. In the first section, I argue that medical practitioners talking about cancer consistently emphasised tumour growth and metastasis, and showed themselves to be grimly fascinated by both these properties. This fascination grew largely out of practical considerations, and the omnipresent fear that a cancer would ulcerate. In seeking to understand how and why cancers spread through the body, practitioners advanced diverse, sometimes esoteric theories, which linked cancer to, among other things, poisons, leprosy and venereal pox. In the second section, I consider how cancer’s growth was understood as indicative of the disease’s ‘malignancy’ in a broad sense: its evil, rebellious quality. Positioned in this way, ‘malignant’ cancers became an apposite image for talking and thinking about any person or group felt ‘likely to rebel against God or authority’, with that dissenting spirit feeding back into discourses of the disease’s pathology.

1. Cancerous growth

In the twenty-first century, ‘malignancy’ is most often used to describe the disturbing ability of cancer to grow and spread throughout the body.\(^8\) Early

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8 Henceforth, I use ‘cancerous growth’ or variants thereof to describe the clinical phenomenon, and reserve ‘malignancy’ for its broader early modern sense.
modern medical practitioners, as I will show, used ‘malignancy’ in a broader sense, but they too were keenly aware that cancer was an invasive and degenerative disease. Why, they asked, did some cancers grow so large that they developed into ulcers, while others disseminated to diverse parts of the body? To answer these questions, medical practitioners joined the discourses of ‘evil intent’ described in the latter part of this chapter with more recognizable models which attempted to find a material explanation for cancer’s devastating effects.

For many early modern medical writers, cancerous tumours’ progress from small, undetectable beginnings to highly visible and devastating ends was both frightening and fascinating. Across the sixteenth, seventeenth and eighteenth centuries, they devoted much attention to describing, in vivid terms, this unpredictable phenomenon. A 1651 edition of Nicholas Culpeper’s popular *Directory for Midwives*, for example, delineated the progress of breast cancer as ‘a little tubercle, no bigger than a pease, [which] ... grows up by degrees, and spreads out roots with Veins about it’, while in the 1698 edition of *The Compleat Midwife’s Practice*, it was stated that cancers ‘sometimes remain for two years together, no bigger than a Bean; afterwards it grows to be as big as a Nut, then to the bigness of an Egg; and after that increasing to a larger size’. Such descriptions followed a widespread trend when they compared the incipient tumour with familiar objects distinguished by their potential to grow or bring forth life. Elsewhere, medical practitioners described tumours as growing ‘From the

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smalness of a Vetch [legume] to the bigness of a Pomion [apple or large fruit]', or from the size of a pea, nut, or bean, to that of a Crown, hen’s egg or goose egg.\(^{10}\) French surgeon Henri-François Le Dran (1685 – 1770) even recalled treating a tumour on the upper jaw of a fellow countryman which was ‘of the bigness of a small Melon’.\(^{11}\) More rarely, practitioners recounted treating tumours with unusual growth patterns. In 1662, for instance, a translation of Lazarus Riverius’ *Four Books* recorded the author’s treatment of a large breast cancer tumour ‘Wherein little Cancerous Tumors grew out’.\(^{12}\)

The primary object of interest in such discussions was the single cancerous tumour which grew larger and larger. Less commonly, however, medical writers also noted that tumours might also appear in relatively distant parts of the body – in modern terms, metastasise. This issue most often came to the fore when a


practitioner sought to justify their course of palliative or curative action, particularly in relation to surgery. For instance, the anonymous writer of *An Account of the Causes of Some Particular Rebellious Distempers* (1670) added the following note of caution to their promises of a cure for incipient cancers:

If a Cancer in the Breast proceeds from malignant Humours or corrosive Salts in the Blood, it is generally incurable, by reason of its malignant and poysonymous Ferment, which seldom yields to any internal and external Remedies … or if in some it should seem to yield, or indeed seem to be cur’d, while it proceeds from those corrosive Humours, they many times breed again, and break forth afresh, either in the same place, or in some other parts of the Body.  

As the above account demonstrates, medical practitioners frequently viewed tumours which arose in diverse places as separate maladies caused by the same corrupt humour, rather than a single disease which had migrated within the body. Nonetheless, they recognized that cancers which recurred once were likely to keep doing so. In the case of the man with a tumour the size of a melon, Le Dran recorded that after he had treated the patient, he was informed that he had been treated before for a tumour in the same location, in that case as big as a cherry. This knowledge, he wrote, ‘gave me Reason to apprehend a Return of the Distemper, tho’ it never happened’. Similarly, though with less foresight, a text by Théophile Bonet, published in English in 1684, documented the case of an elderly man who endured surgery to remove an ulcerated cancer ‘in his nether Lip’, only to find that ‘three years after a new Canker arose in his

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16 *Ibid.* See also Gendron, *Enquiries*, p. 82.
Jaws, of which he shortly died, contrary to my own, and all mens expectation'.

Unable to see inside the body and view other secondary tumours which might have been growing in the interim, Bonet seemingly interpreted the ‘canker’ in the jaw as a new disease springing from the same cause.

Medical practitioners emphasised cancer’s ability to grow and spread more than almost any other facet of its pathology. This was largely for practical reasons. It was obvious to medical writers and their audiences that the body could not sustain a tumour which grew exponentially, and tumours which rapidly expanded were thus understood as posing the greatest risk of a morbid and painful phenomenon, cancerous ulceration. This development was much feared by medical practitioners, and presumably their patients, with good reason. Cancerous ulcers were almost impossible to cure, and were known as painful, stinking and disgusting, provoking lengthy and largely identical descriptions throughout the early modern period. In 1597, for example, Peter Lowe asserted:

[The ulcerated cancer] is an ulcer round horrible, having the lippes thick, harde, inequall, sordide, turned over, cavernous, evil favoured, of colour livide and obscure accompanied with many veines full of Melancholick blood, voyding a matter virulent, sanious worse than the venim of beastes, subtil waterie, black or red.

Similarly, a 1698 edition of The Compleat Midwife’s Practice described how, when the skin over a cancerous tumour ‘broke’,

there issues out a great deal of pestilent matter, thin, and blackish, and having a very bad smell. The Ulcer it self is very unequal, the lips and

\[17\] Théophile Bonet, A Guide to the Practical Physician (London: 1684), p. 63. Wiseman’s Several Chirurgical Treatises also records a case of cancer recurring after seven years, subsequently killing the patient (p. 115).

\[18\] Peter Lowe, The Whole Course of Chirurgerie (London: 1597), sig. Aa1r.
orifice thereof being swell'd with hardness, and inverted; a light Fever possesseth the body, and often swoonings. And many times the pestilency of the humour having corroded a Vein, there issues out a great deal of blood.¹⁹

Pierre Dionis’ *A Course of Chirurgical Operations*, first published in English in 1710, likewise reproduced Lowe’s observations almost exactly:

it looks like a raw flay'd place, from whence there exhales a sharp serosity, which afterwards becomes corrosive, and eating the Tumour, it makes an Orifice, which is defined to be an apparent, round, loathsome and stinking Ulcer, with large, hard, knotty and revers'd Lips, of a livid or dark Colour, and surrounded with Veins fil'd with melancholly Blood.²⁰

Certain markers of the cancerous ulcer’s harmfulness remained important throughout such discussions. The darkened veins which designated a growth as cancerous in its first diagnosis reappeared here as a means of making clear this malady’s difference from other kinds of ulcer. The tellingly named ‘Lips’ of the ‘orifice’, with all their disgusting characteristics, brought to mind both ingestion and excretion, framing the ulcer as at once a discrete organism and a grotesque parody of natural function.²¹ Ulceration could happen with relatively small tumours, particularly if they were incorrectly medicated, or if the causative humour was especially bad. However, they were most strongly associated with tumours which grew rapidly, giving the impression of breaking through the skin from within.

In therapeutic terms, there was almost universal consensus on the mortality of

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²¹ The other ‘lips’ to cast out noxious matter (vaginal discharge or menstrual blood) were those of the female genitalia - on the gendering of cancer and its relation to the womb, see Chapter Two.
ulcerated cancers. Dionis bluntly pronounced that in such cases, ‘nothing but Death is to be expected’ and palliative care was the recommended course.\footnote{Dionis, A Course of Chirurgical Operations, p. 250.}

His view was an orthodox one – The Compleat Midwife’s Practice similarly commented that ‘If the Canker be ulcerated, or in any inward part of the body, no medicine can prevail’, and many more practitioners emphasised that a cure was only possible ‘if the cancer be not ulcerated’.\footnote{Pechey et. al, The Compleat Midwife’s Practice, pp. 184-5. See also Culpeper, A Directory for Midwives, p. 324; Alexander Read, The Chirurgical Lectures of Tumors and Ulcers (London: 1635), pp. 214-15; Charles Gabriel Le Clerc, A Description of Bandages and Dressings, According to the Most Commodious Ways Now Used in France (London: 1701), pp. 55-57.}

So significant was the ulceration of cancers that many medical practitioners treated ulcerated (or ‘exulcerate’) and non-ulcerated cancers separately within their texts, setting out different prognoses, treatments and other advice for the two complaints from the outset.\footnote{Lowe, The Whole Course of Chirurgerie, sig. L3r - L4r on cancerous tumours, sig. Aa1r – Aa1v on cancerous ulcers; John Pechey, The Store-House of Physical Practice (London: 1695), p. 116. See also Luke Demaitre, ‘Medieval Notions of Cancer: Malignancy and Metaphor’, Bulletin of the History of Medicine 72:4 (1998), p. 612, which establishes the ulcerate/non-ulcerate distinction as one also employed in medieval texts.}

In 1721, for example, Nathan Bailey’s Universal Etymological English Dictionary included the term ‘Cancer’ for all stages of the disease, but also provided separate labels, ‘Carcinoma’ and ‘Phagadaena’, to denote a cancer tumour and ulcer respectively.\footnote{Nathan Bailey, An Universal Etymological English Dictionary (London: 1721), sig. R3v.}
which they might either decline to treat it, treat it with palliative methods only, or amend their therapies according to the aggressiveness of the complaint. It was, for example, deemed very important not to use emollient or suppurating medicines on a tumour that grew rapidly and might ulcerate, while surgery was judged an appropriate course for discrete lumps but not for those suspected to extend deep into the body (see Chapters Five and Six). Under certain circumstances, it was seen as a victory simply to keep the cancer from spreading too rapidly. Reporting the illness of ‘Mrs. Ladd’ to her uncle Henry More in 1674, ‘Dr. Clark’ wrote that though it remained painful, the lady’s breast tumour was not discernibly larger, ‘which makes me hope that the Medicine is proper for it’. In addition to these practical considerations, however, discussions of cancer’s growth were imaginatively important. Growth, and the ulceration associated with it, were the factors by which cancerous tumours could be distinguished from more benign lumps and bumps, and although cancerous growth and malignancy were not the same thing, the former was understood as a vital component of the latter. Accounts in which the expanding tumour appeared to possess an exponential capacity for growth implied the ‘taking over’ of the body by a cancer that was ontologically separate, such that at some crucial tipping point, the victim’s human substance, and with it their life, would be eclipsed by the mass of the tumour. That distinctly spatial emphasis is

found repeated in, for example, Wiseman’s description of cancer’s propensity to ‘spread and invade the neighbouring parts’, or Jane Sharp’s note that malignant tumours ‘daily increaseth with roots spreading’, both of which used metaphors (militaristic and arboreal) to scale up the space occupied by the disease mass.\footnote{Wiseman, \textit{Several Chirurgical Treatises}, p. 101; Jane Sharp, \textit{The Midwives Book} (London: 1671), pp. 346-7. See also Culpeper, \textit{A Directory for Midwives}, pp. 324-326; Gendron, \textit{Enquiries}, p. 19, 21.}

Medical authors agreed that the ability to grow and spread was definitive of cancerous disease. They described this ability, and the ulceration it might create, in remarkably similar terms throughout the early modern period. Exactly \textit{how} cancers grew, however, was another matter entirely. The majority of medical practitioners seemingly paid little attention to this question, attributing cancer’s capacity for growth to its ‘malignancy’ in a broad sense, as discussed below. In several cases, however, writers on cancer sought a more ‘empirical’ solution to this problem, often by recourse to models of illness which were more established and of which medical practitioners felt they had a better understanding. These texts were among the most atypical writings on cancerous disease, and show some medical practitioners tentatively seeking a biological basis for the ‘evil’ of a spreading tumour.

Most prominent among ‘empirical’ models of cancerous growth was that of poisoning: the idea that cancers emitted some venomous or poisonous substance which caused either neighbouring or distant parts of the body to become sick in their turn. \textit{The Compleat Midwife’s Practice} asserted that ‘The cancer is a venomous tumour’, and several works by eminent practitioners throughout the early modern period seemed – at least, at certain points - to
draw a similar conclusion, describing the matter believed to emanate from cancers as a ‘corrosive and malignant venome’. The words ‘venom’ or ‘poison’ in these contexts operated as both descriptive and categorical terms. Sometimes denoting a specific substance like that of a snake’s bite, they could also be used in the broader sense listed by the *OED*, of ‘a morbid secretion’. Describing the ‘bafflingly polyvalent’ meanings of ‘infection’ during this period, Roger Lund also notes that to be ‘infected’ could mean to be poisoned or envenomed. In practice it made little difference to the perception of the noxious substance, as supposedly poisonous cancerous liquids were strongly associated with foulness, bad smells, and pain. In 1597, for example, Jacques Guillemeau described the secretion from a cancerous tumour or ulcer as ‘a thyn corrupt matter, more vile then the poison of any wilde beast, most abhominable both for abundance and smell, and the payne is continually pricking’. Over a

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29 For *venom* (n.), the *Oxford English Dictionary* lists ‘1. The poisonous fluid normally secreted by certain snakes and other animals and used by them in attacking other living creatures…2. Poison, especially as administered to or drunk by a person; any poisonous or noxious substance, preparation, or property; a morbid secretion or virus. Now rare. 3. a. *fig.* Something comparable to or having the effect of poison; any baneful, malign, or noxious influence or quality; bitter or virulent feeling, language, etc.’ *Oxford English Dictionary Online*: <http://oe.d.com/viewdictionaryentry/Entry/222182>, 19 July 2012.


century later, describing the effects of advanced cancer upon a female patient, Browne recorded that

the Ulcer became more corrosive, and spread its Venome all over her Breast, even to her Arm-pit; and after this, the whole Arm on that side being therewith inflated, she became dispirited with the great pains she daily felt, and lived some short time in this miserable condition, till Death put a stop both to her pain and her days.  

Browne might have favoured the notion of cancerous ‘venom’ in this case partly because the lady’s arm was not covered in tumours, but rather ‘inflated’, in an enlarged version of the swelling produced by an insect sting. Moreover, as both accounts demonstrate, positing a material cause for cancer’s spread did not preclude one’s imagining the disease as purposefully malign.

The meeting between material and immaterial ideas of cause in this theory seemingly appealed to writers seeking to find a satisfying explanation for cancer’s growth within the framework of humoralism. It may also have been augmented, from the mid-seventeenth century, by the claims of contemporary scientists that some venoms were produced by the rage or fear of the venomous creature. In a lengthy text on natural philosophy, Robert Boyle (1627 – 1691) related an experiment in which he had fed various parts of a snake to a passing dog, and found that the creature suffered no ill effects. This, he proposed, supported the general observation that:

> it may be justly doubted, whether they [vipers] be to be reckon’d amongst poysinous Creatures … for it may be suppos’d, that the venom of Vipers consists chiefly in the rage and fury wherewith they bite, and not in any part of the Body, which hath at all times a mortal property: Thus the madness of a Dog makes his teeth Poysous, which before were not so: And Authors of good repute supply us with instances of hurts in

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32 Browne, The Surgeons Assistant, pp. 104-5.
themselves, free from danger, that have been made fatal by a Venom created by the fierceness of the inraged (though not otherwise poisonous) Creatures that inflicted them.\(^{33}\)

A schema which viewed poisons as chemical substances, generated by qualitative emotional states, allowed medical practitioners to credit cancer’s capacity for growth to poison without abandoning long-held ideas about the disease’s being ‘evil’. In addition, the poison theory, particularly when expressed in terms of ‘venom’, fitted closely with imaginatively potent characterisations of the disease as a creature independent of the patient, whether that was a worm, a rabid wolf, or a monstrous product of the troublesome womb.

Augmented by zoomorphic characterisations of cancer as ‘venemous’, the imaginative utility of cancer ‘poison’ also extended to non-medical writings. Descriptions of cancer as venomous or poisonous in such texts were certainly less prevalent than depictions of the disease as simply ‘evil’. Several authors, however, recognised that by combining the ideas of cancerous disease and poison or venom, they could access tropes of zoomorphic ‘consumption’ of the body concurrently with those of pervasive corruption. For instance, George Wither’s *Opobalsamum Anglicanum*, discussing corruption in Parliament as an illness ‘hardly to be cured’, ‘quickly found’ that:

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\begin{align*}
\text{There was Malignant-matter in the Wound,} \\
\text{Which would into a Cancer, be corrupted:} \\
\text{And, peradventure (if not interrupted,}
\end{align*}
\]

\(^{33}\) Robert Boyle, *Some Considerations Touching the Usefullnesse of Experimental Naturall Philosophy Propos’d in Familiar Discourses to a Friend, By Way of Invitation to the Study of it* (Oxford: 1663), pp. 57-8 (author’s italics).
By timely care) into a Gangreeve grow. Withers pathologies were somewhat mixed – it was not clear whether ‘Malignant-matter’ caused or resulted from cancer, which seemed in turn to be a precursor to gangrene. Nonetheless, viewing cancer as allied to a distinct ‘malignant’ substance, or poison, allowed Withers to insist that part of the politic body was corrupted, but was not beyond help. What caused the wound or produced the malignant matter therein remained unclear, but it was implied that some agent outside the politic body, and thus beyond the pale of normal society, was to blame. Similar characterisation of cancer as poisonous can be seen in the anonymous An Account of the Damnable Prizes in Old Nicks Lottery, in which duelling was described as a ‘wild and inverterate [sic] Cancer, that has diffused its Venom thro’ all the liquid Mass’. Once again, the ability of poison to reach every part of the body was invoked as analogous to the pervasiveness of the duelling craze, while the cancer-image underlined how that craze resisted ‘cure’ and grew in proportion to the diminution of the nation’s moral substance.

For medical and polemical writers, cancer-poison thus appealed as a mode of thinking about the perplexing spread or growth of disease in the body, whether natural or politic. Imagining a cancerous poison or venom, however, raised its

34 George Wither, ‘Opobalsamum Anglicanum … For the Cure of Some Scabs, Gangreves and Cancers Indangering the Bodie of this Common-Wealth’ in Miscellaneous Works (1872-1877 (c.1645)) from English Poetry Database (online resource), <www.0-collections.chadwyck.co.uk.lib.ex.ac.uk>, 19 February 2011.
35 An Account of the Damnable Prizes in Old Nicks Lottery, for Men of Honour Only; Where Every Man that Ventures, is Sure to Get the Lord知s What For Ever. In a Gradation of Familiar Thoughts, Arising, Upon the Not Passing of the Duelling Bill, Brought in Last Session of Parliament (London: 1712), p. 3.
own problems and anxieties. This theory implied that the tendency toward aggressive growth characteristic of cancers inhered in a material substance, and some medical practitioners even believed that this substance could be isolated by scientific experiments. The writer of *An Account of the Causes of Some Particular Rebellious Distempers*, for example, asserted that the ‘Malignity and Poison’ of cancer ‘discolours the purest Metals, if touch’d with it’. In an altered version of essentially the same idea, William Beckett (1684 – 1738) proposed in 1711 that cancer was caused by disturbed lymphatic juices, such that ‘if we express a Juice from some of the *Cancerous Mass*, and hold some of it in a Spoon over a Fire, there immediately flys off a small Vapour, and the Remainder hardens not unlike the White of an Egg boil’d’. On the one hand, it was implied that, if the ‘venom’ of cancer could be isolated in this way, then it could be treated. As Miranda Wilson notes, poison was popularly believed to be a predictable method of death, and this was amplified in contemporary drama such that poisoners were depicted as being able to choose the day and even hour of their victim’s demise. Attributing cancer’s growth to poison thus promised a similar degree of ‘temporal control’ over this disease. On the other hand, however, experiments such as the above also seemed to show that the poison responsible for cancerous growth could exist outside of the body, and could thus be transferred from one body to another. Though an uncommon perspective, this disturbing possibility was raised by an

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36 *An Account of the Causes of Some Particular Rebellious Distempers*, p. 23.


extraordinary story also related in *An Account*, which is worth repeating at length:

Those inveterate and dangerous Cancers but seldom happen, and is frequently more from want of timely and proper Applications than the Nature of them; for they are oftentimes aggravated and enraged, and the Humour, by wrong Applications inwardly and outwardly, made corrosive and sharp, as we frequently find it to be; and the Humour is [...] corrosive, it is as subtle, quick and penetrating as Poison it self, as will appear from the following Relation, which a Surgeon tells us happened upon himself, who was by Name Mr. Samuel Smith, one of the Surgeons of St Thomas's Hospital in Southwark, who at the cutting off of a large Cancerated Breast, had (after the Breast was off) a Curiosity to taste the Juice, or Matter contain'd in one of the little Cystis's or Glands of the same, which he did by touching it with one of his Fingers, and then tasting it from the same with his Tongue, the Taste of which he protested did immediately like a Gass, pierce through the whole substance of his Tongue, and passed down his Throat not less sharp or biting than Oyl of Vitriol, Spirit of Nitre, or Aquae Fortis, or some vehement Catheretick, or Caustick Salt, and altho' he presently spit out, and wash'd his Mouth with Water, and that oftentimes, and also with Wine, and drank presently very freely of Wine after it, yet could not get rid of the Taste thereof, but it continued with him, and brought him (who was a very strong Man) into a Consumption, or wasting pining Condition, attended with several other ill Symptoms, which in a few Months after killed him, the Taste thereof never going off from his Tongue to his dying Hour; and that the Taste of the Juice, or Matter of that Cancerated Breast, he declared upon his Death-bed, and near the last Moments of his Life, to be the true and only Cause of his languishing Condition and Death.  

Questions about power and gender raised by this incident are discussed in Chapter Six. Here, however, we can note the unusual way in which the anonymous account identified a malign ‘essence’ capable of causing consumption in one person and cancer in another. Notably, the author insisted that cancers which grew very fast had often been irritated by ill-advised attempts at cure. Nonetheless, it remained the case that the disease was

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viewed as quasi-sentient, and thus able to be ‘aggravated and enraged’ by such
ministrations. Though apparently identifying a material cause for cancer, An
Account continued to use language which construed the disease as acting with
a degree of evil intent. In short, this seemingly new solution to the mystery of
cancer’s spread through the body raised the same old fears, and created some
new ones for good measure.

The story of Samuel Smith’s demise was undeniably compelling. Marjo
Kaartinen notes that it was retold in five medical treatises spanning more than a
century.\(^{40}\) However, the notion that cancer was transmissible by poisoning
generally failed to gain much traction among either medical or non-medical
writings on the disease. The reason for this failure seems to have been simply
that cases such as Smith’s were extremely rare. Some forty years after An
Account recorded this event, Beckett’s New Discoveries Relating to the Cure of
Cancers revisited the tale. Framing his text as ‘a Letter to a Friend’, Beckett
asserted that:

I confess, when I receiv’d this Account it did not a little surprize me,
because I had several times had the Curiosity to do the same Thing, at
the Hospital where that unfortunate Gentleman made the Experiment. I
never found any remarkable Sharpness in it, tho ‘twas always attended
with a very unpleasant Savour. I proceeded very carefully in making this
Attempt; for I diluted some Drops of the Juice in several Spoons-full of
fair water, till at Length, not finding any Inconveniences from it, I came to
the Juice it self.\(^{41}\)

Beckett concluded that the death of Mr. Smith was due not to the corrosiveness
of the juice itself but because its offensive taste and smell disturbed Smith’s

\(^{40}\) Marjo Kaartinen. Breast Cancer in the Eighteenth Century (London; Vermont:

\(^{41}\) Beckett, New Discoveries, p. 36.
own 'Animal Juices' and disordered his whole body. Smith’s experience did not hold true in Beckett’s experiments, and neither did it fit with Galenic theories of disease, which, as Beckett makes clear, required a disturbance in the humoral balance of the body rather than the chemical influence of a new substance. This incompatibility need not necessarily have been an obstacle to the idea’s adoption - the case of zoomorphism has shown how medical practitioners could ignore ‘violations’ of the Galenic model in order to accommodate useful tools for thought – but the fact remained that poison generally offered only a reformulation of the original causative gap between cancer’s substance and behaviour. Inadequately supported by contemporary theory to be adopted as a mechanistic mode of explaining cancerous growth, cancer-poison was, for the most part, an image quietly assimilated into broader conceptualisations of the disease as intrinsically foul.

The idea that poisons were responsible for cancer’s growth and spread through the body never became orthodox in early modern medical texts. However, the impulse to match the perplexing disease of cancer with seemingly better-understood somatic phenomena can be seen in numerous medical works from throughout the period. Particularly prominent was the idea, not dissimilar to that of cancer-poison, that cancer was pathologically related to infectious diseases, particularly leprosy and venereal pox. Those two diseases were themselves often understood as related to one another. As Marie McAllister has shown, contemporary speculation on the origins of pox sometimes traced the ‘foul disease’ to sex between a leprous man and a menstruating woman, playing to the supposed toxicity of both those parties and the sinfulness of their

42 Ibid., p. 37.
copulation. Elsewhere, sufferers of the two diseases were linked by shared facilities or common therapeutics. Few scholars, however, have noted that leprosy and pox were in their turn understood to have characteristics in common with cancer. In 1703, Browne’s The Surgeons Assistant stated confidently that

Leprosy also ariseth from the same cause and matter [as cancer]; and they are seen only to differ in respect of the part in which they consist, for a Cancer only possesseth a determined part, whereas the Leprosy possesseth the whole Body.

Browne’s assertion that leprosy and cancer differed in degree rather than quality was, according to Demaitre, a widely held notion dating from the eleventh-century writings of Avicenna. Five hundred years later, the link was still going strong, with Philip Barrough’s 1583 The Method of Physick categorizing cancer as a variety of ‘lepry’. Both the supposed humoral imbalance and the skin lesions characteristic of leprosy appeared to align the disease with cancer, such that, as Paré influentially stated, leprosy could be considered ‘cancer of the whole body’.

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45 Browne, The Surgeons Assistant, p. 78.
48 From Ambroise Paré’s Le Oeuvres (1575) cited in Demaitre, Leprosy in Premodern Medicine, p. 249.
In a similar manner, descriptions of venereal pox during the early modern period frequently highlighted the similarity between ulcers or sores created by this disease and those associated with cancer. In a text on pox entitled *Little Venus Unmask’d*, the Dutch physician Gideon Harvey (1636/7 – 1702) described the progress of a venereal infection as yielding ‘crusty black sanious devouring Ulcers or Soars, [which] did eat holes into the Yard, like Cancers, yea some of those Cancers or Shankers made but three or four Suppers in Devouring the whole Virge [penis]’.  

49 Harvey clearly understood ‘Cancer’ as a separate disease which produced effects ‘like’ those of pox, but he was happy to appropriate the term, as well as the zoomorphic ‘Devouring’ associated with cancer, to vivify his description of pox sores on the genitalia. In doing so, he followed an established trend: as Harry Keil has observed, ‘cancre’ (or variants thereof) was sometimes used as an indiscriminate term for venereal lesions in early medieval surgical texts.  

50 In practical terms, cancer and pox were united by the use of mercury ointments and ‘salivation’ as cure for both diseases, a phenomenon which Siena has noted was central to medical and lay thinking about pox, and which, as shall be seen in Chapter Five, occupied a prominent place in discussions of cancer therapy.  

51 In line with the widespread notion that benign tumours or inflammations could become cancerous if they were treated incorrectly, several medical texts also described cases in which the authors

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51 Siena, *Venereal Disease, Hospitals and the Urban Poor*, particularly pp. 22-25.
suspected that venereal disease had ‘caused’ the patient’s cancer, though they seldom provided a theoretical basis for this suspicion.52

Speculation on the relationship of cancer to syphilis and leprosy was clearly motivated by pragmatic observation of their similarities and by, as has been noted of the supposed leprosy/pox connection, an ‘urge to translate the mysterious new disease into a familiar one’.53 For medical practitioners struggling to understand how cancer grew and spread, it also offered new terms in which to imagine that phenomenon. As Browne argued in the early eighteenth century,

A Cancer ... that is exulcerated, may be allowed to have in it a great share of Contagion; it being bred from the same humour as the Leprosy is; and I know nothing that can contradict this my opinion, unless you allow, that a Contagion cannot be referr’d to any single Part, but must be communicated to the whole Body; nor can I see but that an humour which has been kept some time in a part, and sent forth its morbid steams to other parts, but that these in process of time infect the parts they become so nearly acquainted with, and make them sufficiently sensible of their putrefying ... quality.54

Contagion, the force which was understood to spread leprosy and pox from one body to the next, might also be imagined as driving the intrapersonal spread of disease, so that a cancerous tumour ‘infected’ adjacent parts of the body, possibly by means of an unhealthy ‘morbid steam’. Later in the same text, Browne would reiterate this view, and insist that since leprosy and cancer were of the same ‘temper’, and leprosy was catching, one could naturally conclude

53 Qualtiere and Slights, ‘Contagion and Blame in Early Modern England’, p. 6.
54 Browne, The Surgeons Assistant, p. 86.
that cancer was contagious on a smaller scale.\textsuperscript{55} The comparison naturally posed some difficulties: as Browne acknowledged, most people believed that contagion could only affect whole bodies, not parts thereof. Nonetheless, the lure of contagion as a model for imagining the spread of cancer was seemingly so great that the author continued to utilise it despite this inconsistency. Browne was unusual in explicitly suggesting that malignancy was an intrapersonal variety of contagion, but several sixteenth- and seventeenth-century medical practitioners used the terms ‘infection’ or ‘contagion’ in a more casual sense as shorthand for cancer’s potential or actual spread. Advising on cancer surgery, for example, Paré stressed to his readers that one should cut away ‘whatsoever is corrupt, even to the quicke, that no feare of contagion may remaine, or be left behind’, while Culpeper warned that when incipient tumours were treated with emollients, ‘corrupt humors get easier to the parts adjacent, and infect them’.\textsuperscript{56}

Imagining cancer as contagious did not necessarily offer a solution to the problem of the disease’s invasiveness. After all, neither leprosy nor venereal pox was reliably curable, and medical practitioners struggled to understand the different modes of transmission for various infectious diseases. One prominent theory was that contagion occurred by ‘seeds’ of disease which entered the body from without.\textsuperscript{57} Like the poison theory, this model suggested that cancer’s

\textsuperscript{55} Ibid., pp. 111-12.


propensity to spread relied on a material property which might be isolated. Another suggestion, which was reformulated in Browne’s account of ‘morbid steams’, was that of ‘miasma’. This ‘pestilent air’ was often supposed to be responsible for the spread of plague, and is described by Lucinda Cole as at once supernatural and material, marrying the sense of an ‘evil intent’ with desires for a biomechanistic explanation of epidemics.\textsuperscript{58} Whether it was a seed or a steam, however, there was no suggestion that understanding cancers as intrapersonally contagious could help one to halt their spread within the body. Furthermore, while the vast majority of practitioners adjusted the explanatory model of contagion to describe the spread of cancers within the body, for a few individuals, the reverse was true, and the model began to shape their perceptions of cancerous disease in fundamental and disturbing ways. The results of this perceptual shift can be viewed in two unusual tales from Beckett’s 1711 \textit{New Discoveries}.

Beckett’s first account was passed onto him by an acquaintance, and concerned a tradesman’s wife in Nottingham suffering with breast cancer. ‘Her Husband’, wrote Beckett ‘was of Opinion he cou’d relieve her by sucking it; accordingly he put this Method in Practice, in hopes without doubt he cou’d effect a Cure, by drawing the Cancerous Matter out of the Nipple’.\textsuperscript{59} This strategy did not work, and the woman died soon after, but after two months her husband experienced a swelling in his upper jaw. Turning (unsurprisingly) from surgeons who recommended that he have the swelling and part of the jaw bone

\textsuperscript{58} Lucinda Cole, ‘Of Mice and Moisture: Rats, Witches, Miasma, and Early Modern Theories of Contagion’, \textit{Journal for Early Modern Cultural Studies} 10:2 (Fall/Winter, 2010), pp. 65-84.

cut away, this tradesman pursued a course of gargles ‘and such inconsiderable remedies’, but was eventually obliged to consent to the surgeons’ original suggestion; too late, for the cancer then spread over the mouth and nose.\textsuperscript{60} Becoming ‘so frightful an Object, and the Stench that continually proceeded from the Parts … so offensive’, the patient removed himself to a garret, where he died.\textsuperscript{61} Similarities to venereal pox in particular are powerfully evident in this account. Suckling at the breast was a recognised means by which both breastfeeding women and nursing infants could contract pox, such that catching pox from a wet nurse was a danger frequently pointed out by advocates of maternal nursing.\textsuperscript{62} More generally, the use of this case to illustrate, as Beckett put it, ‘\textit{Whether Cancers are Contagious, or not}’, relied on the fact that the tradesman’s disease appeared localised to the spot at which he had had contact with the original cancer, rather than as an illness diffused through the body as in accounts of poisoning.

The importance of localised ‘infection’ to the construction of cancer as contagious was even more emphatically stressed in Beckett’s second account, of cancer transmitted skin to skin:

[a surgeon of Beckett’s acquaintance said] he knew a very odd Accident, which happn’d upon a Woman’s having an ulcerated \textit{Cancer} in her right Breast, which was, that she being poor, for want of other Conveniencies, suffer’d two Children she had to lie with her in that Condition; at length

\textsuperscript{60} Ibid.
\textsuperscript{61} Ibid.

\textsuperscript{62} See Siena, ‘Pollution, Promiscuity, and the Pox’, p. 561; Siena, \textit{Venereal Disease}, pp. 17, 193; also Jacques Guillemeau, \textit{Childbirth, or, the Happy Delivery of Women ... To Which is Added, a Treatise of the Diseases of Infants, and Young Children: With the Cure of Them} (London: 1612 (first edition in French c.1609)), sig. Kk1v.
one of 'em, a Girl about five Years old, began to be afflicted with a small painful Tumor in one of her Breasts, which encreasing to near the Bigness of an Egg, became Livid, and entirely *Cancerous*; the Mother died some time after, and the Child did not survive her; but the other Child continu'd well. Several Surgeons gave their sentiments of this Case; some thought it to be an Hereditary Indisposition, but considering the Mother had no appearance of a *Cancer* before, or at the Birth of the Child, I cannot but readily embrace the opinion of those Gentlemen, that were inclin'd to believe it was contracted by Contagion, seeing the Position of the Child's body was such in Bed, that that Part of it which was affected was almost always disposed to rub against the Dressings soaked in Matter; (for I understand the Mother took but very little Care to change them often). Now it is not at all probable, that the malignant *Effluvia*, which continually pass off from the *Cancerous Mass*, and the putrefied Matter, can dispose a Person at any little Distance to be afflicted with the like Disease, for then the other Child wou'd have become a Sufferer; but it may happen in some extraordinary Cases, where the corrupted Fluid has attain'd an exalted Pitch of Malignity, to communicate some of its more active Particles to the Blood and Spirits, and so causing a very great Disorder in their Motions produce a violent Feaver, and Confusion of the whole Oeconomy ... but this cannot happen unless the matter be very malignant; and be suffer'd, by the negligence of the Patient, to come to an immediate Contact, with a Part of the Body of the other Person.  

As in the story of Samuel Smith’s poisoning, an extreme version of the malignancy threat was here represented by cancer’s transmission from one body to another, scaling up the spread of tumours from between members of the body to members of society. Unlike that story, however, Beckett’s conclusions are at best tentative, his idea hedged about with so many caveats as to become almost meaningless. Kaartinen writes that ‘Quite a number’ of early modern medical practitioners believed cancer to be contagious, but this appears to be more true for the mid- to late-eighteenth century than for the period under examination here, 1580 – 1720.  

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the exceptional circumstances which surrounded this contagion by cancer reflected the singularity of his account. In general, belief in cancer as contagious was precluded in this period by a distinct lack of cases such as the above. In the vast majority of writings on cancer during the sixteenth, seventeenth, and early eighteenth centuries, contagion was not even mooted as a possible cause, and, as Samuel Smith’s tale demonstrates, medical practitioners did not generally approach cancer sufferers as contagious or dangerous; the ‘noli-me-tangere’ (‘do not touch’) label applied to some cancers was understood to protect the welfare of the patient, whose tumour could be irritated by manhandling, rather than that of the touching practitioner.

In spite of their shortcomings, the unusual loquacity displayed in these descriptions attests to the imaginative lure of contagion as a mode of explaining cancer, an appeal which may in part be explained with reference to the lack of such descriptions in non-medical, rhetorical uses of ‘canker’. Despite the similarity which Harley notes between the roles of leprosy and cancer as moral analogies (both being cast as ‘eating diseases’ in early modern sermons), examples of malignancy being aligned with contagion, as it was with poison, are largely absent from contemporary non-medical literature. Reasons for such an omission will likely have been diverse, but I would suggest that in the wealth of infectious diseases abounding during this period – most particularly, in the plague - contemporary writers found such a powerful blueprint of contagion that to look elsewhere for a model with which to describe ‘contagious’ ideas seemed unnecessary, even bizarre. Conversely, medical practitioners writing on cancer found in the mass of plague literature of all kinds a wealth of material which

65 Harley, ‘Medical Metaphors’, p. 408.
fuelled lengthy exposition on the otherwise weak notion of cancer as similarly transmissible. Early modern plague writing is too vast a subject to address here, but it is clear that the devastating mortality of that disease impacted deeply on even those who never witnessed a 'plague year' first-hand, with medical practitioners having a particularly intense interest in the subject. Almost all medical practitioners, including those writing on cancer, would have been exposed to plague, in person or in print, but their adoption of that disease model to explain cancer was never convincing enough to be recirculated into the mass of medical literature, let alone into non-medical texts.

The established models of poison and contagion which some medical practitioners (and a few non-medical writers) employed to understand cancerous growth largely failed to bring that mysterious phenomenon into the light. It is worth noting, however, that these models arguably prefigured the biomechanical models of understanding disease which would become more prominent in the late eighteenth century and beyond. They, after all, were interested in how one got from the incipient to the mortal stage, even if their explanations of that process remained incomplete. By way of a conclusion to these explanations of cancerous growth, it is thus worth briefly considering a last discussion of the malignancy of cancer, in which the turn to biomechanical explanations of the disease is seen more strongly than in any other contemporary text: Gendron’s *Enquiries into the Nature, Knowledge, and Cure of Cancers*.

Based on a theory combining elements of humoralism with others of

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66 See Lund, 'Infectious Wit', pp. 45-64; Totaro, *Suffering in Paradise*. 
Iatrochemistry, Gendron’s explanation of cancerous growth may be seen as a product of, as well as a departure from, the various texts which attempted to explain this phenomenon in mechanical terms during the seventeenth century. His explanation, however, was quite different to that of either poison or contagion theories. Gendron described cancerous growth as explicable in terms of a chain of events in which healthy tissues were substantively altered and therefore lost their function. After the original generation of the cancer by compression of tissue (and destruction of the ‘filtrative’ vessels therein), Gendron argued that:

this small hardiness, this very Germen of the Cancer that no longer retains a glandulous Nature, nor is capable of filtration, will work Alterations in the Neighbouring Glands, by an Absolute Dependence which the one has upon the other, for discharging their usual Functions; these sorts of Alterations consist not only in the Compression that is made by the real increase of this small close lump upon the Neighbouring Glands; but by engaging on the Blood-Vessels, and the Nerves on the first Rise or Formation of the Cancer; which with its hardness presses the same. This causes less Blood and Spirits to be conveyed to the Neighbouring glands, from whence it comes to pass that their power is destroy’d; and lastly that they are inclined to lose their use.67

In other words, the cancerous mass progressively squashed tissues around it such that their structures were destroyed and they in turn became a part of the tumour. On this schema one could imagine a gradual hardening of the whole body, which appealed to the notion, discussed above, of a ‘critical mass’ at which the patient became more cancer than human. Indeed, Gendron accessed that image, in a modified form, when he insisted that cancerous matter was similar to fingernails, hooves and horns. In each case, the apparently radically

different substance was in fact ‘no more than the Ends of the Nervous Fibres and Strings, join’d together and hardned [sic]’ – except that, of course, cancer differed from hooves and horns in having no limit on its expansion. 68

Gendron’s ‘step-by-step’ approach to theorising cancerous growth sought to explicate the disease so comprehensively that further debate on the subject would be abandoned. The explanation was framed as self-evident, at least for a man of the author’s intellectual powers, and throughout, Gendron insisted that following this explanation, ‘It will be an easy matter for us … to comprehend’, and ‘we shall not disagree’. 69 In practice, those persuasive interjections may be read as the author’s own, anxious, reaction to the unacknowledged shortfalls of his theory. Metastasis, or even the development of cancerous tumours into uneven shapes at uneven rates, were evident pathological facts entirely omitted from this model, and as his explanation progressed, Gendron began to slip into the language of zoomorphism and ‘nature’ predominant in less radical contemporary discourses about this disease. 70 Despite Gendron’s ambition, his theories remained anomalous to prevailing medical wisdom, and biomechanical explanations of cancerous growth would have to wait nearly three hundred years for their modern incarnation.

Gendron’s imperfect work serves as an apt apotheosis for medical explanations of cancerous malignancy throughout the early modern period. Like many of his

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68 Ibid., pp. 45-6.
69 Ibid., pp. 43, 45-6.
70 See particularly pp. 45-6 and 66, where Gendron respectively talks about cancerous fibres reacting to ‘opposition’ and states that ‘Nature, if I may so say, is out of order … [the cancer] has no longer any understanding with the Medicine’. 
professional contemporaries and their audiences, he was fascinated by the ability of cancer to grow and spread through the body. Cancers grew unpredictably, sometimes to astonishing proportions. They reappeared after seemingly having been cured, and, most worryingly, they broke through the skin to create painful, morbid ulcers. Moreover, their ability to ‘invade’ the body in these ways was troublingly mysterious. Gendron’s model of gradually solidifying tissues was a novel attempt at what medical practitioners had been trying to achieve for years: to bring cancer into the realms of the known by providing a material explanation for the disease’s unique pathology. These attempts provoked discussion about the causes of and possible cures for cancer, but in general they failed to exert much influence on medical practice. Strikingly, however, the inconsistencies and omissions of these ‘scientific’ models show how attempts to frame cancer in biomechanistic terms neither superseded, nor clashed with, literary and medical constructions of cancerous growth as a product of intrinsic ‘malignancy’, but rather, sometimes uneasily, found themselves positioned somewhere between rhetorical and material understandings of the disease.

2. The character of malignancy

Discourses of contagion, poison and biomechanics tell us much about how early modern people attempted to model the deadly spread of cancer through the body. Ultimately, however, these theories remained, to a greater or lesser degree, esoteric examples of the urge to understand cancer and its spread. This was because for most medical practitioners of the sixteenth, seventeenth and early eighteenth centuries, and their audiences, cancerous growth was understood as indivisible from the broader quality of ‘malignancy’: a property
which helped account for the painfulness of cancer and its resistance to cure, as well as its propensity to spread, and which was viewed as intrinsic to the disease in a way quite foreign to modern conceptualisations of illness. In this section, I discuss how, for early modern people, the malignancy which underlay cancer’s spread through the body was largely indistinguishable from the malignancy of villainous individuals or factions as represented in literary, religious and polemical texts. This concept, I will argue, traversed the permeable boundary between literal and figural representation such that ‘malignancy’ became a potent and protean idea: a product of somatic experience, medical theory and literary imagination.

One of the most vexing characteristics of cancer for medical practitioners was the way in which the disease presented few symptoms in its initial stages, when it was small, often painless, and frequently concealed in the tissue of the affected part. As discussed above, and in Chapter One, medical textbooks from across the early modern period emphasised the diminutive size of incipient cancerous tumours, which were described as ‘hard to be discovered’, growing and damaging the body but impossible to diagnose, let alone treat. 71 Correspondingly, of all the aspects of cancer’s pathology, the ability to remain ‘secretly hidden’ for extended periods was perhaps that which most fired the non-medical imagination. 72 In political and poetic rhetoric, the canker-worm, an image which often mixed characteristics of horticultural cankers and zoomorphised human cancers, typically described a hidden threat. In her ‘Early Modern Bestiary’, for example, Karen Edwards notes of worms in John Milton’s

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work: ‘That it destroys slowly and in secret is what turns a caterpillar or insect larva into a canker-worm, rhetorically speaking’. The same is often true of Shakespeare’s work, which repeatedly uses ‘canker’ as a byword for weaknesses or vices concealed even ‘in sweetest bud’.

In dramatic and poetic contexts, therefore, the hiddenness of cancer often stood for ideas within an individual, or individuals within a collective body, whose harmful influence went undiagnosed. However, the implied threat from such ‘inward’ cancers was not their concealment per se. Rather, it was the way in which secrecy permitted the growth of a literal or metaphorical sickness which would, upon discovery, threaten an unsuspecting natural or social body. This aspect of the cancer topos is clear in a passage from Thomas D'Urfey’s 1677 Madam Fickle: Or the Witty False One, in which the title character nurtures a malicious plan which depends on concealment, and is motivated by resentment which grows all the stronger for being kept, not only ‘hidden’, but actively ‘secret’:

To betray in me's a Virtue, being first betray'd. The thought of which does like an eating Canker prey on my heart and vitals. Therefore sweet-
Revenge
Thou art my Darling. Thus I'll blind their eyes,
‘Tis on the neck of Wit Revenge must rise (5.1).

Key to D'Urfey’s use of ‘canker’ as a simile for thoughts of revenge was the way in which hiddenness facilitated the development of Madam Fickle’s vengeful

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74 Shakespeare, ‘Sonnet 35’. See also Sonnets 70 and 95, The Two Gentlemen Of Verona, 1.1.43, and 1 Henry IV., 4.2.29.
thoughts to the stage where they would break out with irresistible force. This aspect of cancerous disease was a point of particular interchange between medical and ‘literary’ texts, as medical accounts presented cancer’s ‘emergence’ from the interior of the body in equally dramatic terms. In particular, the word ‘discovery’ was frequently used by medical practitioners to describe the coming to light of a previously unseen cancer, either as a tumour which had grown to become palpable and visible, or, more commonly, a cancerous growth which had broken the skin to create an ulcer, the grisly consequences of which are discussed above.⁷⁶ Relating the progress of a breast cancer tumour, for example, Gendron described how ‘the growth of them at last pierce the Skin, and discover the Cancerous Mass’, later adding that facial cancers might similarly ‘discover themselves’.⁷⁷ Such descriptions neatly united the contemporary senses of ‘discovery’ as literally removing the cover from an object and figuratively ‘disclosing to knowledge’ something previously secret.⁷⁸ Moreover, the resulting narrative within medical texts of a purposely ‘secret’ disease which was suddenly ‘discovered’ played to constructions of cancer as a *dramatis persona* with its own, predetermined, agenda.

Using loaded terms such as ‘secrecy’ and ‘discovery’, medical discussions of the progress of cancerous disease frequently emphasised what seemed like the

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independence of this malady from the body in which it was found. Early modern medical practitioners of all kinds repeatedly implied that in some sense, cancer did not simply respond to the conditions of the body, like other illnesses, but rather 'aimed' to reach its apotheosis in the breaking out of a cancerous ulcer and the death of the patient. Whereas in twenty-first century terms, ‘malignant’ or uncontrolled growth is understood as a result of the pathology of cancers, for early modern medical writers and their audiences, it made more sense to view malignancy as the intrinsic quality which determined the pathological effects of cancerous disease. As such, cancer was frequently and vehemently identified as ‘evil’ and ‘cruel’. Dionis, for example, asserted in 1701 that cancer was ‘universally agreed to be the most terrible of all the evils which attack Mankind’:

though Wars and Plagues kill in less time, they don't yet, to me, seem so cruel as the Cancer, which as certainly, though more slowly, carries those afflicted to the Grave, withal causing such Pains as make them every day wish for Death.79

Dionis’s conviction in the ‘universal’ acceptance of his claim reflected the fact that, throughout the early modern period, cancer was characterised as purposefully evil. The anonymous 1670 An Account, for example, noted that a cancerous tumour ‘grows big of a sudden, and discovers its evil Nature by the grievous Symptoms that appear, and as it increases in bigness, it increases in malignity’.80 In 1684, a translated text by Bonet described cancerous ulcers as having an ‘evil’ and ‘Malignant’ disposition which purposely ‘eluded’ cure.81 Furthermore, attested medical writers, the disease was ‘cruel and horrid’, ‘cruel

and terrible’, ‘fierce’, ‘stubborn’ and ‘indomitable’. These terms often operated in a multivalent sense. Describing a disease as ‘evil’, for example, could indicate that it was deemed likely to have a poor clinical outcome or to cause further complications. However, pathological effect was in these cases virtually indivisible from ontological cause, so that cancer was deemed ‘evil’, ‘cruel’ and ‘fierce’ – in short, malign – in a way that included moral ‘intent’ and somatic consequence.

The identification of cancers as ‘evil’ had far-reaching consequences for how that disease was experienced in both somatic and rhetorical terms. As described in chapters Five and Six, both medical practitioners and their patients bore in mind the intractable ‘character’ of cancers when making decisions about pharmaceutical and surgical interventions. Medical notions of malignancy also surfaced throughout the early modern period in non-medical literature, where they influenced, and were influenced by, discussions of villainy, violence and deception. As seen above, non-medical writers often seized upon the idea of a secret or hidden cancer or canker as an analogy for concealed moral vices or subversive individuals. Where malignancy was imagined in medical texts as driving cancers toward ulceration, non-medical writers similarly adopted the notion of cancers or cankers as initially minor disruptive elements working

toward a destructive apotheosis. Matching their medical counterparts, these culminations were often violent in character, associated with damage to the body politic, and on occasion to the individual body too. Wither’s ‘Opobalsamum Anglicanum’ is an apt example to which to return, as in the context of corrupt Parliament to which Wither refers, the overthrow of the body by the ‘cancer’ of wrongdoing takes on new significance. This malady, warns Wither

... will effect the Bodies overthrow:
Or, els (beside much trouble, griefe, and cost)
Occasion many Members to be lost (l.67-74).83

When the growing influence of malignancy is not ‘interrupted’, chaos follows, as the poet increasingly alludes to the duality of his image. The ‘Bodies’ – that is, the individual body and the figurative political body – will be overthrown both in the sense of succumbing to illness and that sense (in 1645, never far from the poet’s mind) of political revolution or breakdown. In both readings, natural order leaves the scene, causing ‘trouble, griefe and cost’ whether on a domestic or national scale. Furthermore, the author’s warning of ‘Members’ to be lost clearly puns upon the meanings of that word as denoting both ‘Members’ of Parliament and ‘members’, or parts, of the body. At this point, the division between literal and figurative becomes disturbingly permeable, its textual breakdown reflecting the imagined breakdowns in social and bodily structures. As an individual with cancer, one is in danger not only of suffering amputations, but of total extinction as a ‘Member’ of a family and community, in death. Likewise, civil unrest places the men of parliament in danger not only of losing their membership but, quite literally, their ‘members’ or limbs should the conflict, as had happened in the

83 Wither, ‘Opobalsamum Anglicanum’.
recent past, turn to violence.

As discussed in the introduction to this chapter, comparisons between sickly natural and politic bodies were a commonplace of early modern literature. As Maynwaringe pronounced, ‘In both [bodily and state] Governments, so long as Order and Laws are obeyed and kept, the whole is preserved sound, safe, and in quietness: but when the subjected parts of either do mutiny, rebel, and shake off the Government … the whole then is put into disorder’. In Wither’s poem, however, the author’s invocation of a mutinous element which was hidden, corrupted the surrounding parts, and was both of and hostile to the ‘body’, necessitated that it should be cancer specifically that ‘sickened’ Parliament, and lent a visceral, violent tinge to its possible ‘overthrow’. The same use of cancer’s unique pathological and ‘behavioural’ characteristics was repeated elsewhere in both persuasive and dramatic literature. Gerrard Malynes’ 1601 treatise on the ‘canker’ of foreign trade, for instance, construed the national ‘body’ as being overwhelmed by economic disadvantage in the same way that a cancer sufferer was overcome by their growing disease, and ended with ‘the politike body of our weale publike … overtaken’, in an image that played on cancer’s literal mortality. Likewise, John Fletcher’s The Faithful Shepherdess (1608) described the lecherous ‘Sullen Shepherd’ as ‘like a Canker to the State’, who mimicked the location and action of bodily cancers by ‘eating with

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84 Maynwaringe, The Frequent, but Unsuspected Progress of Pains, pp. 1-2.
debate / Through every honest bosome’ (5.3).  

That all these texts imagined cancer’s destruction on a national scale was no more a coincidence than the characterisation (discussed in chapter Five) of the disease’s resistance to cure as a ‘rebellious’ act. Cancer, which seemed malignant in an ontological sense, yet was unmistakeably generated by the body, functioned within the confines of the well established body/state analogy to provide a somatic Lucifer, a more convincing traitor than could be found anywhere else in the vast lexicon of early modern diseases. This aspect of malignancy can be seen used to powerful effect in both religious and civil contexts. In his essay on medical metaphors, for example, Harley notes that ‘After 1640, when sects such as the Baptists and Quakers started to proliferate, orthodox Calvinists were quick to assert that “False doctrine is like a Cancer or Gangrene, it frets all that is sound and in the end killeth”’. In a similar manner, clergyman Thomas Adams described those who stole from the Church as lying ‘in the bosome of the Church; as that disease in the brest, call’d the Cancer, vulgarly the wolfe: devouring our very flesh, if wee will not pacifie and satisfie them with our substance’. The viciousness of the malignant

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86 John Fletcher, *The Faithful Shepherdess* (1679 (1608)), Act 5, Scene 3. From *English Drama* (online resource) <www.0-collections.chadwyck.co.uk.lib.ex.ac.uk>, 30 September 2012.


cancer or ‘wolfe’ was important to Adams, but equally significant was the placement of the traitor or cancer in the ‘bosome’ of the institution, central to the body and associated with nurturing and re-productivity (unlike another ‘eating’ disease, gangrene, which primarily affected the body’s extremities). Likewise, the claim of Shakespeare’s Henry VI that ‘Civil dissension is a viperous worm / That gnaws the bowels of the commonwealth’ (Henry VI, Part 1, 3.1) utilised both the sense of the eating, cankerous worm as an ontologically separate creature which fed on the body politic, and a sickness generated in, and intimately connected with, that body.

In each of the above cases, the simultaneity of cancer’s apparent hostility to the body and its connection to it were essential aspects of the translation of malignancy from the individual body to the body politic. In addition, both medical and non-medical texts occasionally drew attention to subtler aspects of the similitude between bodily and social malignancies. In particular, the ability of cancer to spread through the body unchecked, and the unpredictable rate at which it did so, may be viewed as intrinsic to its rhetorical capital as a byword for violent dissent. Texts such as Adams’ placed particular emphasis on the manner in which the cancer of thievery outpaced as well as outfoxed attempts at a cure, noting that as it ‘laid hold of every nobler part with its deadly Claws’, it would only ‘spread the more and faster’ when met with opposition. Such emphasis matched concerns about the spread of cancerous or malignant ideas across the intellectual and geographical landscape. Andy Wood, for example, points out the importance of physical movement to civil, religious, and economic unrest when he notes that ‘plebeian crowds of the 1640s … were known as the

89 Ibid.
'Mobile', referring to the collective mobility and instability of the crowd'. By the 1680s, he writes, ‘the Mobile’ had been shortened to ‘the Mob’, such that mobility was inextricably linked to insurrection and violence. The influence of such linguistic turns upon popular and medical representations of cancerous malignancy is unclear. Nonetheless, it seems inevitable that the anxieties about uncontrollable movement Wood describes should have contributed to both the adoption of malignancy as an appropriate model for the spread of disruptive ideas, and the propensity, observed earlier in this chapter, for medical writers to describe cancer’s spread in topographical terms. Notably, even prior to the nationwide unrest produced by the civil wars, cancer could, occasionally, be represented as analogous to a rebel infiltrating the corridors of power. For example, a 1579 text on venereal pox by William Clowes (1543/4 – 1604) shows how malignant growth could be imagined in anthropomorphistic terms. The author insisted that pox was like ‘canker’, which would ‘creepeth’ through the body ‘until it commeth to the Liver, where being once entered, it corrupteth the fountain of bloud’. Clowes’ identification of the liver as important to metastasis made little impact on English texts about cancer in the early modern period, but his fleeting portrait of the disease as a duplicitous interloper remained relevant for at least the next 150 years.

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91 Ibid.
93 De Moulin suggests that continental physicians were more interested in the role played by the liver and lymph nodes (Daniel De Moulin, ‘Historical notes on Breast Cancer, with Emphasis on the Netherlands: II. Pathophysiological Concepts, Diagnosis
The meaning of malignancy as ‘likely to rebel against God or authority’ was thus influenced by the somatic experience of cancer’s progress, but in turn fed back into how cancerous malignancy was reported and experienced. Moreover, what it meant to ‘rebel’ depended, rather conspicuously, upon what or who one deemed an authority. While at the turn of the seventeenth century Shakespeare cast ‘cankers’ as acting against royal authority, by the time of the Civil Wars, ‘Malignants’ had come into use as a term applied by parliamentarians to Royalists.\(^94\) Whichever way the political wind might blow, the cruelty and morbidity of cancerous disease ensured that ‘malignancy’ remained a useful image with which to discuss power, duplicity and destruction. Furthermore, by looking at medical and non-medical texts in tandem, it becomes evident that the latter also influenced the former. The conceptualisation of malignancy may profitably be viewed as a circuit upon which the somatic experience of cancer and the social disorder related by texts using the malignancy image were two opposite points. Each relation of civil or religious disobedience as cankered or ‘malignant’ fed back into medical discourses to furnish those writers with the language in which to describe the bewildering and frightening experience of encountering malignant cancer. In turn, increasingly vivid accounts of somatic experience recirculated to set up cancerous malignancy as a powerful and apt metaphor for the description of troubling or violent disorder in the body politic.

Conclusion

For early modern people, ‘malignancy’ was a term rich with somatic and social associations, describing more than the clinical fact of cancerous growth with which the word is associated today. A large part of what was denoted by malignancy in medical texts was the terrifying ability of cancers to spread through the body or recur after their apparent cure. In trying to understand these phenomena, some medical practitioners tried to model cancerous growth in empirical terms, using theories which were, by the standards of the day, biomechanistic in approach. These attempts loosely prefigure the move which would take place during the eighteenth and nineteenth centuries toward attempting to understand cancer according to new iatrochemical and germ theories.  

Visible throughout even the most radical medical theories about cancerous growth, however, was the abiding sense that cancers spread and took over the body simply because this was central to their nature. ‘Malignancy’, as it described the disease’s spread and its resistance to cure, was absolutely intrinsic to the disease. The diagnostic criteria which marked out a cancer from a benign tumour, such as heat, pain and discolouration, were likewise deemed signs of cancer’s malignant ‘nature’. Moreover, ‘malignancy’ was also understood as the force which brought those grievous symptoms about, such that it seemed that cancers were malignancy in action – its bodily manifestation.

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It was this sense which facilitated the association of cancerous malignancy as a mode of talking about moral ills, or those which spread through the politic or religious body. Rebellious subjects could easily be imagined as, like cancerous tumours, the physical embodiment of an intangible urge toward destruction and disruption, characterised by a troubling illimitability and unpredictability. This vision of malignancy was a multi-authored creation, in which the social and political concerns of the age were attached to the somatic experience of, and medical anxiety around, a disease which unfailingly provoked horror, apprehension and curiosity. ‘Malignancy’, therefore, was neither a medical term borrowed by literature, nor a metaphor adopted by medical practitioners, but a term of true intertextuality.
5. **Wolves’- tongues and mercury: pharmaceutical cures for cancer.**

Early modern patients diagnosed with cancer were positioned at the centre of discourses about gender, the nature of disease, anatomy and the humours. More practically, they also found themselves with a malady that was often painful and disfiguring, and had the potential to end one’s life. Confronted with such an illness, what was to be done? The following two chapters examine how cancer sufferers, and the medical practitioners who attended to them, attempted to stem or reverse the effects of this disease. I will argue that, in their most potent forms, cancer treatments continued the conceptual separation of patient from disease which was visible in zoomorphic and anthropomorphic descriptions of cancer’s character. In so doing, they diminished the patient’s role in their own cure, while foregrounding an adversarial relationship between medical practitioners and ‘rebellious’ cancerous tumours. Throughout the early modern period, cancer treatments provoked fierce debate over both the nature of disease, and the proper limits of medical intervention.

In this chapter, I investigate non-surgical therapeutics for cancer. These are loosely defined as those remedies which did not involve the dreaded ‘Knife or fire’ in cutting or otherwise penetrating the flesh (though as I shall show, this did not mean that such remedies could not cause fissures, intentional and otherwise, in the patient’s skin).[^1] Such ‘cures’ were both numerous and incredibly varied, ranging from strict diets, to unguents such as oil of frogs (made by baking the creatures with butter in their mouths), to powerful purges.

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of hellebore or senna, and toxic caustics including arsenic and mercury. They were also employed by diverse parties: although surviving sources primarily document those cures prescribed by professional medical practitioners and recorded in their textbooks, many ‘empirics’, apothecaries and lay people had their own opinions on how best to cure a cancer. Despite the apparently disparate nature of these materials, a thread can be traced through cancer therapeutics. Prescriptions can roughly be graded, as I have divided them below, into orders of severity, from the merely unpleasant, to the acutely dangerous, with the most radical therapies accompanied by elaborate rhetoric and impassioned debate. Departing from treatments based on regimen and rebalancing the humours, which involved the active participation of the patient, increasingly complex and potent pharmaceutical interventions focussed less and less on the individual with cancer, and foregrounded the zoo- or anthropomorphised tumour. At length, therefore, both medical practitioners and patients faced a decision: in order to kill a cancer, how far were they willing to go?

The most comprehensive look at early modern cancer treatments is currently provided by Marjo Kaartinen’s *Breast Cancer in the Eighteenth Century*, and the eighteenth-century landscape of pharmaceutical treatments for cancer outlined by that text is in many respects similar to that which I shall describe for the period 1580 – 1720. Kaartinen notes, for example, the continuity of lay and ‘professional’ therapies for cancer, and the incomplete distinction of curative

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2 On ‘Oyl of Frogs’, see Wiseman, *Several Chirurgical Treatises*, p. 102.

from palliative remedies. Moreover, it is clear that many of the therapies employed in the eighteenth century were ones which remained unchanged over several hundred years, even dating back to the medieval period. Receipts made from ‘organic’ ingredients such as plants, animal dung and grease were passed down in domestic receipt books and through printed texts of various kinds from the sixteenth into the eighteenth century. Likewise, lead and mercury waxed and waned in popularity as cancer cures, but remained in use for well over three hundred years. In other aspects, however, it is clear that the later eighteenth century in particular was characterised by a preponderance of exotic cures for cancer with no equivalent in earlier texts, including the ingestion of lizards, use of electrical therapy, and application of carbonic acid to cancers. These innovations evidently depended on alterations in medical theory, and in socio-economic circumstances, which were unique to the later reaches of the early modern period.

Aside from Kaartinen’s study, early modern treatments for cancerous disease have seldom been investigated at any length. In her *Female Patients in Early Modern Britain*, Wendy D. Churchill briefly describes the way in which women with breast complaints often delayed seeking medical attention until pain or debility made it absolutely necessary, fearing the painful methods of ‘cure’ offered by both physicians and surgeons. Luke Demaitre’s 1998 essay on

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4 Ibid., pp. 28, 35.
5 Ibid., pp. 58-60.
6 Ibid., pp. 30-31.
7 Ibid., pp. 31-32.
cancer in the medieval period also briefly, but astutely, notes the reluctance of medical practitioners to interfere with cancers, as well as the particular use of prescriptions from the *Dreckapothecke* – that is, excrement of various kinds and from various species. In his lengthy study of the history of cancer therapeutics, Siddhartha Mukherjee evocatively characterises early modern cures for cancer as 'an intricate series of bleeding and purging rituals to squeeze the humours out of the body as if it were an overfilled, heavy sponge'. However, these works have paid relatively little attention to the way in which remedies for cancer reflected beliefs about the nature of the disease, or medical practitioners' relationship to the malady.

This chapter also looks to scholarship on other, more studied, diseases in order to contextualise some of the methods and ingredients employed in the treatment of cancer. In particular, works on venereal pox – notably those of Kevin P. Siena and of Jon Arrizabalaga, John Henderson, and Roger French – have provided valuable details about the unpleasant side-effects of mercury 'cures' which may help to explain why this course was such a controversial one.

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in the treatment of cancer.\textsuperscript{11} As noted in the Introduction to this thesis, recent scholarship has also foregrounded the protean nature of the early modern medical marketplace. Iatrochemical methods were, as I discuss, incorporated into medical systems which remained broadly humoralist in both theory and praxis.\textsuperscript{12} Likewise, the differentiation between varieties of medical practitioners – physicians, surgeons, apothecaries and itinerant medicine-sellers among others – was often problematic. Particularly outside London, the line between authorised and ‘empiric’ practice, as well as between areas of specialisation, was blurred. Patients might pick and choose from a broad range of practitioners depending on their budget, complaint, locale, and personal preference.\textsuperscript{13}

The methods by which medical practitioners attempted to treat cancer were diverse, complex, and, in many cases, incompletely recorded. With many medical textbooks listing multiple cures, it is likely that more than one avenue of therapy was pursued at any one time, so that, for example, a patient might undergo purging, apply daily salves or lotions, and maintain a modified diet, more or less simultaneously. Broadly speaking, however, it is clear that many


\textsuperscript{13} Wear, \textit{Knowledge and Practice}, p. 23.
early modern patients and medical practitioners subscribed to the intuitive approach of beginning treatment with mild therapies, and moving on to increasingly violent ones if the disease failed to respond. This is the schema upon which the chapter is divided, and along which I trace a corresponding conceptual shift leading to the exclusion of the patient, as an individual and an agent in their own recovery, from a drama played out between medical practitioners and cancer.

Section one of the chapter discusses recommendations for the regimen of the cancer sufferer – their diet, the administering of medicinal purges to expel excess humours, and bloodletting. Such prescriptions, I argue, were based on an understanding of the disease as humoral in origin, and emphasise the responsibility of the patient for their own physical wellbeing. The second section looks to internal medicaments, unguents and salves which were specific to cancer. Repeatedly emphasised as ‘gentle’, these cures were designed not to ‘aggravate’ the disease, casting it once again in zoomorphic terms. In the use of powdered crabs and crushed worms, that zoomorphism turned to hopes of curing ‘like with like’. It is also in the arena of ‘gentle’ cures that I argue one most clearly sees the medical marketplace at work. Many patients were offered ‘one size fits all’ miracle cures which increasingly treated cancer sufferers as interchangeable, proposing therapies less tailored to individual humoral states and more invested in combatting cancer as an ontologically independent complaint. In the third section, I look at those medicines – usually applied to ulcers and tumours on the body’s surface – with corrosive properties, primarily arsenic and mercury. Representations of these treatments usually focussed less on the patient as an individual, and more on the role of the medical practitioner. Unpleasant, and frequently dangerous, such therapies were highly
controversial, but, tantalisingly, seemed to promise an ‘eating’ force to rival that of the malignant tumour.

1. **You are what you (don’t) eat? Combatting cancers with diet and regimen**

On an unrecorded date in the mid-seventeenth century, a physician named John Fernelius wrote to his colleague Simon Pietre for advice regarding a tricky case of ‘cancerous wenns’ in the armpit of a young woman.\(^\text{14}\) Pietre’s reply, which later appeared in the *Select Medical Counsels of John Fernelius*, appended to the 1662 *A Golden Practice of Physick*, tells us much about the way in which medical practitioners approached this disease, and is worth citing at length. Pietre’s letter begins with a brief recipe for ointment to be applied to the wens (sub-dermal lumps), with a warning against using any strong medicines. The bulk of the letter, however, was taken up with detailed instructions for the woman’s regimen, which, Pietre argued, ought to include regulation of diet, medicinal purges, and bloodletting:

\[\text{the whol body of this ingenuous damosel … is tender and dry, as I understand by her Father, it must be gently handled. And therefore it must be purged with Cassia Fistula, Diacatholicon, or King Sapers syrup newly made, half the saffron being left out. Which let her take twice or thrice in a month, with whey wherein Epithymum and fumitory have been infused. And because her nature seems inclined to breed melancholick juice, even of the best meats, through fault of her Livers distemper; we must fight against that juice with a syrup made of juice of bugloss, Borage, Caume, Endive, sweet prunes, whereof let her take amornings with boyled water. To the same intent Asses milk will be good, which let her use every morning with a little sugar. At the approach of spring and Fal, her body being purged, let her left basilica or median veine be opened, and take two smal porringers of blood. Finally, make an issue in}\]

her left Arme, neare the muscle Deltois. This summer time let her frequently use a bathe of sweet fresh water, to correct the driness of her body. Moreover, let an opiate be made for her of Conserve of Violets, Lilies, Roses, Bugloss, Borrage, Citron peel, Confectio alkermes, that by the use thereof the malignant force of the melancholy juice may be amended and the patients natural strength restored.

Let all her diet and course of life tend to moistness, and moderately to cool; refusing all meats that breed melancholick juice.

Let her use ptisan [tisane] instead of wine, or a decoction of coriander with Raisons. And when the heat of the weather shal be more remiss, you shal order her wine wel allaid with water, which in this extremity of summers heat I do not allow.\textsuperscript{15}

Pietre’s recommendations found favour with Fernelius, who saw fit to include them in his \textit{Medicinal Counsels}. Moreover, they reflected precisely the belief of many contemporary practitioners: that cancer was a disease with humoral origins, which might be cured by redressing bodily imbalance.

Widely believed to have its origins in humoral dysfunction – namely, the burning or stagnation of black bile – cancer represented an ideal candidate for redress by adjustment of the ‘non-naturals’, diet and bodily regimen. In turn, regulation of non-naturals was perhaps the most widespread form of medical prescription during the early modern period, and, as Andrew Wear has observed, an idea firmly embedded in the nation’s cultural consciousness.\textsuperscript{16} Insightful work has lately been written on the importance of regimen, and in particular the use of food as medicine, in neo-Galenic therapeutics. Jan Purnis, for example, argues in her 2010 ‘The Stomach and Early Modern Emotion’ that attention to diet reflected a ‘profoundly embodied partnership’ between body and mind in early modern somatic experience, and

\textsuperscript{15} Fernelius, \textit{Select Medicinal Counsels}, pp. 412-3; image 742.

The importance of digestion to psycho-physiological state meant that careful attention needed to be paid to literal appetite and diet ... Because the line between food and medicine was blurred and because different foods were suitable for different people, 'to choose one's diet' was, Michael Schoenfeldt argues, 'an act of self-fashioning in the most literal sense'.

Margaret Healy similarly observes that 'It is probably true to say that the maxim, 'We are what we eat', was never so significant in England until this period', with adherence to certain dietary rules deemed essential for the spiritual and physical health of both individual and country. In his 2002 *Eating Right in the Renaissance*, Ken Albala approaches the relationship of food and medicine from the opposite direction, arguing for a sincere, if sometimes confused, interest in the medicinal effects of food from culinary writers across Europe.

While scholars have investigated the early modern relationship between food and medicine from different perspectives – indeed, a comprehensive work on food as medicine in this period has yet to be written – they are in agreement on two points, both of which, I will contend, are highly visible in texts dealing with cancer. They concur that drinks and foodstuffs were thought of as having

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heating, cooling, moistening or drying properties, by which they could create or redress humoral imbalance in the consumer. Moreover, they argue, this direct connection between eating and being temperate or intemperate cast food as a mode of self-determination with intertwined moral and physical consequences. We have seen in Chapter One that cancer was most often conceived of as a disease of *atra bilis*, a noxious derivative of the melancholy humour. In their advice on the most appropriate diet and regimen to counteract or prevent cancers, medical practitioners varied little across 150 years, returning repeatedly to the recommendations of moderation and avoidance of ‘strong’ meats found in Galen’s *Methodus Medendi* as a means to quell excess melancholy.\(^{20}\) In 1583, for example, Philip Barrough advised that ‘among other things this is chiefly and principally to be observed, (namely) that such nourishment be given to the diseased, as have vertue to refrigerate and moysten, and which doe engender good and slender juyce’.\(^{21}\) He went on to specify ‘fishes of gravelly places’, egg yolks, and poultry (excepting that which ‘live in fenny groundes’) as particularly desirable foodstuffs, his descriptions demonstrating the remarkable specificity with which gamey meats or sea fish were distinguished from their lighter counterparts.\(^{22}\) The foods Barrough prescribed were believed to be cool and moist in quality; meals thought not to tax the digestive system, and, perhaps, ways to tempt a sickly appetite. In this


\(^{22}\) *Ibid.*
the physician conformed to Galen’s advice that melancholy individuals should ‘use meats that are light of digestion’.  

This injunction was heeded over and over by medical practitioners from the sixteenth to the eighteenth century. In 1585, for instance, Johann Jacob Wecker repeated Barrough’s prescription closely, adding that one should also avoid salt and ‘sharpe’ meats, and make the whole diet ‘spare, and moderate’.  

A 1698 edition of The Compleat Midwife’s Practice advised a diet of ‘cooling and moistening spoon-meats’ for any woman with inflamed breasts that might turn cancerous. Wiseman similarly reflected in 1686 on the dangerousness of ‘acrimony in meats and drinks’. The space given to discussions of diet in medical textbooks varied widely, but any reader confused as to the components of a ‘spare’ or ‘cooling’ diet could turn to those, like Ambroise Paré, who decreed in detail which foods a cancer sufferer might safely eat, and which should be avoided:

thicke and muddy wines, vinegar, browne bread, cold hearbes, old cheese, old and salted flesh, Beefe, Venison, goate, hare, garlicke, onions and mustard, and lastly all acride, acide and other salt ... which may by any meanes incrassate [thicken] the blood, and inflame the hum[ours] ... be escheewed. A cooling & humecting diet must be prescribed; fasting eschewed, as also watchings, immoderat[e]e labours, sorrow, cares, and mournings; let him use ptisans, and in his brothes boile Mallowes, Spinach, Lettuce, Sorrell, Purslaine, Succory, Hops,

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23 Galen, Methodus Medendi, p. 55.


26 Wiseman, Several Chirurgical Treatises, p. 99.
Violets, Borradge, and the foure cold seeds. But let him feede on Mutton, Veale, Kid, Capon, Pullet, young Hares, Partridges, Fishes of stony rivers, reare Egges; and use white wine, but moderately for his drinke.  

Paré’s injunction against red meats and strong savoury flavours in favour of white or ‘young’ meat, green vegetables, and fish was typical among his contemporaries. The caution given here against ‘thicke and muddy wines’ was also commonplace, with Alexander Read later asserting that ‘there is nothing more pernicious [for melancholy complexions] than the immoderate use of potent and strong wines, such are all kinds of Sacks, and greeke wines, which exceedingly burne the humors in the masse of the bloud’.  

Such prescriptions followed the logic of humoral theory to the letter. Moist meats and broths, for example, were believed to counteract the dry melancholy humour which led to the stagnation of blood, and the separation of noxious properties within the blood which ‘resembleth the dregges of wine’.  

Warnings against the evils of excessively strong liquor drew in particular on the caution in Galen’s *Methodus Medendi* that these substances heated the body, agitating the choleric humour. A person of choleric complexion, advised Galen, should ‘fly from Wine and strong Beer as fast as he would fly from a Dragon’.  

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avoiding strong alcoholic drinks in texts on cancer demonstrates the degree to which choler was felt to be implicated in the transformation of melancholy into *atra bilis*, which in many texts appeared as a process of burning or ‘adustion’.

Most dietary recommendations had their roots in Galenic theory, and were justified in those terms. However, they also incorporated a degree of moral proscription, resting as they did upon patients’ everyday choices around food, drink, and physical activity. In her article on ‘Sciences of Appetite’ in the later eighteenth century, Elizabeth A. Williams argues that ‘seventeenth-century medical advice was marked by eating anxieties and by medical antagonism toward gastronomic indulgence’. The red meat, strong cheeses and potent wines described as causing cancers fell into that category of ‘indulgences’, and only the wealthy could afford to eat such items regularly. In particular, medical writers repeatedly identified foreign, especially Greek, wines as dangerous to health, recommending instead watered-down wine or small beer. Indirectly, they thus linked cancer to epicurean or intemperate appetites (while remaining seemingly oblivious to the fact that those who could afford their services were by definition likely to be among those few who enjoyed a rich, varied diet). In addition – as so often in discourses about the disease – women were once again marked out as particularly vulnerable. As described in Chapter Two, large breasts, as associated with obesity, were viewed as a risk factor for breast cancer. Women were understood as likely to have more body fat than men.

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because of their more sedentary lifestyles, their lack of self-mastery, which led them to over-eat, and their cold humours, which were inadequate to fully concoct, or ‘burn off’, rich meals.\(^{33}\)

As Healy states in ‘Bodily Regimen’, ‘staying healthy had enormous spiritual and moral implications’ in this period, in which ‘disease had become a culpable and blameworthy affair closely associated with over-indulgence’.\(^{34}\) Where lifestyle prescriptions for staying or curing cancer extended their reach beyond diet, this moral dimension became more pronounced. In accordance with Galen’s recommendation for those of a choleric complexion, writings on cancer repeatedly warned against strenuous exercise.\(^{35}\) Exercise could seldom be considered immoral in itself. However, many medical practitioners extended that proscription to include mental and emotional ‘labours’, which one had a duty to try and moderate. In 1650, for instance, Read echoed the advice of many of his contemporaries when he advised that ‘watching [brooding], immoderate labour and grieffe’ should be shunned by cancer patients, since, like certain foods, they heated the body and facilitated the creation of \textit{atra bilis}.\(^{36}\)

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\(^{34}\) Healy, ‘Bodily Regimen and Fear of the Beast’, pp. 57-8.

\(^{35}\) Galen, \textit{Methodus Medendi}, pp. 55-6. This was directly opposite to the advice for melancholy individuals, underlining the perceived importance of heating or ‘burning’ in the creation of \textit{atra bilis}.

\(^{36}\) Read, \textit{The Workes}, p. 172.
darker perspective, in which spousal violence is tacitly indicated as one way of generating this disease. Not only were women most likely to be the victims of spousal violence, it was also believed that they had difficulty in controlling their emotions, making them, once again, more vulnerable to the ill effects of melancholy.

Readings of cancer which positioned diet and regimen as crucial to both falling sick with, and recovering from, the disease might thus be read as disempowering. One might naturally have a melancholic or choleric disposition which was particularly susceptible to heating by unsuitable foodstuffs. Equally, a hostile home environment, bereavement, or other outside factors might bring on the harmful ‘watching’ and grief which exacerbated the disease – not to mention the fact that ‘immoderate labour’ was not a matter of choice for many early modern patients. Yet while cures which emphasised the need to balance the humours highlighted certain circumstantial or physical predispositions to cancer, they also stressed the connection between moral, psychological and physical health, and offered opportunities for holistic self-determination – namely, the chance to heal oneself. So firmly was this belief engrained in the mind of medical practitioners that some writers recorded great frustration with patients who neglected their prescribed regimen. Writing in 1711, William Beckett complained:

> Upon the whole of this Cure, I cabbit [cannot] say whether I had more trouble with the Cancer, or in endeavouring to oblige my Patient to a strict Observance of some of the non-Naturals she so often err’d in. There’s nothing can create a greater trouble to the Surgeon, than to find Patients negligent of their healths, by not endeavouring to prevent or
regulate Miscarriages, nor taking so much Care of themselves, as they expect that the Surgeon should take of ‘em.\textsuperscript{37}

Despite their occasional obstinacy, by careful regulation of diet, and procedures such as purging and phlebotomy, cancer patients could, it was believed, evacuate corrupt matter from the body, redress their faulty humours, and help themselves to become healthy again. As such, concoctions designed to purge the whole body of excess humours were a staple of almost every printed medical text, and appear as a natural progression from the regulation of the body through food and exercise. A 1662 translation of Lazarus Riverius’ medical observations, for example, emphasised the importance of purging before any other avenues of cure were to be pursued, and even proposed that purges could completely cure an incipient cancer:

where speaking of a Cancer, [Galen] has these words. \textit{I have often Cured this Disease when it was but beginning, but when it is grown large, it cannot be cured without manual operation; and a little after: this disease I have (as was said) Cured at the beginning, especially when the melancholy humor was not very thick; for then it easily gives way to purging Medicaments, by which the Cure is effected; and it is easie to conceive, that these purging Medicaments must purge black cholere. Which must be used as til the patient have recovered his former health, using in the mean time, such a Diet as may breed very good Humor. And according to the rule of the said Galen … Those that are troubled with this Disease, must be purged with strong Medicaments. Herefore I conceived I must fly to the use of strong Remedies, the chief of which is the Root of black Hellebore, which is most effectual to purge Melancholly}.\textsuperscript{38}

\textsuperscript{37} William Beckett, \textit{New Discoveries Relating to the Cure of Cancers ... To Which is Added, a Solution of Some Curious Problems, Concerning the Same Disease} (1711), p. 25.

\textsuperscript{38} Lazarus Riverius, \textit{Four Books of that Learned and Renowned Doctor, Lazarus Riverius. Appended to Felix Platter, Abdiath Cole and Nicholas Culpeper, A Golden Practice of Physick} (London: 1662), pp. 55-6; image 610-611. See the Bibliography for notes on this composite text.
Black hellebore was a favourite purgative for Riverius; a 1655 translation of the author’s *The Practice of Physick* again asserted that ‘by giving the Extract thereof twice or thrice, we have somtimes cured a Cancer in the beginning’.  

Medical practitioners throughout the early modern period placed similar store by the effectiveness of this poisonous substance, often combining it with gentler ingredients such as senna, rhubarb and endives in a broth or tisane. While purges might be considered less radical than the concoctions of arsenic and mercury favoured by some physicians, however, they could hardly be considered an easy option. Senna was well known as a laxative, and hellebore was a powerful emetic, potentially lethal in the wrong hands. In this light, the ‘breeding’ of new, better, humours which Riverius described as the aim of his prescription may be viewed as a loaded image. The cancer-causing *atra bilis* was depicted as something more than mere chemistry, appearing instead as a malign progeny to be driven from the body; an image which, as we have seen, was writ large in depictions of tumours as monstrous foetuses, or as Beckett described, ‘Miscarriages’. The discomfort of purging was recast as a personal ‘labour’ by which such mal-productions might be expelled.

In the related process of bloodletting, expulsion of ill humours from the body was similarly positioned as an exercise to heal while it hurt. Removing harmful *atra bilis*, and standing in for the menstrual or haemorrhoidal bleeding of which

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41 See also Stolberg, who views purging as a practice related to exorcism (*Experiencing Illness*, p. 27).
cessation was often supposed to be a key factor in tumours' development, bleeding appeared as a positively intuitive response to illness for a variety of medical practitioners and their patients. Riverius, for example, suggested bleeding ‘in the Arm, Anckle, and Hemorrhoid Veins’ as an effective means to stay, if not to cure, cancers of the womb.42 Others, such as John Browne, went even further, advocating a complex system of phlebotomy designed to expel ‘bad' blood and move good humours to the site of disease:

Venesection, or breathing of a vein also is very convenient, in that great Diseases do produce great effects: Secondly, because black Blood is seen to fill up the Veins, which ought to be let out and discharged, by which the parts become more cool’d and more moderate: Thirdly, by it also the obstructions are lessned, which being done, there is a more free breathing throughout the whole Body; and it is also beneficial where any suppression or obstruction of the Menstrues or Hemorrhoids happen, and Galen … does prescribe Bleeding, if the Age and Strength of the Patient will admit it, the which allays the heat, and is seen to cool the Liver; thus of a Cancer arise from a suppression of the Menstrues, he orders a Vein in the Foot to [be] opened, if of the Hemorrhoids, he prescribes Leeches to be applied to those parts.43

Browne’s recommendations for bleeding a cancer patient demonstrate the considerable faith placed in this therapy. As Gail Kern Paster records, many medical writers, well into the eighteenth century, conceived of the circulatory system as moving blood only slowly around the body.44 In redress to the blockages and stagnation thought to result from this state of affairs, the black blood which medical practitioners often claimed they could see collecting

43 John Browne, *The Surgeons Assistant … Also a Compleat Treatise of Cancers and Gangreens. With an Enquiry Whether they have any Alliance with Contagious Diseases* (London: 1703), pp. 89-90.
around tumours was supposedly removed by phlebotomy. Bleeding from the haemorrhoids or feet was believed to draw blood away from the cancerous areas of the upper body, starving the tumour of *atra bilis*. Opening the ankle (saphaena) vein in particular was also believed to redress the humours by provoking menstruation, and to procure miscarriage: an action linked pragmatically and figuratively to expelling the mis-conception of a cancerous tumour. As in the case of digestive purges, however, this treatment was not without its dangers. Browne’s text continued with a warning about letting blood around the area of a tumour. ‘I have more than once observed in my Practice’, he asserted, ‘that letting the Patient Blood in the same Arm … on that side the Cancer is fixt, that new Cancers have readily been bred thereupon, and which have many times been more malign, and much worse than the former’. If phlebotomy had the power to move good blood into the area of a tumour, it also had the potential to move corrupting blood into other parts of the body, prompting what we now call metastasis. Medical practitioners also realised the risk posed to a patient’s already failing strength posed by bleeding, exhorting readers to ‘be cautious in Bleeding’, and only let ‘as much as the patient can suffer’.

Once again, the ‘suffering’ involved in being bled may be viewed as integral to the perceived efficiency of the procedure as therapy for cancer. In contrast to

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the unbidden menstrual bleeding that signalled ‘woman's inability to control the workings of her own body', Paster argues that ‘the control of blood and bleeding exemplified by the phlebotomist's art becomes a key determinant of agency and empowerment’.\textsuperscript{48} Schoenfeldt has demonstrated that much of the bloodletting carried out during this period was self-prescribed as a prophylactic, with wealthy individuals summoning the phlebotomist or barber-surgeon at certain times of year, or whenever they felt themselves ‘plethoric’.\textsuperscript{49} Certainly, even if bloodletting was not the patient’s own suggestion, it was a procedure with clear, explicable logic for those familiar with the basic principles of humoralism.\textsuperscript{50} While cancer was often frustratingly mysterious in its causes and progress, bleeding offered patients the chance to control their bodily substance in a way that was tangible and visible.

Prescriptions for controlled diets, calm and quiet activities, medicinal purges and bloodletting were among the most common recommendations to appear in medical texts discussing cancer during the early modern period. As we have seen, they held considerable appeal, apparently undiminished by their potential to cause discomfort or even physical harm. Largely self-directed, cures based around regimen offered therapies that were readily understandable to patients, with medical practitioners possessing specialist knowledge – the best places from which to bleed, for example – but no basic insights into the procedures which were not virtually common knowledge for a population steeped in

\textsuperscript{48} Paster, \textit{The Body Embarrassed}, pp. 83, 84.

\textsuperscript{49} Schoenfeldt, \textit{Bodies and Selves in Early Modern England}, pp. 31-3.

Galenism. Moreover, these cures were, to some extent, tailored to each patient’s constitution. As Eve Keller describes, purging, phlebotomy, and dietetics were all embedded in a discourse at once holistic and individualistic: holistic, because it foregrounded the interaction of self with environment, and individualistic because it emphasised the uniqueness of each patient’s constitution. Nonetheless, there were downsides to such therapies. Diets, purges and bleeding were ‘catch-all’ cures, designed to redress humoral imbalance and thus heal the whole body including the tumour, rather than to target the cancer specifically. For patients battling malignant tumours, searching for a definitive cure, this was often not enough. They sought more radical means, and in the thriving medical marketplace of early modern England, they found many sources willing to supply them.

2. Plantain and wolves-tongues: herbal and animal remedies

However great their faith in the power of regimen, most medical practitioners conceded that improvements in diet, phlebotomy and purging could only work a full cure on ‘incipient’ cancers. One had to take such measures, as Paré attested, ‘before it fasten its roots’, and even then, success was far from assured. Unsurprisingly, therefore, early modern patients and medical practitioners sought more reliable means of cure, and medicines which claimed to act directly upon cancerous tumours were as numerous and varied as those who supplied them. From ointments and unguents to broths, pessaries and clysters, they included all manner of animal, mineral and vegetable ingredients. Here, I examine some of the most common cures in this compendium, and

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51 Ibid.

show how they operated in relationship to beliefs about cancer’s ‘nature’.
Through injunctions against ‘angering’ the disease, the use of ‘like against like’
animal ingredients, and arguments over pharmaceutical cure-alls, cancer was
constructed in these discourses as increasingly separable from the patient
whom it afflicted.

Pietre’s letter to Fernelius advocated, as we have seen, the regulation of diet
and lifestyle above all else. The medical practitioner’s first concern, he argued,
should be to redress the unbalanced humours which afflicted the whole body,
effectively to starve the cancer of the *atra bilis* upon which it was founded.
Having achieved this, however, Pietre also recommended applying a more
specific cure. ‘I conceive you ought to deal very gently with [the tumours]’, he
wrote:

> nor must you use strong softners or digesters, least they grow worse, but
gentle ones, such as is an ointment made of a little diacalciteos dissolved
in juice of Plantane and Nightshade, al beaten together in a laden
[leaden] morter. Nor must you desist from that medicine til you see what
good it can do.\(^5\)

As cures went, this ointment was among the simplest, consisting of three basic
ingredients. ‘Diacalciteos’ most likely refers to chalcitis, an oxide of iron
commonly used in medicines of the period, which could have been procured
from an apothecary. Plantain and nightshade were common plants with
respectively soothing and poisonous properties. Finally, the leaden mortar
imparted some of its toxicity to the finished mixture. Despite its ingredients,
however, Pietre’s scant description implied that this was a ‘gentle’ remedy,
perhaps temporarily alleviating pain in the affected area through the mortifying

\(^5\) Fernelius, *Select Medical Counsels*, pp. 412-3; image 742.
effects of nightshade. Most telling is Pietre’s caution to his colleague: ‘nor must you use strong … digesters, least [the tumours] grow worse’. In this statement is contained the weight of a belief held by dozens of practitioners treating cancer, that aggressive therapies for the disease caused them to grow worse as if in an act of rebellion.

Pietre’s fear can be traced back at least into the sixteenth century in English medical texts, and remained current well into the eighteenth. Barrough’s 1583 *The Method of Physick*, for example, exhorted the reader to ‘make choice of those medicines, which are of a meane force, and of a gentle qualitie’.54 His recommendation was explicitly tied to a conceptualisation of cancer which imagined the disease in anthropomorphic terms; Barrough believed that ‘the malignitie of the evill through … vehement medicines is stirred, and provoked, and made more fierce and savage’.55 Similarly, in 1651, Nicholas Culpeper’s popular *Directory for Midwives* noted that cancer ‘hath a peculiar malignity, which is fermented and mad[e] worse with Emollients and suppuraters’.56 Imagined as semi-sentient, the capricious, ill-tempered cancer demanded to be only ‘softly medled with’.57 How medical practitioners and patients believed that the prescribed medicines did ‘meddle with’ the disease is often unclear.

Ingredients for such ‘gentle’ prescriptions were widely varied, frequently

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55 Ibid., p. 276.
57 Wirsung, *Praxis Medicinae Universalis*, p. 98.
including plantain, rose oil or water, borage, honey, lead, alum, henbane and nightshade.⁵⁸ Many medical writers, and in particular the writers of household receipt books, recorded these components, and the method to make their medicine, with no other comment attached than the ubiquitous ‘est probatum’ (‘it is proven’). What is evident, however, is that there was no single cancer-curing herb included in these remedies. Rather, combinations of ingredients were chosen to combat the cancer through a mixture of symptomatic relief and redress of the _atra bilis_ which caused the disease. Plantain, for example, was held by Culpeper’s _English Physitian_ to be a plant of such general usefulness that ‘there [is] hardly a Martall Disease but it cures’, and was deemed particularly good for quelling fluxes, and easing pain and inflammation, all features of cancerous disease.⁵⁹ Roses were likewise credited with a myriad of healing properties, including reducing inflammation, purging choler and strengthening the vital organs.⁶⁰ The seemingly counterintuitive inclusion of toxic plants such as henbane and nightshade into cancer remedies was believed, when applied correctly, to assuage pain and swelling.⁶¹ Balancing so many different properties, such remedies could be incredibly complex to prepare, with one cure from Elizabeth’s Godfrey’s 1686 receipt book listing forty-two separate ingredients. This lengthy process, however, was deemed

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⁶⁰ _Ibid._, pp. 315-319.

⁶¹ _Ibid._, pp. 124-5 (Henbane), 172-3 (Nightshade).
worthwhile when it seemed to produce results. Recording the receipt, Godfrey noted that ‘[this] is the best was ever found out … cour’d Mrs Finches maide’. 62

Although in general it was the combination of ingredients which made these remedies specific to cancer, there was one notable exception. Animal products, including various kinds of fat and dung, were common in a range of medicaments for various diseases, and were accordingly used in ointments and unguents for tumours. In remedies for cancer, however, crabs, certain arthropods (mainly woodlice and centipedes) and worms were found with a far greater frequency than elsewhere. Pechey, Barbette and Paré were among the many prominent early modern medical practitioners who included powdered crab in their remedies for cancer. 63 Furthermore, they drew upon a long therapeutic tradition. Michael B. Shimkin also identifies the ingredient as popular in recipes for the same during the ‘dark ages’, while A. Kaproziolos and N. Pavlidis list crab as a main ingredient in plasters and ointments for cancer in ancient Greek texts. 64 The inclusion of crab in cancer remedies was not explained or justified in the texts, leaving us to speculate as to its supposed utility. Given the close association of the crab with cancer, however, it seems

likely that crab-based remedies were believed to work on the principle of 'like against like'. This principle is clearly visible in relation to the inclusion of less common 'like' ingredients in cancer cures. The German physician Oswald Gabelkover (c.1539 – 1616), for example, advised in the late sixteenth century that 'For the gnawing Wolfe, or Canker' one should 'Take a Wolves tunge, drye it, and beate it to poudre', before making it into a plaster with honey, and then 'wash the disease with wine & strewe of the poudre of the Wolves-tunge therein till such time it be cured'. The difficulty presumably involved in procuring a wolf's tongue, and the fact that it was the only active ingredient in this cure (honey seems to have acted as a carrier), testifies to the power it was believed to possess against cancer, also known as 'the wolf'. Belief in the efficacy of 'like against like' is even more visible in this account from D. Border, in which a medical practitioner used a variety of 'worm' in medicine to expel the worm of cancer:

A Certain Emperick did help many cancers, in divers people (that were troubled with them) after this manner. He took certain worms, called in latine Centumpedes, in english sows: they are such as lie under old timber, or between the bark and the trees. These he stamped, and strained with ale, and gave the patient to drink thereof morning and evening. This medicine caused many times a certain black bug, or worm to come forth which had many legs, and was quick, and after that the cancer would heal quickly with any convenient medicine.

Once again the powerful 'like' ingredient required no additions, no combination with other substances to work its cure. The sole purpose of the ale seems to

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65 This practice continued into the eighteenth century: see Kaartinen, Breast Cancer in the Eighteenth Century, p. 25.


have been as a medium in which the ‘Centumpedes’ could be more easily consumed.

Medicines containing parts of worms or wolves highlight the slippage that occurred in early modern medical discourses between viewing those creatures as apt analogies for cancer and imagining them to be physically involved in the disease. Being less common ingredients than crab, they tended to be discussed at greater length, illuminating more clearly the principles behind these ‘like cures like’ remedies. First, the ‘stamping’, crushing or burning of the animal material to be employed could be seen as an act which transferred negative feelings about the tumour onto its substitute in the medicine. That is, the annihilation of the crab, wolf or worm ingredient might symbolically stand in for, as well as physically effecting, the annihilation of the creature’s correlate in the body, the cancerous tumour. Secondly, the spatial emphasis in Border’s account implied, though tentatively, a different kind of substitution. The worm or ‘centumpede’ was taken from its dwelling place between the bark and trunk of a tree; a place which, appropriately, recollected the sub-dermal or sub-cutaneous positioning of many tumours. Being bent to the purposes of the empiric through stamping and straining with ale, the reformed ‘centumpede’ appeared to drive out the ‘bug’ from the body, as if only one could occupy that space at any moment. The harmful cancer-worm was replaced with a similar creature which was beneficial to the patient, and, crucially, controllable by the medical practitioner.

Attempts at curing cancer with crabs and worms illustrate the degree to which many pharmaceutical cures tended to treat the cancer as a discrete entity, rather than redressing the humoral balance of the whole body – despite the fact
that the authors of these cures did not identify themselves as interested in ontological disease models in an academic sense. This was partly a product of the cancer’s construction as zoomorphically independent of the cancer patient. Such cures were also products of the expanding medical marketplace. As Harold Cook has pointed out, demand for new goods in this period meant that practitioners could make more money selling cures for specific diseases than they could catering to the complexions of a few wealthy patients.\(^6^8\) In this increasingly competitive commercial environment, a gulf emerged between writers – often university-educated, licensed physicians – who emphasised the difficulty of curing any established cancer, and other medical practitioners, sometimes advertising in newspapers or pamphlets, who continued to promise a quick, cheap, and painless cure.

Though licensed medical practitioners undoubtedly have the loudest voice in surviving historical documents, there nonetheless remain tantalising glimpses of the prestige achieved by some so-called ‘empirics’. In 1714, for example, Daniel Turner described one ‘famous Cancer doctor’ as a ‘villainous empiric’, indicating that one might specialise in this disease as other unlicensed practitioners did in bone-setting or cutting for the stone.\(^6^9\) He advised those who had cancer that they should on no account

List[en] after a promised Cure by cosening Quacks, or Cancer-curing Pretenders, who, to my Knowledge, have hasten’d great Numbers of People miserably to their Graves, who might otherwise (and that very


\(^{69}\) Daniel Turner, De Morbis Cutaneis: Diseases Incident to the Skin (London: 1714), p. 76.
tolerably) have spun out a much longer Thread and have kept under this really (so far as I know of Surgery) incurable Distemper.\textsuperscript{70}

For their part, the ‘Cancer-curing Pretenders’ attracted ‘great Numbers’ of people to their services by promising what Turner felt he could not.

Advertisements for internal medicaments or gentle ointments to cure a cancer quickly and painlessly were frequently accompanied by testimonials from satisfied customers. In 1717, for example, ‘M. Robinson’ attested in an advertisement in \textit{The Original Weekly Journal} that after having sought cure for a cancer of the womb from numerous ‘Noted Physicians’, including treatment with mercury, she finally took a ‘Famous SPECIFICK’ for sale in a local caneshop and perfumers, and was immediately ‘restor'd to … Health and Ease’.\textsuperscript{71} Similar stories appeared in other publications, their credibility often bolstered either by the promise of free advice or by supplying the address of a patient who would vouch for the cure.\textsuperscript{72}

Why did these advertisers – some, licensed physicians, but many, apothecaries or ‘unauthorised’ practitioners – give a prognosis so much more optimistic than that found in medical textbooks? There was certainly profiteering at work, and the fact that such sources are self-selecting. Nobody advertises the fact that they cannot cure a disease. Nevertheless, the fact that these drinks or salves were frequently touted as ‘universal’, curing everything from dropsy to gout, is

\textsuperscript{70} Ibid.


also instructive. Customers who purchased one of these cure-alls probably did so of their own volition or on recommendation from friends and family, since medical practitioners were understandably reluctant to send business to their competitors. Therefore, they were less likely to have received a formal diagnosis of cancer, such as an examining physician might provide. Their disease may have been less advanced, and they may have been less concerned with whether it was a ‘true’ cancer (as opposed to a cyst, scirrhous, or mastitis) than whether the cure-all managed to relieve it. This also seems to be the case for writers of household receipt books, who had little to gain financially from insisting that their cancer remedies were ‘probatum’. In certain household receipt books, both topical and internal remedies promised to ‘infallibly cure’ cancer, to cure it ‘tho it be eaten to the Ribbs’ or was ‘as bigg as a Goose Egg’. These remedies were often similar – sometimes identical – to those contained in printed medical textbooks, yet their writers seem to have been far more optimistic about the likelihood of their producing a full and lasting cure. Once again, the reasons for this may be ones of how the disease was conceptualised and (mis)diagnosed. By and large, receipt book writers did not give cancer the special treatment it received in medical textbooks. Often conflated with other diseases such as King’s-evil or scirrhus, there was no mention of cancer being ‘evil’ or ‘rebellious’ in these pages, of its peculiar appearance or rate of growth. By the nature of the text, cancer appeared only as one more illness to be cured.

Across medical genres, physicians, apothecaries, ‘empirics’, and practitioners of household physic offered a wide range of ‘organic’ – that is, non-chemical – remedies for cancerous tumours. Equally, they gave substantially different promises about how effective those remedies might be, based in large part on how narrowly ‘cancer’ was defined. While certain receipt book writers promised almost miraculous cures, others, like Barrough, advised that ‘we shall deale sufficiently in this case’ if able to ‘stop and hinder their growing and encreasing, especially, if they be great tumours: or else after the opinion of Avicene, if we seeke to defende them from ulceration’. Though their prognoses might differ, however, these remedies often shared a few key ingredients – some plants designed to strengthen and soothe, others which were extremely poisonous, and animal ingredients which mirrored the ‘creatures’ felt to be literally or rhetorically ‘cancerous’. This reflected the way in which cancer was conceptualised as both of and hostile to the body. In writing about these remedies there was less emphasis on rebalancing the whole body and much more on addressing the tumour as a hostile, separable part. Concomitant with this shift was a move away from self-prescribed and domestic physic toward professional intervention, and an increased emphasis on the reputation of those who provided such intervention. Although some receipt books did contain cancer ‘cures’, they were found in greater numbers, and discussed in more detail, in the advertisements and textbooks of those who made their living from medicine.

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3. ‘Extreame remedies are to be used, against extreame diseases’: pharmaceutical caustics and the first chemotherapies.\textsuperscript{75}

He used in desperate cases to give many cordials; and when hee gave any thing that was desperate say, With itt they may die, but without itt they will die.\textsuperscript{76}

In a humoral system which emphasised balance, and the holism of a contented mind and body, medical practitioners’ first reaction to disease was likely to be a circumspect one, making use of remedies which, though they might be unpleasant, were not generally violent in effects. For those treating cancer, this circumspection seemed all the more important, since they dealt with a disease which was so easily ‘enraged’ by the use of harsh medicaments. As we have seen, however, a gentle and holistic approach was not always efficacious when it came to halting the progress of cancerous tumours and ulcers. In these cases, Phipps’ advice, recorded by the Reverend John Ward in the mid- to late-seventeenth century, rang particularly true.

In printed medical textbooks, practitioners repeatedly emphasised the double bind which they felt that cancer presented. They widely maintained the conviction that harsh remedies exacerbated cancers. However, they often added to that conviction another, proven by bitter experience – that gentle remedies failed to touch the disease at all. This conundrum was nothing new to writings on cancer, yet it persisted over the entire early modern period. In 1571,

\textsuperscript{75} William Clowes, \textit{A Short and Profitable Treatise Touching the Cure of the Disease Called Morbus Gallicus by Unctions} (1579), sig. D3v.

for example, a translation of the work of fifteenth-century Italian surgeon Giovannida Vigo explained that

Those [remedies] which carie with them a weake and feeble power doe worke no effect (as Galen saith) but are easily overcome: but such remedies as are strong and mightie, do vehemently either digest or thrust backe the thinne bloud which lyeth in the veynes: but the grosse and melancholike partes, which we have likened before to the dregges of wine, they neither purge forth nor represse: but rather do make them more obstinate and more hard to be dissolved and discussed.\footnote{Giovannida Vigo, \textit{The Most Excellent Workes of Chirurgerie} (London: 1571 (1543)), pp. 267-277.}

In Vigo’s estimation, any medicine strong enough to have an impact on cancers would do more harm to the healthy part of the blood, leaving the cancer-causing ‘dregges’ even more ‘obstinate’. Over 120 years after this publication, a translated text by the French physician and surgeon Paul Dubé made an almost identical argument, asserting that cancer possessed ‘so odd a Nature, that it does not hearken to gentle Remedies, and grows worse by the use of violent ones’, while Culpeper’s immensely popular 1651 \textit{A Directory for Midwives} similarly complained that ‘mild Medicines are not felt, and strong, exasperate’.\footnote{Paul Dubé, \textit{The Poor Man’s Physician and Surgeon} (London: 1704), p. 362; Culpeper, \textit{A Directory for Midwives}, pp. 165-166.}

Each of these writers focussed closely on the tumour, and construed cancer as having a will somehow independent of the sufferer, drawing on the same anthropomorphic language employed in warnings against harsh remedies. Cancer, they agreed, was resistant, stubborn and exasperating for medical practitioners, to say nothing of their patients.\footnote{Barrough, \textit{The Method of Physick}, p. 275; Pechey et.al, \textit{The Compleat Midwife’s Practice}, p. 183; John Tanner, \textit{The Hidden Treasures of the Art of Physic} (1659), p. 443.}

Furthermore, the double bind
these practitioners saw cancer as creating begged a question. As Paré asked: ‘seeing it refuseth gentle medicins, yea scarcely at any time abideth them, and is not to bee cured, but with strong medicins: which nevertheless make it worse & more fretting, is [it] not to be deemed incurable?’

For many medical practitioners, the answer to Paré’s question was a simple ‘yes’, and they advised that treatment should be restricted to palliative care, in order to spare the patient further suffering. For others, however, this double bind did not signal the end of all curative efforts. If cancer ignored gentle remedies and reacted against stronger ones, the solution was to employ an arsenal of the era’s most powerful medicaments in order to deal a blow the disease could not resist. Ideas about what kind of substance might be best used to this end naturally varied widely. In many cases, it was a matter of adjusting so-called ‘gentle’ remedies. ‘Family physitian’ George Hartman recommended adding alum, an astringent potassium compound, as a means to make moderate medicines stronger. Other medical practitioners left the composition of their remedies unchanged, but applied them at extremes of temperature, usually very hot. Noblewomen Elizabeth Grey (1582 – 1651), and Alethea Talbot (c.1584 – 1654), for example, recommended the laying on of medicine-soaked cloths for cancer, ‘as hot as it may be indured’ or ‘as hot as the Party can suffer it’, hearkening once again to the link between hurting and healing.

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81 See the Conclusion to the thesis.
Several manuscript recipe books also advocated applying medicines ‘boyling hott’. The most notorious strong remedies, however, were those which were intrinsically and powerfully toxic. Providing the focus for the remainder of this chapter, they are perhaps the first recognisable chemotherapies – arsenic and mercury.

The* Oxford English Dictionary Online* defines chemotherapy simply as ‘treatment with specific chemical agents or drugs’, but the word has become synonymous in the last fifty years with a particular kind of pharmacy which visibly poisons the body in order to kill a cancer therein. This rationale – poison against poison – was also at work in the early modern use of heavy metal and metalloid treatments for cancer. Medical texts of various kinds show that mercury, and, to a lesser extent, arsenic, were employed throughout the early modern period, primarily by physicians, but also occasionally by domestic receipt book writers or itinerant medicine-sellers. Those using mercury, for example, included the Italian medical practitioner Salvator Winter, who prescribed a recipe containing ‘twenty grains’ of mercury as a cure for various ‘cankers’ in his 1649* A New Dispensary*, and Grey, who used ‘four pennyworth’ of the substance in her recipe ‘To make a Strong water good for a Canker, or any old Sore, or to eat any lump of flesh that growth’. Practitioners varied in

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84 Caleb Lowdham/Loudham and Jane Lowdham, *Notebook of Medical and Culinary Recipes with a few Case Histories*, (late seventeenth century – early eighteenth century) Wellcome Library MS.7073, pp. 52-54. See also *Collection of Medical and Cookery Receipts*, (early seventeenth century) Wellcome MS.635, p. 9.


their explanations of just how mercury could remedy cancers. In therapies for venereal pox, it had long been accepted that the profuse sweating and salivation caused by mercury helped to expel bad humours from the body. In texts on cancer medicine, however, this logic was less evident, and there was more emphasis on how the substance acted on the tumour or ulcer itself. In 1684, a translated work by the Swiss physician Théophile Bonet proposed that ‘such Leaden Plates smeared with Quick Silver, are a kind of Alexipharmack [antidote to poison], whereby the evil disposition of Malignant Ulcers is subdued and spent, when they elude the virtues of other remedies’. At other points in mercury’s long therapeutic history, medical writers recognised the toxicity of the metal as intrinsic to its effectiveness. In 1571, for example, Vigo extolled the virtues of mercury as not only a cancer cure in itself, but also a convenient and painless way to kill off any remaining ‘superfluous’ flesh left after cutting away a tumour. ‘There is nothing better than our poudre of mercurie or quick silver’, he insisted:

That, that I saye of this poudre, semeth incredible, because we fynde in no Wryters of corrosive medicynes that sate, that there is any corrosive medicine, which may take away[y] superfluous fleshe without paine. Neverthelesse, this pouldre doth so, of which we wyll speak in our antidotarie.

In both models, the virtue of mercury in cancer cures was that it was powerful enough to ‘subdue’ the normally rebellious disease. Cancer ate the flesh;

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87 Siena, *Venereal Disease*, pp. 22-6.


mercury, too, was capable of ‘eating’ unwanted or ‘superfluous’ flesh, demonstrating that it could match the strength of a malignant tumour.

The reasoning of those physicians who promoted arsenic, usually in the form of caustic powders and ointments, was similar, although it is clear that this substance was used more exclusively by professional medical practitioners, and is not mentioned in household receipt books. Like mercury, arsenic was a substance with a long therapeutic heritage. For instance, *The Surgery of Theodoric*, c.1267, recommended ‘arsenic sublimate’ as a way to mortify cancerous flesh so that it could be sloughed off. Medical practitioners of the seventeenth century treated the substance in much the same way, with Culpeper, Riverius and Read among those authors who included arsenic, often in a ‘sublimed’ (washed) form, in their published cancer remedies. Ruth Kleinmann, meanwhile, records that Anne of Austria (1601 – 1666), who underwent various gruesome procedures in the hopes of curing her breast cancer, was treated with arsenic regularly between August 1665 and January 1666, with physicians applying arsenic to mortify the flesh and then cutting it away. Across the late sixteenth, seventeenth and eighteenth centuries, the appeal of arsenic seems, like mercury, to have centred on its ‘eating’ qualities, which matched those of the cancerous tumour. Read’s *The Workes*, published posthumously in 1650, recorded that ‘superficiall’ tumours could be ‘eaten out’

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with arsenic, while in 1597, Lowe noted that arsenic possessed ‘force to
consume the evill humor’.\textsuperscript{93} The parallel of arsenic with cancer became even
stronger if one believed, like the anonymous author of \textit{An Account of the
Causes of Some Particular Rebellious Distempers}, that cancer itself possessed
a malignancy based on ‘stinking Arsenical Sulphur’.\textsuperscript{94}

Mercury and arsenic were material actors of such force that they, unlike diets,
purges and herbal drinks, seemed able to match the ferocity of the cancerous
tumour. Their ability to consume flesh explicitly mimicked that of the disease to
be overcome, promising an expulsion of that ravenous alien from the body in
much the same way that medicines of worms and crabs seemed to work: ‘like
against like’. Since, unlike many medicinal ingredients, arsenic and mercury
could not be used as foodstuffs, one might also view them as having had an
additional psychosomatic force. These substances were firmly stamped
‘medicine’, and appear to have been well known as among the strongest
remedies to be had. With this potency, however, came some drastic and
dangerous side effects. For every writer who recommended mercury and
arsenic there were several more who warned in vehement terms that these
substances were dangerous to the practitioner’s reputation and the patient’s life.
The unpleasant effects of mercury in particular were common knowledge
among medical practitioners and many lay people as a result of its extensive
use in the treatment of venereal pox. Believed to act as a powerful purgative,
‘salivation’ treatments were associated with a raft of physical and neurological
disorders, as described by Siena in his study of London’s ‘foul wards’ during the


\textsuperscript{94} \textit{An Account of the Causes of Some Particular Rebellious Distempers}, p. 21. See also
period 1600 – 1800. As well as excessive salivation, which was supposedly beneficial, ‘The toxicity of … prolonged regimens of a heavy metal usually produced dreadful side effects. Patients frequently suffered internal pain, intense nauseam and permanent damage to their mouths including loss of teeth, gum damage, and the complete loss of the uvula’. These effects were so debilitating that some poxed patients chose suicide over salivation, particularly if they had experienced the therapy previously.

It is unclear whether mercury treatment for cancer was as prolonged as that for pox, which could last five weeks or more. It seems unlikely that patients with advanced cancers could have survived such a regimen. Nonetheless, even those who advocated mercury treatment admitted that the substance could be dangerous. Reporting on the case of a woman with an ‘occult canker’ which had ‘invaded’ her breast, Bonet recorded that:

> The Physician that was consulted ordered a Plate of Lead to be applied, and every other day to smear it lightly with quick silver ... But through the carelessness of those that lookt after her, the Plates did more harm than good. In the mean time the Canker encreased, and came to Suppuration; therefore the use of the Plate was laid aside. The Swelling broke of itself, and her torments ceased a little; but by and by they returned more violent and pungitive, the Canker encreaseing in all its dimensions. It deserves admiration, that the Mercury which was formerly imbibed from the Plate, should drop so visibly, and in a pretty quantity out of the Carcinoma, which shaded the adjacent parts with its shining, nay, and sweat at the shoulders through the whole skin.

In this case, the parallel properties of mercury and cancer turned against the patient. The ‘eating’ mercury failed to consume the cancer, but led to

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95 Siena, *Venereal Disease*, p. 23.
96 Ibid., pp. 26-27.
97 Ibid., p. 23.
‘suppuration’ and allowed the cancer to keep growing, setting the stage for the onset of a cancerous ulcer. Mercury then spread through the body, becoming visible at its surface in a way which brings to mind cancer’s much-discussed propensity to remain ‘secret’ before suddenly ‘discovering’ itself. Altogether, the account demonstrated vividly the dangers attendant on introducing a substance to the body which then exceeded the practitioner’s control.

If mercury was a source of anxiety, arsenic caused outright panic among some early modern medical practitioners. Unlike mercury, there is little evidence for the substance having been notorious in popular culture, but medical writers recorded numerous instances of arsenic’s fatal side-effects, often in lurid terms.

In 1662, Robert Bayfield cautioned ‘young artist[s]’ that arsenic was both ineffective and liable to hasten death in cancer cases by increasing all the symptoms associated with the original disease.\(^9^9\) Similarly, the expanded 1712 edition of William Beckett’s *New Discoveries Relating to the Cure of Cancers* tempered acknowledgement of the popularity of arsenic among some medical practitioners with a striking warning from personal experience:

This Powder [of Arsenic] I apply’d to a Cancerated Breast of a Woman, under thirty Years of Age, after having made a Sore by applying one of the milder Causticks, the night it was made use of, it caus’d a great deal of Pain, and the next Day, the Breast appear’d very much tumefied and inflam’d … in short for fifteen Days she was not free from pain, she had a Fever, was attended with frequent Vomitings, Faintings, and several other Disorders. I cou’d afford her but very little Relief by intervals, or the most cool and temperate Applications to the Breast, nor was it in my Power to remove the Dressing, it adhaered so fast to the Sore. There was a discharge of a bloody serous Juice for twelve Days in a moderate quantity, after which the matter thicken’d, and it began to smell somewhat offensive, at the end of fifteen Days the Dressing drop’d off, and with it came away about two Ounces of the cancerous Mass. The Reader may easily imagine

\(^9^9\) Bayfield, *Tractatus de Tumoribus*, p. 189.
that making so small a progress in such a time, and that at the Expence of so much Pain, I cou'd easily prevail with myself to desist from the undertaking, for the second Application wou'd have been attended as the first, which to any Person that entertains such a concern for his Patients as he ought to do, must be very fatiguing.\footnote{William Beckett, \textit{New Discoveries Relating to the Cure of Cancers. Wherein the Painful Methods of Cutting them Off, and Consuming them by Causticks are Rejected, and that of Dissolving the Cancerous Substance is Recommended, with Various Instances of the Author's Success in Such Practice, of Persons Reputed Incurable; In a Letter to a Friend to which is added, a Solution of Some Curious Problems, Concerning the Same Disease} (second edition) (1712), pp. 53-54.}

In this account the ability of arsenic to redouble the disease’s original symptoms was again apparent, with the medicine producing pain, ‘serous Juice’ and stench, as well as ‘adhering’ to the body in much the same way as the obstinate, crab-like tumour. Even more distressing for Beckett was the immense pain to which the therapy put his patient. Not only ‘fatiguing’, this effect was sufficient for Beckett to abandon the use of arsenic altogether, stating that ‘we can’t say, but there are many Cancers that may be cur’d by Causticks, but the Person that is to undergo it, may very well answer, as a certain patient did who’s Thigh was to be cut off ... \textit{The Preservation of Life would be too dear bought at the Price of so much Pain}.\footnote{\textit{Ibid.}, p. 57.} There might be a way to sublimate arsenic to avoid these effects, suggested Beckett, but he had not found it.\footnote{\textit{Ibid.}, p. 55.} His account was far from isolated. Only a decade earlier, Browne had likewise attested that arsenic could cause ‘Faintings, Swooning, Fever, Madness’:

\begin{quote}
for it not only putrifies and liquifies the Flesh, but it \textit{sends forth its malign and venenate vapours to the principal parts}, doing them great injury; and tho it be applied to the Arms, or to the Legs, or other more remote parts,
\end{quote}

\footnote{\textit{Ibid.}, p. 57.}
from the Heart or the Brain, yet such is its malignity, that it easily enters them.\textsuperscript{103}

As with mercury, arsenic here threatened to break its bounds, taking over the body in the same manner as the cancer itself. This phenomenon was something of which Wiseman had previously warned. ‘Though the part be outwardly defended with Emplasters’, he cautioned, caustics such as arsenic ‘will find a way under the skin, or at least, under the cuticula, to spread’.\textsuperscript{104} At the mildest end of the cancer treatment spectrum, dieting and purging had treated a patient’s whole body, and often their mind. Arsenic and mercury now targeted the cancer in isolation. They were clearly far more potent treatments, but they could kill the sufferer before they quelled the disease.

Browne’s warning of the ‘great injury’ wrought by arsenic, as well as Beckett’s ‘fatigue’ at witnessing his patient’s suffering, points to an uncomfortable awareness among medical practitioners of the risks to which they exposed themselves as well as their patients when they administered dangerous remedies. In the 1684 translation of Bonet’s \textit{Guide to the Practical Physician}, the fate of a rival practitioner’s patient was described thus:

I have observed [septics], especially Arsenick, and sublimate in a greater quantity, and not tamed, applied to Ulcers near the heart, as to a Cancer in the breast, that they once carried off a Woman in 6 days: About three hours after the Powder was strewed on her Breast, she just as if she had swallowed it, was taken with a Shivering, then with a Vomiting, and frequent Faintings, with a languid Pulse; which symptomes, encreasing by degrees, her extreme parts growing cold, and her Face and whole Body swelling beyond measure, she was miserably murthered.\textsuperscript{105}

\begin{thebibliography}{105}
\bibitem{103} Browne, \textit{The Surgeons Assistant}, pp. 102-104 (my italics).
\bibitem{104} Wiseman, \textit{Several Chirurgical Treatises}, p. 10.
\bibitem{105} Bonet, \textit{A Guide to the Practical Physician}, p. 62.
\end{thebibliography}
The ‘murther’ Bonet described demonstrated forcefully the moral predicament facing those who administered arsenic, for although the substance held some potential to cure an otherwise fatal disease, it equally presented an imminent danger to the life of the patient, reinforcing the public suspicion of much medical practice identified by Elizabeth Furdell and Roy Porter. Moreover, Bonet went on to identify by name four practitioners who used arsenic in their cancer medicines, and were therefore to be avoided. Members of the public, as well as medical practitioners, were clearly intended to heed such lurid warnings. Being associated with arsenic treatments could therefore be economically as well as morally dangerous in a marketplace where the consumer – at least, if London-dwelling and affluent – had various practitioners seeking their custom, and in which physicians accused of malpractice could find themselves fined or even imprisoned. Why, then, did medical practitioners continue to administer, and patients to consent to, these treatments throughout the late sixteenth, seventeenth, and early eighteenth centuries?

Considering the willingness of patients to undergo highly dangerous and often excruciatingly painful treatments for cancer returns one to Ward’s observation: ‘With itt they may die, but without itt they will die’. One must remember in the

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case of dangerous medicines (and in the following chapter, of surgery), with what stakes patients were gambling. Cancer, as we have seen, was firmly established in the popular consciousness as a cruel and fatal disease, such that in many cases patients must have viewed the use of extreme pharmaceuticals as risking possible swift death, with the chance of cure, against certain, perhaps slow death, with no chance of reprieve. In addition, mercury and arsenic, hazardous as they undoubtedly were, may still have seemed a favourable alternative to the other means by which a cancer could be ‘consumed’: namely, cautery with burning irons, or surgery. Patients making the seemingly extraordinary choice to be voluntarily poisoned by mercury and arsenic may have exhausted more gentle means, and experienced their options as a matter of choosing the lesser of two evils. Furthermore, scholars of early modern medicine suggest that the painfulness of certain therapies may actually have been taken as a marker of their effectiveness. In his contribution to Jans Frans van Dijkhuizen and Karl Enenkel’s *The Sense of Suffering*, Michael Schoenfeldt emphasises the centrality of pain to early modern experience, including the belief in pain as a form of divine punishment.\(^{110}\) His argument that medical mitigation of pain would have been a morally dubious act runs counter to my observation, in the Conclusion to this thesis, that palliative care often advocated the use of strong analgesics.\(^{111}\) Nonetheless, it is evident that the Judaeo-Christian emphasis on suffering as a step on the path to grace was influential in medical treatments which sought to expel ‘malign’ illnesses by painful means.

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Writing on medical metaphors in moral theology, David Harley notes that whilst believers were not discouraged from seeking medical relief from illness, painful medical treatments were frequently compared to confession or repentance.\footnote{David N. Harley, 'Medical Metaphors in English Moral Theology', \textit{Journal of the History of Medicine and Allied Sciences} 48 (1993) pp. 396-435. See also David Harley, 'Spiritual Physic, Providence and English Medicine, 1560-1640' in Peter Ole Grell and Andrew Cunningham (eds.), \textit{Medicine and the Reformation} (Abingdon: Routledge, 1993), pp. 101-117, and Andrew Wear, 'Puritan Perceptions of Illness in Seventeenth-Century England' in Roy Porter (ed.), \textit{Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society} (Cambridge: Cambridge University Press, 1985), pp. 54-99, especially p. 73.}

As with the administration of purges or burdensome regimen, going through painful remedies might be construed as a form of penance for one's inevitably sinful nature, or as a kind of labour, with the medicine forcefully expelling an unwanted mal-conception from the body. As Porter argues, 'the ferocious painfulness of a treatment might even work in its favour - the earnest of its efficiency lay in its bite or sting'.\footnote{Porter, \textit{Bodies Politic}, p. 116.}

The factors which made medical practitioners stake their reputations, and thus their livelihoods, on arsenic and mercury as cancer cures are less obvious. Although they had much less to lose than their patients, those administering extreme pharmaceutical remedies also had less to gain. There is little evidence to suggest that physicians or medicine-sellers built lucrative commercial reputations based on curing cancers with these chemicals. On the contrary, they were likely to be decried by their fellows. One component in encouraging medical practitioners to use arsenic and mercury despite the risks may well have been compassion for the suffering of their patients. Surgeons frequently
stated that they were induced to perform dangerous operations by the pleas of the sick party, and it seems reasonable to suppose that physicians were subject to the same pressures. In addition, of course, they must have been aware that should they refuse to administer certain therapies, a patient might simply go elsewhere. The language in which practitioners describe their use of mercury and arsenic may also offer clues as to why they persisted in this dangerous course. Where dietary cures involved the treatment of the whole body, and the active participation of the patient, cures by arsenic and mercury were often framed as attacking the cancer in isolation from the rest of the body. For example, describing the use of arsenic powder by ‘Fuchsius’ (German physician Leonhart Fuchs, 1501 – 1566), Browne noted that

he applied [arsenic powder], upon which, if the Cancer did not grow more angry the 3d day after, he declared the Cancer curable; and if it grew better, the Powder was to be kept on for 30 days, in which time it would be eradicated from the very roots, and they fall off of themselves; and if any part of them did continue adhering, he usually cut it off with his Knife.\(^{114}\)

Despite the considerable pain this must have caused Fuchs’ patients, they were virtually invisible in this account, having neither voices to assent or protest, nor any discernible role in their own treatment and recovery. Tellingly, it was the cancer, not the patient, which was deemed ‘curable’, but which could become anthropomorphically ‘angry’ upon application of the powder. The ferocity of the arsenic powder, which caused tumours to ‘fall off’, is equally telling. Chosen because its ‘eating’ properties matched that of the malignant cancer, one may see the curative agent in these accounts as an extension of the practitioner’s own strength. Indeed, even as he warned of the difficulty of employing chemical

\(^{114}\) Browne, *The Surgeons Assistant*, pp. 102-104.
caustics, Wiseman noted that ‘they do your work in less than an hour’.\textsuperscript{115} If the image of cancer as ravenous traded on the construction of that disease in zoomorphic and anthropomorphic terms, portrayals of cancer remedies which might ‘consume the evill’ drew equally on alignment of the substances with a sentient agent – in this case, the ministering physician.\textsuperscript{116}

Arsenic and mercury were not the most commonplace remedies for cancer in the early modern period. In the imaginations of medical writers and their audiences, however, they loomed large, as much for their dangerous side effects as their potential to cure. Many medical practitioners, and presumably their patients, were nervous about using substances which produced such drastic and visible collateral damage. For some, the risks seemed unjustifiable, and edged the physician or apothecary over the tenuous boundary between healing and harming, at which point they became no better than ‘murtherers’. However, many others continued to employ heavy metal and metalloid ingredients in their cancer remedies. The appeal of such potent substances was of a piece with the discursive estrangement of patients from their alien, invasive tumours. Arsenic and mercury were explicitly viewed as armaments in adversarial encounters between the medical practitioner and the rebellious, obstinate cancer he or she sought to remove.

Conclusion

In the diverse accounts of early modern cancer medicines, patients’ voices are conspicuously absent. An appropriate postscript to this chapter is therefore provided by the poignant but frustratingly incomplete record of one woman’s

\textsuperscript{115} Wiseman, \textit{Several Chirurgical Treatises}, p. 10.

\textsuperscript{116} Lowe, \textit{The Whole Course of Chirurgerie}, sig. Aa1v.
experiences with cancer physic, as told by her uncle Henry More, in a series of letters written to Lady Anne Conway between July 1674 and January 1676. More and Conway were in correspondence on a number of matters. However, More sought Conway’s advice in particular regarding his niece ‘Mrs Ladd’, who was suffering from breast cancer, because of Conway’s close acquaintance with ‘Monsieur Van Helmont’ (son of Jean Baptiste Van Helmont). Via Conway, Van Helmont sent prescriptions to More and Mrs Ladd which are not detailed in the surviving documents, but, judging by their effects, contained some potent chemical and organic components.

Beginning optimistically, More’s letters described his hopes of a cure for his niece, and told how he had informed her of Van Helmont’s ‘fame’ in Europe, hoping that ‘it may contribute to the efficacy of the medicine’. Within a month, Mrs Ladd began to experience the side effects of her treatment. Her physician informed More that the medicine

produced no alteration in her till the Sunday following, she has been these three dayes ill at her stomack, hott and thirsty, with frequent shootings in her breast, and not only on the cancer’d part, but likewise round about it there are many little angry pustulats, first red, afterwards maturated on their heads.

Nonetheless, seeing some softening of the tumour, Mrs Ladd was persuaded to carry on. Over the coming months, she repeatedly complained of pain and

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fever, sometimes declining to take the remedy, then consenting to its use once more. In December 1674, More wrote to Conway:

I hear from Grantham also that my Neece make use againe of the Plaisters. I suppose it is from what I communicate out of your Ladiships last letter. But from Dr Clark I hear no more then that she is as she was at his last writing to me. But in a letter Decembr 3 my Nephew writes thus, Though my sister be advised from ragley to proceed in the use of her plaister, yett I doubt she needs further advise what to doe; for besides the paine and disturbance it hath given her, it has much encreased the bignesse of the soar which is all in such fretting distemper. This makes me tell Dr Clark that he must judge upon the spott. And I beleive he does not deele so openly with me as he should, out of a nicenesse to displease me, Because of my great opinion I have expressed of Monsieur Vanhelmont. So that I am something at a losse what to doe in the case and dare over sensibly presse the use of the plaister up on my Neece. For feare of the worst.\textsuperscript{119}

Shortly after, he reassured his correspondent that ‘what ever it be I shall account myself much obliged to Monsieur Vanhelmont for his good will. He did not pretend to ascertaine the cure at first. But seeing by this Medicine he had cured this kind of disease, I could not but take the boldnesse to desire him to try the successe of it on my Relation’.\textsuperscript{120} Mrs Ladd then disappeared from More’s letters. When she reappeared in March 1676, it was for More to inform Conway that he was journeying to his niece’s deathbed.\textsuperscript{121}

More’s letters provide the closest thing to a patient’s account of pharmaceutical cancer treatments in this period, and are a salutary reminder of the real sufferings behind textual representations of mortality and cure. They also show

the shifting relationships which cancer sufferers had to their physicians and other medical practitioners at this time. More, Mrs Ladd, and those around her were seemingly caught between a desire to acquiesce to the ‘famous’ physician, and conviction in their own observations, that the cancer was being exacerbated by his so-called remedies. Accordingly, the story of non-surgical treatments for cancer is a complex one. More than any other facet of the diagnosis and treatment of cancer, one might expect non-surgical treatments to show substantial change over time, influenced by the much-discussed rise of iatrochemistry in the later seventeenth century.\textsuperscript{122} The sources, however, give a more nuanced account. Medical practitioners may or may not have used mercury and arsenic with increasing frequency over time. Accounting for the bias toward the later part of the early modern period created by material factors – namely, the increased number of texts produced, and hence available to us today – it is difficult to see any conclusive evidence of a move toward these kinds of remedies. Certainly, neither medical practitioners nor patients of the seventeenth and early eighteenth centuries were prepared to abandon gentler prescriptions for regimen and medicines explicitly aimed at correcting the humours. Furthermore, the inclusion of mercury and arsenic cures in medieval texts prohibits us from imagining these substances as having been ‘discovered’ by Renaissance physicians, or taken up as a direct result of the rise of iatrochemical medical models.

What can be traced, however, are smaller-scale shifts in rhetoric and practice identifiable with the changing ambitions of both patients and those who treated them. Cancer was by no means the only intractable, fatal disease of the early

\textsuperscript{122} See Introduction.
modern period. It was, however, among those most vividly imagined in zoomorphic and anthropomorphic terms, a disease which was, as we have seen, both of the body and alien to it, which seemed purposely malign, evil, and rebellious. As patients became increasingly pained and frightened by progressive cancers, it is little wonder that they sought remedies of increasing strength and complexity, tolerating the discomfort they evinced and even taking their suffering as signs of the treatment's efficacy. Significantly, one can also see in these discourses how, through the process of increasingly desperate cures, patients relinquished – or medical practitioners appropriated – authority over their bodies and what happened to them, a move concomitant with the conceptual isolation of cancers from the sufferers in whom they were found. Adjustments to diet and regimen, the first recourse for most cancer patients, closely involved the sufferer in their cure, and were readily explicable in terms of a holistic humoral system. A little further along the treatment spectrum, medicines containing herbal and animal ingredients were increasingly targeted at the tumour, rather than the individual patient. In part, this move can be viewed as a function of the medical marketplace, in which producers of medicines similarly seized upon ‘notorious’ complaints such as pox and gout to offer ‘one-size-fits-all’ cures. The rhetoric which accompanied description of the harshest non-surgical cures, however, shows the loss of subjectivity of cancer patients during such treatments to be as much a function of language as economics. With cancer constructed as evil, medical practitioners cast their own attempts to cure the disease as a battle of medical knowledge against a discrete, zoomorphic enemy. The diminished figure of the patient, therefore, made room for the confrontation between cancer and physician to be writ twice
as large; a trend which would continue to develop in the agonising procedures of cancer surgery.
6. “Cannot you use a loving violence?*: cancer surgery.\(^1\)

In fury Quintianus ordered them to torture her by crushing her breasts, and when she had suffered in this way for many hours, he finally ordered that her breasts be cut off. ‘Impious, cruel, odious tyrant!’ Agatha cried. ‘How could you do this? Are you not ashamed to take from a woman what your own mother gave you to suck? No matter: I have other breasts you cannot harm, breasts that give spiritual nourishment to all my senses, and them I dedicated long, long ago to God’.\(^2\)

Saint Agatha, an early Christian martyr, was popularly believed to have had her breasts removed as a method of torture. The young Christian, living in ancient Sicily around 231 AD, had caught the eye of the ‘idolatrous’ governor, Quintianus, who, angered by her rejection of his sexual advances, had her arrested for her faith and imprisoned in the house of Aphrodisia, a prostitute who attempted to cajole and threaten Agatha into welcoming Quintianus’s attentions.\(^3\) Finding that she remained unmoved, Quintianus ordered Agatha to be tortured by having her breasts mutilated and cut off. Then, infuriated by the composure with which Agatha bore this punishment, he had her thrown into a dungeon and left to die. Quintianus’ final revenge, however, was futile, since Saint Peter appeared to the stricken Christian and restored her breasts. She died after later being rolled on hot coals, an avowed martyr of the faith.

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Agatha’s story struck a chord in early modern society. She appeared, argues Edward F. Lewison, everywhere from Greek and Latin martyrologies to classical poetry and the works of the early Baroque artists, who depicted her undergoing torture or serenely carrying her severed breasts on a platter.\(^4\) Her story was recounted at length in the influential medieval martyrology *The Golden Legend*, a text that was ‘without doubt one of the most widely disseminated books through Europe from … 1266 until the end of the Middle Ages’.\(^5\) Most intriguingly, she was, argues Liana de Girolama Cheney, at the centre of a resurgence in ‘porno-violent hagiography’ near the end of the fifteenth century which ‘continued into the 16th century and … the 17th century counter reformation’ and was ‘augmented by the writings of anatomical science and medical texts’.\(^6\)

As the patron saint of breast cancer patients, Agatha later gained an associate of sorts. Born in 1265, Saint Peregrine, formerly Peregrine Laziosi, was the youngest member of a wealthy Italian family active in the antipapal movement of that period.\(^7\) Upon a visit of the papal ambassador to his locale, it was said that Peregrine joined others in harassing the ambassador and struck him in the face. The ambassador promptly forgave Peregrine and prayed for him, upon

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which the young man was so moved that he converted to Catholicism and joined the Order of Servants at Sienna. Following many years of an ascetic lifestyle in which he never sat or lay down, Peregrine developed a leg ulcer which was pronounced cancerous, and was told that amputation was the only cure. The night before the planned operation, Peregrine spent the night praying in the chapel, and on falling asleep, dreamed that Christ reached out and touched his leg. Upon waking, the monk found that his leg had healed, and went on to thrive into old age. While his story was a medieval one, Peregrine’s beatification took place in 1609. His corpse was repeatedly dug up, and found to be uncorrupted, throughout the seventeenth century, and he was canonized by Pope Benedict XIII in 1726. In early modern Europe, therefore, there was a great deal of interest in this cancer survivor – some of which, despite widespread anti-papist feeling, must have crossed the seas to England.

What did Peregrine and Agatha have in common, and why did they both become prominent during the early modern period as icons for those facing cancer, despite their radically different experiences? The link between the two figures seems to have been amputation: facing it, suffering it, avoiding it, or recovering from it. Agatha remained serene throughout a stylized rendition of a double mastectomy. Peregrine’s reprieve from surgery appeared as a powerful variety of wish fulfilment. By enduring or avoiding the knife, the two saints reflected the worst fears and most ardent fascinations of their audiences. It is with Peregrine and Agatha in mind, therefore, that this chapter examines representations of surgery to analyse what they reveal about early modern attitudes to cancer, cancer sufferers, and medical practitioners. What was cancer surgery? How did it relate to perceptions of cancer, or of the nature of
the gendered body? And why would anybody consent to such a ‘frightful’ course?

My analysis of cancer surgeries, surgeons and patients in this period builds on the contention of Chapter Five; that is, that the discursive construction of cancer as alien to the body contributed to an adversarial therapeutic approach, and in turn to the diminution of patients’ individuality and subjectivity in accounts of cancer treatment. For surgeons, as for physicians, it seems that the intractable, ‘rebellious’ nature of cancerous disease was felt to justify, and even to demand, the use of radical therapies despite their inherent risk to the patient. For surgeons, however, I argue that the issues raised by dangerous pharmaceutical treatments were amplified. Cancer surgeries – in particular, mastectomies - were among the most dangerous and invasive of the era’s medical procedures, and provoked fascination and fear in equal measure. Temptingly, they offered a means to remove the perceived interloper from the body, a last resort for patients who believed that they otherwise faced certain death.\(^8\) As such, cancer surgery was a focus of discussion, debate and pedagogy among surgeons, which contributed to those practitioners’ sense of a coherent professional community. However, while the radical nature of this cure offered chances for glory, it also supplied disruptions to the narrative of medical progress. Surgeons who carried out cancer operations frequently effaced the mental and physical suffering of patients in accounts of these dangerous procedures. That effacement was always tenuous, and was threatened by contemporaries who denounced cancer operators as reckless butchers and torturers. Moreover,

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uncertainty about the rights and wrongs of cancer operations came from within as well as without. Just as cancer was paradigmatically a female disease, cancer surgery was most strongly associated with feminine bodies. These bodies complicated the surgical narrative with gendered power relations, presenting unexpected moral and physical dangers to the operating surgeons. In short, stories of cancer surgery display all the potential and problems of a discourse which sought to divorce patients from their misbehaving bodies.

In the scholarly literature, surgery for cancer has been recognised as an ancient but rare phenomenon. Siddhartha Mukherjee, James S. Olson, William L. Donegan and Michael B. Shimkin have all recognised descriptions of surgical excision of tumours dating back to ancient Egypt and the Edwin Smith papyrus. For the medieval period, Luke Demaitre notes that several authors listed surgery as among the possible cures for cancer, though they counselled readers to avoid this course. Marie-Christine Pouchelle’s *The Body and Surgery in the Middle Ages* also identifies Henri de Mondeville, an eminent

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foureteenth-century surgeon, as having performed a variety of operations to
remove cancerous tumours and ulcers.\footnote{Marie-Christine Pouchelle, \textit{The Body and Surgery in the Middle Ages} (transl. by Rosemary Morris) (Cambridge: Polity Press, 1990), p. 72.} Writing on the more recent past, Marjo Kaartinen’s work on breast cancer in the eighteenth century, to which I return at points throughout this chapter, is currently the most comprehensive view of cancer surgery – specifically, mastectomy – prior to the mid-nineteenth century. She argues that the operation was relatively common and certainly ‘survivable’ during this period, and finds the latter half of the century to have been marked by the development of ‘radical’ forms of mastectomy in which much underlying muscle was removed.\footnote{Marjo Kaartinen, \textit{Breast Cancer in the Eighteenth Century} (London; Vermont: Pickering and Chatto, 2013), pp. 41-54. See also Wendy D. Churchill, \textit{Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment} (Farnham: Ashgate, 2012), pp. 130-138.}

My own analysis has been influenced by a limited but growing literature on the semiotics and practice of Renaissance surgery, much of which contradicts stereotypes of the ‘swashbuckling “sawbones”’ heedlessly hacking off limbs and pulling teeth.\footnote{Roy Porter and Dorothy Porter, \textit{In Sickness and in Health: The British Experience 1650 – 1850} (London: Fourth Estate, 1988), p. 106.} Lynda Ellen Stephenson Payne’s \textit{With Words and Knives: Learning Medical Dispassion in Early Modern England}, for example, provides a thorough and thoughtful look at surgeons’ attitudes toward patient suffering, reading between the lines of texts which take a ‘brutal’ approach to those under the knife, and demonstrating that many surgeons were keenly aware of the pain...
they inflicted. Taking a broader view of surgical practice, Andrew Wear’s detailed chapter on surgery in his *Knowledge and Practice in English Medicine, 1550 – 1680*, and Philip K. Wilson’s *Surgery, Skin and Syphilis: Daniel Turner’s London (1667 – 1741)*, describe a medical landscape in which surgeons formed an increasingly professionalised and learned body, with ambitions toward the same prestige and rewards enjoyed by members of the Royal College of Physicians. With the translation of many classical anatomical texts into English, an increasing number of surgeons possessed scholarly credentials to match their substantial practical training, and ‘The English reformers of surgery’, argues Wear, 'stressed with great unanimity that both groups [physicians and surgeons] had much in common in terms of medical theory and practice, and that this was why surgery and physic should be united as they had been in the past'. Wear finds surgery to have been a more fluid and dynamic field than physic, open to innovation in procedures and instruments and with ‘a craft emphasis on practicality, dexterity and the value of experience’. From 1684 onwards, surgeons repeatedly applied for their craft to be divorced from that of the barbers with whom they shared a College, a wish finally granted in 1745.

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16 Wear, *Knowledge and Practice*, p. 220.  
18 Wilson, *Surgery, Skin and Syphilis*, p. 94.
While Wear and Wilson have illuminated surgeons’ own ambitions for their profession, work on perceptions of surgery among non-medical audiences has been less forthcoming, and early modern studies lacks, for instance, a work on surgery in literature to match that undertaken by Jeremy Citrome for the medieval period, or an analysis of the semiotics of this profession equivalent to Pouchelle’s bold *The Body and Surgery in the Middle Ages*. As I will discuss in section three of this chapter, however, several scholars investigating the representation of early modern torture, vivisection and anatomy have noted that these crafts were often compared with surgery, such that the surgeon’s status as a preserver of life was often tenuous. This aspect of the semiotics of surgery, especially invasive surgery, begs further study, and my examination of the possible affiliation of cancer surgery with these cruel and violent trades aims to contribute to that broader discussion.

This chapter is divided into four sections, focussing first on questions of why and how cancer surgeries were undertaken, and later on the difficulties of representing these operations in medical writings. In the first section, I address two obvious questions – whether cancer operations were taking place, and why

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patients might consent to them. There is, I argue, ample evidence that cancer operations were an established, though relatively uncommon, procedure. In explaining why patients agreed to and asked for these operations despite the dangers they posed, cancer sufferers’ voices emerge unusually strongly, describing vividly their pains and fears of slow death. Having established that cancer surgeries were taking place, the second section looks at typical methods for some of the most common procedures, demonstrating that approaches to these operations were broadly consistent across the late sixteenth, seventeenth and early eighteenth centuries, but incorporated some important variations. Section three considers what motivated some surgeons to carry out cancer operations, and how that motivating narrative came under threat from fellow medical practitioners. Surgeons’ fascination with cancer operations created, I argue, a triumphantist rhetoric in which the patient as subject was necessarily effaced in order to focus on an adversarial encounter between the surgeon and the intractable cancerous tumour. However, this tenuous narrative was constantly assailed by detractors who stereotyped cancer surgeons as cruel, incompetent or reckless. Finally, section four considers how issues of gender and power were treated in accounts of surgery from the operators themselves. Cancer operations, and in particular mastectomies, could be viewed as sexual encounters, and the expected subservience of women in these situations clashed with their real self-assertion through feminine modes of speech and embodiment.
1. ‘But is there no other Way, but this frightful one?’

Facing cancer surgery

Any examination of surgery in the early modern period – an era before antiseptics, antibiotics or anaesthesia – must begin with several obvious questions. Did cancer surgeries actually take place during this period? If so, then why? That is, why would anybody consent to have their body cut into, even to have parts of their body amputated, when doing so ensured agony, and potentially death? In this section, I contend that cancer surgeries were an established feature of the early modern medical landscape, and that patients’ decisions to undergo these procedures were based on their personal experiences of suffering as well as popular beliefs about cancerous disease.

Accurately quantifying cancer surgeries is an impossible task. Most of the surgical practice actually taking place in this period was never recorded, much less preserved for modern readers, and medical textbooks often provided instructions for an operation without indicating whether the writer had actually carried out that procedure, or how often. In her study of breast cancer, Kaartinen suggests that surgery ‘became more common’ from the late seventeenth century onwards, and provides numerous examples of mastectomy from the mid-late eighteenth century. In the period 1580 – 1720, however, the picture is less clear. Cancer operations seemingly remained uncommon, and, as discussed below, many medical practitioners and patients refused to countenance the procedure, for a variety of reasons. Nonetheless, anecdotal

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evidence indicates that cancer surgeries were an established feature of the early modern medical landscape. Early eighteenth-century records from York public hospital, for example, show cancers ‘cut out’ of the lip and breast, while in May 1665, Samuel Pepys recorded in his diary the mastectomy of his ‘poor aunt James’ with sympathy, but without much surprise.\textsuperscript{23} Some medical textbooks, most notably Wiseman’s \textit{Several Chirurgical Treatises}, gave numerous examples of surgeries the authors had carried out, including dates, locations and names.

Most tellingly, numerous newspapers carried advertisements indicating that mastectomies were taking place on an infrequent but steady basis during the early eighteenth century. On 8 February, 1728, for instance, an announcement in the \textit{London Evening Post} reported that ‘On Thursday last the lady of Sir Challenor Ogle in New Bond-Street, who has for some time been dangerously ill of a Cancer in her Breast, had the same cut off by Dr. Johnson, and there is great Hopes of her Recovery’.\textsuperscript{24} That October, the same publication reported that ‘Mrs. Vernon’ had undergone a mastectomy in the care of ‘Mr. Chisselden’ and was ‘as well as can be expected’.\textsuperscript{25} Often, such notices appeared in the guise of public information, but a few made their commercial purpose more explicit. In 1715, ‘\textit{Henry Sturt}’ advertised in the \textit{Post Boy} that he had been

\textsuperscript{23} Publick Hospital for the Diseased Poor in the County of York, \textit{An Account of the Publick Hospital for the Diseased Poor in the County of York} (York: 1743), p. 30; Samuel Pepys, \textit{Diary}, (May 5 1665, n.p). From \textit{The Diary of Samuel Pepys} (online resource), <http://www.pepysdiary.com/diary/1665/05/> 5 February 2013.


\textsuperscript{25} \textit{London Evening Post}, Issue 135 (London: 17 – 19 October 1728). From \textit{Burney Newspaper Collection} (as above).
operated on (and evidently cured) by Sir William Read for ‘a dangerous ulcerated Cancer in my lower Lip, that had eat down towards my Chin and Throat’. He added that ‘Sir William has several Persons of distinction here, some from remote Parts, and others, to couch of Cataracts this Month and the middle of the next; so he will be constantly at home to give his Attendance for that Time’. Newspapers’ obituary pages also indicated the prevalence of cancer surgery, albeit in unhappier terms: numerous listings record the deaths of cancer patients during or following operations, most often mastectomies. These examples are weighted, by dint of the surviving materials, toward the end of the period under my examination. However, as seen in section two of this chapter, medical texts show little substantial change in approaches to cancer surgery from the late sixteenth to the early eighteenth century, suggesting that one can assume these newspapers to have reflected a state of affairs broadly unaltered from previous decades.

Clearly, a minority of cancer sufferers opted for surgery despite the obvious fact that these were dangerous and painful procedures. Moreover, descriptions of surgery, as seen below, indicate that they were often doing so in a premeditated and considered manner, when it did not seem that their disease was immediately about to kill them. This fact makes patients’ decisions to undergo

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27 *Ibid.* ‘Couching’ was an operation in which cataracts were broken up or moved from in front of the pupils using a needle.

surgery particularly interesting. Other amputative or invasive procedures described for the same period tended to take place after accidents or on the battlefield, with death otherwise imminent. The most notable exception to this rule, lithotomy, was usually completed in a matter of minutes, whereas, as is described below, cancer surgeries could take hours or even days.\textsuperscript{29} Cancer operations, almost uniquely, entailed a patient agreeing that at some set future point, they would lay down their more or less functional body for prolonged cutting and burning in full knowledge that they might never get back up. Estimating the mortality rate for cancer surgeries is a fraught undertaking. In his study of the work of the late seventeenth and early eighteenth-century surgeon Daniel Turner, however, Wilson has found that tumour patients fared worst of all those whom Turner attended, with 28.9 per cent dying in the practitioner’s care.\textsuperscript{30} Turner was by all accounts a skilful surgeon, and Wilson’s analysis does not specify how many of these patients underwent mastectomies or amputations versus the number treated with lumpectomy or cautery. Given the paucity of positive outcomes for the former procedures recorded in casebooks and textbooks, it thus seems clear that many, perhaps even most, patients undergoing substantial cancer surgeries would die during or soon after their treatment.

Consent to cancer operations among patients, despite these appalling odds, was based on two linked considerations. First, patients experienced an increasingly poor quality of life as their illnesses progressed, and grasped at any chance, however remote, to remove their pains. Secondly, the formulation

\textsuperscript{29} On lithotomy, see Ellis, \textit{The Cambridge Illustrated History of Surgery}, pp. 180-194.

\textsuperscript{30} Wilson, \textit{Surgery, Skin and Syphilis}, pp. 45-50.
of cancer as a rebellious, semi-sentient, unstoppably malignant disease impelled patients to remove these seemingly alien growths from their bodies before it was too late. Evidence for the first of these considerations was stressed in texts discussing cancer surgery, where surgeons sought, as discussed in section three of this chapter, to justify their involvement in such risky cures. Poignant accounts from these surgeons’ case records depicted patients often unable to lead any semblance of a normal life, in constant pain and suffering social isolation as a result of their illness’s appearance and putrefactive stench. Wiseman, for example, described the following encounter with a patient suffering with mouth cancer:

Coming to the Patient with the [palliative] Prescriptions, he asked what way we had designed to cure him. After some pause (for we, having no hopes of curing him, had not discoursed of that,) Sir Fra. Pr answered, the attempt of Cure in such Ulcers had been always unsuccessful and extream painful, viz., by Burning, and thereby the Disease hath been exasperated, and the Life of the Patient shortned. The same was affirmed by us all. The Patient replied, God’s will be done. I pray go and consider of the way: for I had rather die than live thus.\textsuperscript{31}

The patient in this account suffered from a tumour and ulcer that had caused most of his teeth to fall out, and had spread from his jaw, to his cheek and the roof of his mouth. Daily life – eating, drinking, talking and sleeping – must have been painful and laborious in the extreme, and it was this loss of function, even more than the attendant pain, that Wiseman later described as the motivation for patients putting ‘to trial’ a cure ‘by Knife or Fire’.\textsuperscript{32} Given that patients with discrete, slow-growing tumours were often tempted to undergo surgery, he asked:

\textsuperscript{31} Wiseman, \textit{Several Chirurgical Treatises}, p. 113.

\textsuperscript{32} \textit{Ibid.}, p. 117.
How much more then shall these poor creatures, who have Cancers over-spreading their Mouth, eating and gnawing the Flesh, Nerves and Bones? Who, besides the danger they are in every minute of being choaked with a fierce Catarrh, do suffer hunger and thirst; and if they can swallow Broth, Caudle or Drink, yet is it with an unsavoury tast … and their Spirits are infected with the stink, whence Fainting frequently happens; Sleep is a stranger to their eyes, their Slumber very troublesome, and Death is only their desire. At such a time as this it is not to be wondred if they try a doubtful Remedy, though painful.\(^{33}\)

Writing in the early eighteenth century, Dionis likewise pointed out the relentless ‘Rigour’ and ‘torments’ undergone by breast cancer patients ‘Day and Night’, which led them to ‘implore’ surgeons to operate upon them despite the attendant risks.\(^{34}\)

Pain and debility were in themselves strong motivators for undergoing surgery. In the case of cancer, however, those pains were felt all the more keenly in light of their relation to the fearsome ‘nature’ of the disease, and in turn, to its inevitable mortality. In opposition to surgery, as to aggressive pharmaceutical treatments, practitioners repeatedly cited Hippocrates’ aphorism 6.38: ‘Occult cancers ought not to be cured; for they that are cured die soon, whereas they that are not cured live longer’.\(^{35}\) However, as the inclusion of cancer remedies in many of those same texts testifies, many patients could not be satisfied with such measures. Moreover, the construction of cancer in zoomorphic terms, with repeated emphasis on its malign, rebellious and ‘cruel’ characteristics, framed

\(^{33}\) Ibid.


the ideal response to the malady as its physical removal from the body, a desire that seemed realisable only by surgery. As Théophile Bonet put it, 'you must try even with danger to cure a Disease, that would certainly kill'.

Although many writers gave examples of patients who lived with tumours until their death from some other cause, for those experiencing bodily 'invasion' by cancerous tumours, these examples paled in comparison to the tales of cancer's malignancy reinscribed by both medical and popular literature. In this climate of fear, Dionis bluntly advised one patient that 'she had no other choice, but either that Operation [mastectomy] or Death'. ‘She, like all other Patients’, he recalled, ‘preferring Life to the Loss of a Member, determin'd to undergo it’.

Accounts of the circumstances which led cancer sufferers to consent to, or even demand, surgery offer an unusually vivid picture of patient experiences of this disease. Whilst the noting of cancer operations in newspapers implies that these procedures were uncommon, the way in which they are presented nevertheless shows that they were an established treatment route for cancers, regardless of the risks they posed. The individual decisions which led to these operations – the extraordinary acts of consent to amputation and incision made by patients – were based on prolonged suffering and the belief, created by cancer’s rhetorical formulation, that that suffering could be ended only by expelling the malign ‘alien’ from within. In these critical decision-making moments, the thoughts and feelings of the patient are, perhaps unsurprisingly, visible to a greater extent than anywhere else in the surgical process. Their experiences, albeit mediated by the medical practitioners who wrote them

37 Dionis, A Course of Chirurgical Operations, pp. 256-257, my italics.
down, show poignantly the distress they experienced every day. For most
patients, this was the only stage at which their opinions about their surgery,
good or bad, would be recorded. As I shall demonstrate, when they came under
the knife, cancer sufferers’ voices subsided, and they were presented – ideally
at least – as passive, silent bodies.

2. Operational methods

Though many Diseases may be extirpated by the strength of Nature,
alone, by the due observance of the six Res non Naturales, and the
Alternate use of those two great helps, of Altering and Purging
Medicines; yet there are some so obstinate as not to yield to any of
these, or to be remedied any other way than by Chirurgical Operations,
by dividing what is united, by uniting what is disjoyned, and by extirpating
what is superfluous, according to the true saying of Hippocrates.
Diseases which Medicines cure not, the Knife cureth; what the Knife
cures not, Fire cureth; what the Fire cures not, they are to be esteemed
incurable.\(^{38}\)

Descriptions of what drove patients toward surgery usually foregrounded
individual patients’ suffering. When the decision was made, however, and the
patient came under the knife, the emphasis of surgical texts changed
dramatically. As in the above discussion of ‘Knife’ and ‘Fire’, by the German
medical practitioner Johannes Scultetus (1595 – 1645), medical textbooks and
casebooks shifted their focus from patients to bodies, and from bodies to
tumours. This new perspective was centred on ‘extirpating what is superfluous’,
and there were diverse methods by which surgeons could do just that. Some
cancer operations were relatively minor, while others posed a serious risk to the
patient’s life. Some were the work of minutes, while others took days to
complete, and they could be undertaken on parts as diverse as the eyes,

\(^{38}\) Johannes Scultetus, The Chyrurgeons Store-House (transl. by ‘E.B.’), (London:
1674), sig. A4r.
breasts, face, legs, and scrotum. This section identifies three main operations which constituted the vast majority of cancer surgeries, and which each showed relative homogeneity across the early modern period and the diverse locations in which they were performed. These paradigmatic cancer operations – ordered here in terms of their increasing invasiveness and dangerousness – were subdermal lumpectomies, facial surgeries, and mastectomies.

For any operation, certain preparations had to be made and precautions taken before the patient came under the knife. As Wiseman observed, operating in the spring or autumn was preferable ‘lest through the great heat of the Summer the Spirits be resolved; or by reason of the extream cold in the Winter the native heat should be choaked’, though in practice this was not always possible. In many cases, surgery represented the last resort in a course of treatment, so it was likely that the patient would already have been eating a prescribed diet and perhaps taking medicines aimed at reducing the tumour and strengthening the body. Where mitigating pain was concerned, Kaartinen argues that eighteenth-century surgeons often administered opiates and alcohol before a procedure. Although they showed concern for patients’ pain, however, most accounts of cancer surgery prior to 1720 make no reference to any such ministrations. This might have been because surgeons were aware of the possible risks of

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40 Wiseman, *Several Chirurgical Treatises*, p. 103.
overdose with opiates in particular: records of palliative care show that medical practitioners were happy to prescribe laudanum to patients who were clearly dying, often to help them sleep, but they were conscious of the medicine’s potentially lethal side-effects. In addition, it was often necessary that the patient remain conscious so that the operators could gauge his or her physical state. Sudden sensitivity to the knife might indicate that a surgeon had reached the bottom of a necrotic ulcer and touched living flesh; conversely, slipping into unconsciousness was a worrying sign of blood loss as well as a natural reaction to intense agony.

Tumours which appeared sub-dermally on the face, arms and legs often merited relatively minor surgeries (insomuch as any early modern surgery was ‘minor’) which were designed to bring the malady to a swift conclusion while minimising its physiological and social impact on the patient. As Alexander Read pointed out for ‘apostems’ (undifferentiated, generally benign, lumps), surgery might be preferable to some medicines, particularly caustics, in such cases: ‘First, if Apostems be in the Face, to avoid the filthiness of the Scar, after the Curation. Secondly, in small Tumors: for so they will be the sooner whole’. Wilson and Olivia Weisser separately note ‘the stigma of a marked body’: namely, that marks or moles on the face were often taken as signs of bad luck,

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41 See Conclusion.
42 Alexander Read and unknown author, Chirurgorum Comes: or The Whole Practice of Chirurgery. Begun by the Learned Dr. Read; Continued and Completed by a Member of the College of Physicians in London (London: 1687), p. 26.
or worse symptoms of venereal disease. Patients might thus have been tempted to undergo this procedure even where tumours appeared slow-growing or benign. Worried sufferers may also have been fearfully aware of cases in which facial tumours ulcerated and ‘ate’ through the cheeks, nostrils or eyelid.

In the best cases, excision of sub-dermal tumours could provide a quick, if painful, resolution to the problem. Wiseman, for example, cited the example of ‘A Man of about fifty years of age … with a hard unequall Tumour, of the bigness of a large Wall-nut, between the Coronal and Sagittal Suture’. This tumour, Wiseman recalled, had previously been ulcerated, ‘but was at that time crusted over with a Scab, and seemed to be a milder sort of Cancer’. Assuring the patient that this was cancer, and not, as he supposed, King’s-Evil, Wiseman decided to operate:

Therefore providing Dressings ready, I made an Incision round it to the Scull; then raised it off with a Spatula, and permitting the bloud to flow a while, dressed it up with Astringents. The third day after I took off Dressings, and saw the Lips of the Wound well disposed, and the Cranium uncorrupted. I rasped it till the bloud appeared under it, then dressed up the Wound with Digestives … and after Digestion incarned and cicatrized it with as little difficulty, and dismissed him cured.

Several factors contributed to this operation’s success. The tumour was, as Wiseman noted, ‘resting upon the Cranium’, a hard base from which it could easily be separated. Though it had previously ulcerated, the lump was now

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44 Wiseman, Several Chirurgical Treatises, p. 111.
45 Ibid.
46 Ibid., pp. 111-112.
whole, and relatively small, and the patient was acquiescent to Wiseman’s method, allowing him to apply medicines and cauterize the wound over several days. Wiseman’s description, however, was atypical of the kinds of operation most frequently found in medical textbooks. Whether because they were felt not to merit recounting, or because they were rarely carried out, straightforward excisions of sub-dermal tumours were the exception rather than the rule. Most descriptions of cancer surgery on the face and limbs recorded rather more complicated procedures, often with less positive outcomes.

Despite the distinctive symptoms identified by various medical practitioners as denoting cancer, it is clear that many patients, particularly those travelling from the countryside to seek medical advice in the city, did not identify their tumours as cancerous until they reached an advanced stage. Furthermore, they were understandably reluctant to consent to surgery until it became clear that there was no other option. This state of affairs may explain why most of the facial cancer surgeries described in medical texts (and among cancer operations, facial surgeries far outstripped everything but mastectomies) tended to be lengthy, often complex affairs. Surgeons described operations for tumours which had spread over the face, often involving the gums, nasal cavities, eyelids and even the eye itself. For instance, in another of his many examples of the difficulties of cancer surgery, Wiseman recounted how a military Captain, having consulted local medical practitioners, ‘was persuaded by his friends to come to London’ and seek the surgeon’s advice.\footnote{Ibid., p. 115.} While in the city, the Captain was convinced by another acquaintance that his complaint, ‘a small Excrescence under his Tongue’, was not worth taking to Wiseman, and instead
had it dressed by another practitioner and returned to duty.\textsuperscript{48} Predictably, this course of action proved unwise. The tumour swiftly spread to the salivary glands, both ‘\textit{Maxilla}’, the lower lip, the gums (causing some teeth to fall out) and some glands under the jaw.\textsuperscript{49} Now consulting Wiseman in earnest, the patient was informed that his tumour was cancerous, and resolved to have it removed by Wiseman with the help of fellow practitioners Thomas Cox, Walter Needham, and ‘Mr. \textit{Gosling}’.\textsuperscript{50}

Wiseman commenced by pulling out the patient’s loose teeth:

Then having his Head held firm, and his lower Lip defended, I passed in a plain Chisel cautery under the \textit{Fungus}, as low as I could, to avoid scorching of the Lip, and thrust it forward towards the Tongue, by which I brought off that \textit{Fungus} and the rotten \textit{Alveoli} at twice or thrice repeating the Cautery; then with Bolt-cauteries dried the \textit{Basis} to a crust. After with a Scoop-cautery I made a thrust at the \textit{Fungus} over-spreading the left Jaw, and made separation of that, and what was rotten of the \textit{Alveoli}:

then with Olive and Bolt-cauteries I dried that as well as he would permit.\textsuperscript{51}

This patient’s surgery was far lengthier and more dangerous than the simple excision with which Wiseman had removed the cranial tumour. As the limits of the patient’s ‘permission’ indicate, it must also have been excruciatingly painful. Wiseman and his contemporaries recorded more of these kinds of operations – lengthy removals including the use of both knife and ‘actual’ cauteries (hot

\begin{footnotesize}\textsuperscript{48} Ibid. \\
\textsuperscript{49} Ibid. \\
\textsuperscript{50} Ibid. \\
irons) – than they did simple lumpectomies, despite the fact that these complex procedures were often unsuccessful. The unfortunate Captain, for example, endured several more days of similar treatment, but eventually died when the tumour spread throughout his mouth and into the larynx, an outcome which Wiseman attributed in part to reluctance to allow him ‘to keep down the Fungus afterwards as it arose’ by use of further cautery.\footnote{Wiseman, \textit{Several Chirurgical Treatises}, p. 116.}

Wiseman seems to have been particularly innovative in his cancer surgeries, and assiduous about recording the most interesting examples. Operations for facial tumours, however, were recorded throughout the early modern period. For example, the 1634 collected \textit{Workes} of Ambroise Paré, which had first appeared in French in 1575, recounted a ‘new and never formerly tried, or written of way’ by which the author had removed a facial tumour in a fifty-year-old man.\footnote{Ambroise Paré, \textit{The Workes of that Famous Chirurgion Ambrose Parey} (transl. Thomas Johnson, book 29 transl. by George Baker), (London: 1634), p. 281.} ‘The way is this’, instructed Paré:

\begin{quote}
The Cancer must be thrust through the lips on both sides, above and below with a needle and threed, that so you may rule and governe the Cancer with your left hand, by the benefit of the threed (least any portion thereof should scape the instrument in cutting) and then with your Sizers in the right hand, you cut it off all at once, yet it must be so done, that some substance of the inner … lippe, which is next to the teeth, may remaine, (if so be that the Cancer be not growne quite through) which may serve as it were for a foundation to generate flesh to fill up the hollownesse againe. Then when it hath bled sufficiently, the sides & brinkes of the wound must be scarified on the right and lift [sic] sides, within, and without, with somewhat a deepe scarification, that so … we may have the flesh more pliant and tractable to the needle and threed.
\end{quote}
The residue of the cure must be performed just after the same manner as we use in hare-lips; of which we shall treate hereafter.\(^5^4\)

Omitting the use of hot iron cauteries as later practised by Wiseman, Paré’s operation utilised a similar method to that commonly advised for mastectomies, below. Perhaps tellingly, the success of his venture was unrecorded: Paré advanced the method as one by which cancers might be cured without cautery and the associated scarring, but gave no details as to the survival or otherwise of his patient in this case. Despite the uncertain outcome of Wiseman and Paré’s procedures, versions of the same were employed throughout the late sixteenth, seventeenth and early eighteenth centuries, though with what frequency is hard to discern. Henri-François Le Dran’s 1739 *Observations in Surgery*, for example, recorded the author’s use of an operation similar to Paré’s, while in 1684, a translation of Bonet’s *Guide to the Practical Physician* recorded that he had cured several people, including a man with a facial tumour ‘as big as a Pigeon’s egg’, in a comparable manner.\(^5^5\)

While a number of medical practitioners seem to have been aware of, and occasionally practised, operations for facial tumours, in general cancer surgery reflected the disease’s status as paradigmatically afflicting the female breast. Despite their invasive nature, mastectomy operations were by far the most prominent in medical textbooks, casebooks and advertisements. Most mastectomies followed a similar template: the pulling away of the breast from


the body, followed by the removal of the whole breast with a sharp implement.

William Beckett’s 1711 *New Discoveries Relating to the Cure of Cancers* relates the procedure in brief but excruciating terms:

> Let the Patient be placed in a clear Light, and held steady; then take hold of the Breast with one hand, and pull it to you; and, with the other, nimbly make Incision, and cut it off as close to the Ribs as possible, that no Parts of it remain behind. But if any cancerous Gland should remain, be sure to have actual Cauterries of different sizes, ready hot by you, to consume it, and to stop the Bleeding; or otherwise apply, for restraining the Hemorrhage, Dorsels dipp'd in scalding hot *Ol. Terebinth* [turpentine oil] ... then with good Boulstring and Rolling, conveniently place the Patient in Bed, and at night give her an anodine Draught, then the second or third Day open it, digest, deterge, incarn and siccatrize, as in other Amputations.\(^{56}\)

Beckett’s procedure contained several variables which medical practitioners altered according to their own preferences. He provided no instruction, for example, as to what one should use to ‘nimbly make Incision’. Most operators favoured a knife, or less commonly a razor, but the Dutch surgeon Paul Barbette (d.1666) noted that some surgeons used needles or hooks and a ‘string’.\(^{57}\) In his 1710 *A Course of Chirurgical Operations*, Dionis suggested one used both, helpfully supplying a diagram of his preferred equipment (Figure 3, below).\(^{58}\) ‘The Chirurgeon’, instructed Dionis, ‘with Ink traces out the whole Circumference, which is the place where the Incision is to be made’:

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\(^{56}\) William Beckett, *New Discoveries Relating to the Cure of Cancers ... To Which is Added, a Solution of some Curious Problems, Concerning the Same Disease* (1711), pp. 69-70.


[T]hen running the crooked Needle D, across the Body of the Tumour; it is threaded with the String E, whose two ends are tied, and with which he makes a Noose which serves to sustain the Tumour, and in drawing it to separate it from the Ribs. 'Twould be to no purpose to pass the Needle twice through, we may spare the Patient that Pain, for a single Noose will sustain it as well as a double; then with Razor F, or a large flat Knife G ... the Chirurgeon cuts at the marked Place, and takes off the whole Body of the breast in a short time.\(^\text{59}\)

It seems – though Dionis’ explanation is unclear - that the string was passed through the base of the breast using the needle, as shown in Figure 4, from Scultetus’ *The Chyrurgeon’s Store-House*. This served to partially separate the breast from the underlying muscle so that it was more stable and could more easily be excised. In his discussion of the mastectomy operation, Beckett similarly notes that Fabricius Hildanus (German surgeon Wilhelm Fabry, 1560 – 1634) pioneered a way of ‘piercing the Breast with Needles arm’d with Silk to suspend it’.\(^\text{60}\) Kaartinen argues that the needle and cord technique was ‘in vogue’ in the late seventeenth and early eighteenth century, after which it gradually disappeared.\(^\text{61}\) In the sources I have examined, however, it seems to have been uncommon – possibly because, as Beckett noted, it increased pain – and in most cases the breast was held away from the body by hand or using forceps. In one exceptional case, a surgeon at Saint Bartholomew’s hospital, named Joseph Binns, took the string method to an extreme. Tying a string around the breast on the morning of August 9, 1648, he ‘tied it harder’ over the next 13 days until on the 22\(^{\text{nd}}\), ‘the lower string was through the bigness of a finger, the upper one near to an inch’ and he ‘with string cut [the whole breast]
off in the ligature'.\textsuperscript{62} Predictably, however, the patient died a week later: the absence of this procedure from other contemporary texts gives the impression that Binns either misunderstood instructions such as those given by Scultetus, or tried this method as an ill-fated experiment.

In a ‘typical’ mastectomy, therefore, the surgeon would probably use a knife to cut away the breast tissue. In all likelihood, he would have removed virtually the entire breast down to the chest wall. Dionis described a lumpectomy operation to be used when the cancer was small, palpable and movable, but he was in the minority.\textsuperscript{63} Conversely, Beckett recalled observing an operation in which ‘a Part of that [pectoral] Muscle was cut away, and the cartilages of Two of the Ribs laid bare, and the patient happen’d to be cur’d’.\textsuperscript{64} This too was uncommon, presumably because it increased mortality rates even further.\textsuperscript{65} While they were wary of removing too much flesh, surgeons remained mindful of the disease’s characteristic malignancy, and repeatedly stressed the importance of removing every trace of the cancer. ‘[I]t must be all taken away’ stressed Bonet:

\begin{quote}
[T]herefore let the Operatour take the part affected, and these adjacent, in his fingers, and try well, whether all that is amiss may be taken away. A Canker once cut doth often come again, 1. When all was not cut out, through timorousness, either in the Operatour, or in the Patient. 2. Because the Arteries that emit this vitious bloud, by reason the less Arteries are cut away from the part affected, must contain more bloud than before, and therefore when they are open, will discharge that bloud
\end{quote}


\textsuperscript{63} Dionis, \textit{A Course of Chirurgical Operations}, p. 253.

\textsuperscript{64} Beckett, \textit{New Discoveries}, p. 46.

\textsuperscript{65} However, removal of the muscle and lymphatic structures underlying the breast became popular in the later eighteenth century. See Kaartinen, \textit{Breast Cancer in the Eighteenth Century}, pp. 52-53; Ellis, \textit{The Cambridge Illustrated History of Surgery}, p. 170.
upon some other part, whence comes a new Canker. 3. Because there is
so much malignity latent in the Body, that a Canker will always grow
afresh.\textsuperscript{66}

Though the operator could do little about cancer ‘latent in the body’, he could, it
was believed, minimise the risk of recurrence by pressing the ‘bad’ blood out of
the nearby veins and making sure to excise every scrap of cancer either with
the knife or by hot iron. Precisely what means were used to complete the
operation and stop the wound from bleeding was mostly a matter of individual
choice, sometimes influenced by the constitution and temperament of the
patient. Dionis, for example, reported that he had stopped using hot cauteries
because they ‘make the Patient tremble’ and he could achieve the same result
by skilful use of the knife, followed by ‘Pledgets’ (material pads) and ‘astringent
powders’ to stop the bleeding.\textsuperscript{67} In line with contemporary wisdom that closing a
wound was dangerous, surgeons generally did not stitch the site of
mastectomies or other substantial cancer operations until later in the eighteenth
century.\textsuperscript{68}

Post-operation, the patient was at high risk of infection, as well as remaining in
considerable pain. Occasionally, surgeons would return to treat the wound with
hot cauteries again, as Beckett and Handley advised.\textsuperscript{69} Whether because the
latter’s instruction to ‘open it, digest, deterge, incarn and siccatrize’ was
intolerable to the patient, however, or because it was ineffective, such extended

\begin{footnotes}
\item[67] Dionis, \textit{A Course of Chirurgical Operations}, p. 255.
\item[69] Handley, \textit{Colloquia cChirurgica}, pp. 69-70.
\end{footnotes}
treatment was fairly uncommon.\textsuperscript{70} Instead, surgical texts often recorded either
the authors or their colleagues administering prescriptions with soothing and
anti-inflammatory properties, as well as some potent analgesics. Wiseman, for
example, prescribed one mastectomy patient a ‘Pearl-Julep’ ‘to refresh her
fainting spirits’, and the next day she was given ‘distilled milk’, containing,
among other ingredients, gentian, rose, agrimony, cinnamon and veronica.\textsuperscript{71} In
‘extremity of pain’, he recorded, she was to be given a drink made with theriac,
a concoction which usually contained opium and snake venom.\textsuperscript{72} In many
cases, it appears that surgeons monitored their patients closely in the days after
surgery, and remained aware of the potential for infection or a recurrence of the
cancer for months, even years. Dionis, for example, stressed that ‘Tis not
sufficient to have perform'd the Amputation of the Cancer, but the Chirurgeon
must, by a judicious conduct, endeavour to cure the Wound, which is not always
in his power’.\textsuperscript{73} For their part, he advised, the patient had to be constantly on
the lookout for new tumours, and ‘must not discontinue the use of internal
Remedies for some Years, lest a Fresh tumour should break out in some other
Part, and produce a new Cancer’.\textsuperscript{74}

Descriptions of early modern cancer surgery showed a relative homogeneity,
pointing to the existence of established operative conventions, and to a steady
stream of patients who were willing to put those conventions to the test. Despite
their exceptional invasiveness, such operations were broadly intuitive, aiming

\textsuperscript{70} Ibid.
\textsuperscript{71} Wiseman, \textit{Several Chirurgical Treatises}, p. 107.
\textsuperscript{72} Ibid.
\textsuperscript{73} Dionis, \textit{A Course of Chirurgical Operations}, p. 255.
\textsuperscript{74} Ibid., p. 256.
for a golden mean between extirpating the cancer thoroughly and minimising
dangerous blood loss. Interestingly, they were also united in the way in which
they described the process of operation. Surgeons, as we have seen, vividly
portrayed the sufferings of their patients prior to surgery. They also, to a lesser
extent, showed empathy with the pain and shock experienced by patients after
a major cancer operation. Descriptions of the operation taking place, however,
showed no such personal attention. Rather, they were characterised by an
anatomical emphasis in which the person under the knife was consistently
reduced to the sum of his or her parts. The reasons for, and effects of, this
phenomenon are the subject of the remainder of this chapter.

3. ‘What then can we think of this shameful Undertaker [?]’ Competing
narratives of cancer surgery

Reading early modern instructions for and accounts of cancer surgery only
underlines how dangerous and painful these operations must have been. As we
have seen, patients only decided to undergo such procedures because they
believed surgery was the only option left to relieve their sufferings, and prevent
their premature deaths. Just as was the case in the use of chemical caustics,
however, the recourse of desperate patients to such extreme measures may in
fact be less remarkable than the willingness of medical practitioners to
administer them. For surgeons, as for physicians, undertaking invasive and
bloody procedures was a course often fraught with doubt and difficulty. Many
surgical texts show that operators were traumatised by the screams and
struggles of patients in agony under the knife. Moreover, when they attempted

75 T. D., The Present State of Chyrurgery, with Some Short Remarks on the Abuses
anything but the most superficial excisions, surgeons risked killing or maiming the patient, thus incurring serious and lasting damage to their reputations and hence their livelihoods. In this section, I consider how some surgeons attempted to frame their work in a positive light by creating narratives of progress that excluded the subject under the knife, and how detractors threatened to disrupt and destroy those narratives.

Several of the factors which motivated early modern surgeons to conduct cancer operations were clearly linked with those which compelled sufferers to consent to this course. First, operators were, as we have seen, sensible of, and sympathetic toward, patients’ often chronic and unremitting pains. Cancer sufferers’ pleas for relief at any cost clearly rang loudly in the ears of many medical practitioners. Secondly, cancer in some senses ‘invited’ surgical intervention by dint of its seemingly evil and rebellious nature. To the early modern mind, cancer was hostile and malign: an alien to the body repeatedly imagined as deliberately resistant to cure, and aligned with evil influences in the world at large. For medical practitioners as well as patients, therefore, surgery offered a chance to reach into the body and forcibly extract the interloper, and the language of surgical textbooks often represented (and reinforced) an adversarial relationship between medical practitioners and cancer. In his 1583 *The Method of Physick*, for example, Philip Barrough counselled medical practitioners to ‘devide the good from the evill’ when excising cancers.⁷⁶ A 1565 translation of Lanfranco similarly advised that tumours be taken ‘utterlye away’, and a text by Jacques Guillemeau and ‘A.H.’ advised that the ‘reliques’ of the

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disease be ‘abolish[ed]’ – language that must have echoed in post-Reformation English ears, since an antipathy to relics and reliquaries was central to the new Church of England. Repeated injunctions to remove all the cancer not only advised on clinical practice, but reflected and reinforced appealingly tangible and symmetrical ideas of cure: that the body could be restored by cutting into it, and the disease of burned humours could be quelled with burning iron.

Surgeons thus responded to both the physical reality and the rhetorical construction of cancer as a fearsome, evil disease. Furthermore, in many surgical texts, it is clear that discussions about cancer operations constructed those surgeries as not only compassionate, but contributing to medical knowledge and the ‘progress’ of surgery more broadly. In the adversarial drama played out between surgeons and the cancers they sought to eliminate, there was a distinct sense of intra-professional (and largely homosocial) cooperation as well as competition. This was partly a matter of necessity. Despite some textbooks’ instructions to hold with one hand and cut with the other, surgeons would have needed assistance to keep the patient ‘held steady’, pass instruments, heat iron cauterries and apply ‘pledgets’ or pads to stem bleeding. To a greater extent than physic, surgery was a trade learned through apprenticeship, and many operators could have expected to have one or more


78 Wiseman, Several Chirurgical Treatises, pp. 103-104.
such charges in attendance.\textsuperscript{79} In a broader sense, surgeons were ‘apprenticed’ to the ancient and medieval medical writers whose advice they often cited. Demaitre notes the influence of Rhazes (Muhammad ibn Zakariyā Rāzī, 865-925 AD) and Galen on medieval discussions of cancer surgery by Avicenna and Lanfranco, who were frequently cited by seventeenth-century writers. Surgeons undertaking such operations could therefore feel that they were contributing in their turn to a patrilineal development of knowledge.\textsuperscript{80}

Even when they were not required for practical purposes, it is clear that many experienced surgeons and other medical practitioners attended and assisted at cancer surgeries, particularly mastectomies and invasive facial operations, out of professional curiosity or camaraderie. Wiseman, for example, recorded that he had examined and operated on cancers in conjunction with, or in the presence of, other medical practitioners including Walter Needham, ‘Mr. Nurse’, Doctor Bate, Doctor Thomas Cox, Doctor Micklethwaite, Jacques Wiseman (his ‘kinsman’), and Mr. Hollier, Mr. Arri[s/t], Edward Molin, Mr. Troutbeck and Mr. Shunbub (all chirurgeons).\textsuperscript{81} Likewise, at the mastectomy observed by Reverend John Ward, which took place over several days, two surgeons, ‘Clerk, of Bridgnorth’, and ‘Leach, of Sturbridg[e]’ operated, while Walter Needham arrived too late on the first day, but ‘staid … to see it opened’ again the next day, and ‘Dr. Edwards’ marked with ink ‘the way how and where itt should be

\textsuperscript{79} Wilson, \textit{Surgery, Skin and Syphilis}, pp. 17-20.
\textsuperscript{80} Demaitre, ‘Medieval Notions of Cancer’, pp. 630-632.
\textsuperscript{81} \textit{Ibid}, pp. 102-117.
cutoff. That surgeons were seemingly so keen to be involved with cancer surgeries, despite the risks to their reputations in the event of a patient’s death (even as onlookers, they might be besmirched by association), shows how fascinated they were by these procedures. Their attendance at and detailed recording of operations with a novel pathological or methodological element also suggests that they saw cancer operations as potentially perfectible: a coup which, if achieved, would undoubtedly bolster the claims of many surgeons that their craft should be considered a noble profession equal to that practised by university-educated physicians.

Surgeons who dwelt on the technical improvement of cancer surgeries clearly believed that in the long-term, operative advancements could benefit both practitioners and patients. For the individual sufferer, however, this ‘long view’ could reach unsettling extremes, allowing surgeons to ignore the suffering of individual patients in the service of curiosity, learning, or fame. Notably, in scholarship on early modern dissection and vivisection, Sawday, French, and Egmond have all noted an imaginative connection between these occupations and that of the surgeon. Concomitant with the intense interest in dissection and anatomy during the early modern period, they argue, was a suspicion that living humans might be next under the curious anatomist’s gaze. For instance, citing Edward Ravencroft’s *The Anatomist* (1697) and Thomas Nashe’s *The Unfortunate Traveller* (1594) as examples, Sawday contends that the idea of a

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living anatomy possessed a peculiarly compelling horror for early modern dramatists, and that ‘Imagining one’s own dissection was a device unique to early-modern culture’.\(^{84}\) It is by no means certain that this fear was unfounded. Egmond mentions ‘some evidence of vivisection on human beings’, while French notes that ‘Rumour ... had it that at least two Renaissance anatomists succumbed to temptation and ventured into human vivisection’.\(^ {85}\) As Richard Sugg observes: ‘Available data indicates that almost no one was prepared to advocate human vivisection during the Renaissance. By contrast, however … various figures seemed ready to believe that the practice might be carried out by their contemporaries’.\(^ {86}\) Moreover, it was seemingly accepted that if anyone was to venture into vivisection, it would be surgeons, rather than physicians. First published in 1605, Michael Drayton’s ‘Sonnet 50’ vividly imagined that ‘in some countries, far remote from hence’, condemned criminals might be used as experimental subjects by surgeons, who would

First make incision on each mastering vein  
Then staunch the bleeding, then transpierce the corse,  
And with their balms re cure the wounds again  
Then poison, and with physic him restore  
Not that they fear the hopeless man to kill  
But their experience to increase the more. (l.6-11)\(^ {87}\)

\(^{84}\) Sawday, *The Body Emblazoned*, p. 49.  
As Sugg observes, Drayton’s fears might have been founded, in part, upon his observation of surgeons’ ‘necessary, temporary detachment from human suffering’, a trait which ‘threatened to harden into a permanent and dominant identity in the perception of the lay public’.  

Even if they were not explicitly associated with anatomists, surgeons undertaking invasive operations were bound to find their narratives of progress interrupted by the uncomfortable fact of patients’ suffering under the knife. The problematic nature of the surgeon’s craft, which both healed and hurt, has been noted by several historians of early modern and medieval medicine. Andrew Wear’s ‘Medical Ethics in Early Modern England’, for instance, describes the difficulty of drawing a line between treatments which harmed and those which helped patients, while in her reading of Henri de Mondeville’s medieval surgical works, Pouchelle notes that Mondeville himself admitted that ‘surgeons have a reputation for cruelty’ and ‘the surgeon who refuses to be considered as an executioner or public tormentor would become a laughing-stock among “ordinary uneducated people”’.  

Writing on the use of domestic receipts as alternatives to surgery, Seth Stein LeJacq shows how early modern surgeons repeatedly attempted ‘to discipline surgical work and the surgical community with the goal of raising their occupational status and combating negative perceptions of their craft’.  

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Prominent among such concerns was the worry that surgeons might be perceived as over-eager to employ the knife, and hence, as ship’s-surgeon John Woodall (1570 – 1643) cautioned, be ‘esteemed Butcher-like and hateful’.\textsuperscript{91} Cancer surgeons were, it seems, particularly vulnerable to accusations of cruel, callous or incompetent conduct which allied them with the anatomist, torturer or butcher. The operations they carried out were some of the most lengthy and dangerous undertaken during the early modern period, particularly in the case of mastectomy. Furthermore, these operations were not always immediately and visibly necessary. It was easier to decry a surgeon removing a superficially healthy breast which contained palpable tumours than it was to quibble with an operator who caused similar pain in the course of removing a bullet or amputating a mangled limb.

In this suspicious climate, the language with which some surgeons chose to describe their operations suggests that they, too, were uncomfortable with the pain they inflicted, though they might not acknowledge that concern outright. In some cases, it is clear that cancer operators preferred, or perhaps needed, to view the person under the knife as a specimen rather than a thinking, feeling patient. Many accounts of surgery show operators focussed on their relationship with other practitioners or with the ‘rebellious’ cancer to the exclusion of the patient as subject. Wiseman’s description of a mastectomy performed on a ‘Country-maid’, for example, contains no details about the patient other than her

\textsuperscript{91} John Woodall, \textit{The Surgions Mate} (London: 1617), p. 6.
occupation, age, and the initial appearance of her breast. It does, however, give a detailed account of 'the experimenting of the Royal Stiptick liquor' (designed to stop bleeding), the arrival and involvement of Needham and Jacques Wiseman, and Richard Wiseman's attendance on some 'friends' who wished to see the new stiptick. From the time the operation is resolved upon, to when it is completed, the whole body of the patient is never referred to, but is only manifest through the breast, the tumour, and the blood issuing out. This erasure of patient coherence and subjectivity was by no means confined to Wiseman. Looking again at Figure 4, for example, one sees in Scultetus' diagram the depersonalization of the woman under the knife. In the top left-hand image, we can see the patient, looking oddly serene as the needle is passed through her breast, her hair covered and seemingly armless. The accompanying text explains that this picture shows 'a Breast affected with an ulcerated Canker', effacing the subject attached to that breast. In the next picture, the hands of the surgeon[s] descend as if from the heavens to remove the breast, and in the third, the (literal) dissociation of patient from cancer is complete as the amputated breast hangs, detached, 'weighing six physical pounds'. The pictures marked V, VI and VII on the same page are meant, according to the text, to represent treatment for a fistula, bandaging of the thorax, and correction of a hernia. Their continuous numbering with the

93 Ibid.
95 Ibid.
96 Ibid.
mastectomy pictures, however, implies that the ideal or corrected body is one in which both subjectivity (the face) and femininity (both the breasts) are absent.

The uneasy relationship between femininity and cancer surgery is discussed in section four of this chapter. In relation to surgeons’ self-construction as compassionate and progressive, however, it is evident that taking patient subjectivity out of the equation in texts on cancer surgery served several purposes. First, while surgeons acknowledged the pain of surgery when discussing the decision to operate and the proper provision of aftercare, excluding the patient at the moment of greatest suffering – under the knife – made it easier for surgeons to construct themselves and their activities in their own, flattering, language, rather than the fearful or suspicious terms in which they were often criticised. Furthermore, the exclusion of a patient’s thoughts, feelings and personality from textual representations of surgery mimicked the detachment which was deemed necessary in order for surgeons to do their job. In her work on medical dispassion in early modern England, Payne describes at length the trauma and difficulty inherent in operating upon conscious patients, noting that many surgeons were encouraged to practice their craft on dead bodies at first in order not to be overwhelmed by operating on moving, feeling individuals. 97 Lengthy cancer operations were particularly likely to require such detachment. The eighteenth-century Medical Dictionary, for instance, advised readers that although some ‘bear this operation with uncommon fortitude’, other women undergoing mastectomy would

    shriek and cry in a manner so terrible, as is sufficient to shock and confuse the most intrepid surgeon, and disconcert him in his operation.

'Tis therefore absolutely necessary in this case, that the surgeon, as Celsus directs, be intrepid, and equip himself in all the steps of his operation, in such a manner, as if he was deaf to the moving groans, and piercing shrieks, of the tortur’d patient.⁹⁸

In 1687, a text by Read and another unnamed author, *Chirurgorum Comes*, similarly decreed that for all tumour operations, ‘The Chirurgeon … ought to be resolute, cheerful in countenance and speech, and no ways scrupulous’.⁹⁹

Operating, and representing one’s operations in a positive light, was easier if the patient under the knife disappeared, and one was left only with the material body. Confirming this fantasy, and relaying instructions for mastectomy, Dionis informed young surgeons that ‘This Operation is easier than is imagined before ’tis performed; for the Breast separates as easily from the Ribs, as when we divide the Shoulder from a Quarter of Lamb’.¹⁰⁰ His statement, seemingly meant to reassure, tacitly acknowledged the dread with which some operators must have approached this procedure, and the mental tactics employed to overcome it.

Representations of cancer surgery thus consistently, though not always purposefully, engaged with the potential of that operation both to help and harm. Where cancer surgeons might efface the dangerous and painful nature of their interventions, however, many other medical practitioners had no such qualms. For every author who provided accounts of or instructions for cancer operations, there were many more writers – often physicians, but sometimes lay onlookers or surgeons writing against their perceived inferiors – who accused cancer

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⁹⁹ Read, *Chirurgorum Comes*, p. 27.

surgeons of conduct which was at best careless and at worst positively evil. In a
1703 publication from ‘T.D.’ on the ‘Abuses’ committed under the name of
chirurgery, for example, the author singled out one surgeon’s cancer operations
for particular attention.\textsuperscript{101} This operator was, it seems, moderately famous for
mastectomy operations in particular: T.D. stated that ‘I make no question but
you have hear’d of one who calls himself the un-born Dr’.\textsuperscript{102} The doctor’s
practice, wrote T.D., was ‘all over’ ‘monstrous’: ‘The Number of Womens
Breasts, which this man has cut off within these few Years is scarce to be
believ’d: And yet … he cannot produce One, where there was a true ulcerated
Cancer, that is now living to tell Tales of Him’.\textsuperscript{103} Given that cancer was widely
acknowledged to be difficult if not impossible to cure, ‘what then can we think’,
asked the author,

of this shameful Undertaker, who makes no more of taking off a Breast
(altho’ no otherwise than a Butcher might do the same) than some
Persons do to pair [pare] their Nails, so that scarce any thing of a
distemper’d Breast is presented, but the poor Woman is frighten’d out of
her Wits, with the dismal Sentence pronounc’d of its being Cancerous;
Thus every Scirrhous Knot or Induration, every ill-cured Apostem, where
the glands are sometimes bigg and hard … every encysted Tumour …
goes away with the same Prognostick, and are commonly hard off under
that Denomination.\textsuperscript{104}

For T.D., the activities of the ‘unborn Dr.’ could not be viewed as compassionate
or progressive. Instead, the casting of the surgeon as ‘Undertaker’ in this
account explicitly opposed the operator’s self-construction as a preserver of life.
Moreover, naming the doctor as a ‘Butcher’ who cut up women as readily as he

\begin{itemize}
  \item \textsuperscript{101} T. D. \textit{The Present State of Chyrurgery}, pp. 19-20.
  \item \textsuperscript{102} \textit{Ibid.}
  \item \textsuperscript{103} \textit{Ibid.}
  \item \textsuperscript{104} \textit{Ibid.}
\end{itemize}
cut his nails subverted surgeons’ emphasis on the professionalism of their craft and prefigured, in distorted form, Dionis’ assertion that mastectomy might be as easy as dividing up a shoulder of lamb. As Woodall’s advice to ships’-surgeons demonstrates, there were foolish or unscrupulous practitioners to be found in every kind of surgery.¹⁰⁵ However, T.D. implied that cancer surgery was an area in which unscrupulous practitioners could make their mark particularly easily, because women were so afraid of the disease that they could easily be manipulated into undergoing unnecessary operations. As someone who apparently grew his own coffers by doing physical harm to his patients, this ‘Dr.’ might even be viewed as malignant in his own right.

T.D.’s accusations were damning and imaginatively compelling ones, calculated to strike a chord with contemporary fears about the motivation and competency of surgeons. Even ‘T.D.’ did not argue that surgeons actually enjoyed inflicting pain. However, the obvious agony of the cancer operation, combined with surgeons’ reluctance to acknowledge that pain in their medical writings, inevitably led to accusations that those who carried out these procedures were more interested in personal gain and professional advancement than in the humanity of their endeavours. As a profession, surgery could not escape the fact that only the intent to heal definitively separated the surgeon from the torturer, and only a successful result distinguished him from the anatomist. That cancer surgery came in for particular scrutiny in this regard was a product of several factors. These operations were, as discussed above, unique in their invasiveness and the fact that they were undertaken at the patient’s behest or with their pre-obtained consent. Furthermore, belief in the evil, quasi-ontological

¹⁰⁵ Woodall, The Ship’s Surgeon, pp. 6, 11.
nature of cancer fostered the desire to extract this interloper from the body in a way unmatched for other diseases. Writing in 1711, Beckett identified cancer as a disease particularly likely to provoke dangerous ‘experiment’ with ‘bold and rash’ pharmaceutical and surgical methods, precisely because it was such a mysterious and fascinating malady to medical practitioners.\textsuperscript{106} Throughout the early modern period, it seems, both surgeons and those who observed their activities knew that therapeutic encounters with cancer and the preservation of humanity – in both patient and operator – could not easily coexist.

4. ‘And in such searching wounds the surgeon is / As we, when we embrace, or touch, or kiss’: cancer surgery and gender relations.\textsuperscript{107}

All kinds of cancer operation were controversial. The dangerous and invasive nature of such procedures led to much criticism of those who dared to undertake these surgeries – mostly, as seen above, from other surgeons and medical practitioners convinced of the futility of such interventions. Occasionally, however, those surgeons who carried out cancer operations tacitly revealed their own anxieties about opening up the body. These anxieties related, to a striking degree, to female patients, and mastectomy operations. In this section, I consider how cancer surgeries complicated relationships between surgeon and patient, male and female. First, I will argue that the negotiation that occurred between surgeon and patient in deciding whether to operate could easily take on a gendered or sexualised dimension, particularly when female patients were felt to be unwisely withholding access to their bodies. Secondly, I

\textsuperscript{106} Beckett, New Discoveries, pp. 8-9.

will show how cancer operations, particularly mastectomies, were felt to put male operators at physical and psychological risk, as was the case in the extraordinary tale of Samuel Smith.

Early modern medicine in general was often imagined as a sexually charged pursuit. The fact that male medical practitioners possessed, in theory at least, intimate knowledge of the female body made their craft, as Roy Porter observes, one ‘inescapably associated in the public imagination with carnal knowledge’. Erotic prints and poems, he notes, commonly ‘exploited “medicine” as a double entendre, cover, or euphemism for sexual opportunism’. Similarly, Sarah Toulalan has argued for an ‘overlap between textual terrain’ in medical and pornographic texts. Physicians and apothecaries, however, were generally employed in diagnosing complaints and prescribing medicines rather than physically manipulating their patients. It seems evident that surgery, which was necessarily a tactile and intimate encounter, should be even more vulnerable to accusations of sexual misconduct, and tensions ran particularly high when (usually male) surgeons operated on female patients. As a paying customer, any patient, male or female, possessed a high degree of agency over their treatment. Kaartinen has shown that for cancer in particular, many women had substantial knowledge of the surgical and medical treatments available to them, and readily asserted their

109 Ibid.
own opinions as to their treatment.\textsuperscript{111} Conversely, however, Laura Gowing notes that simply being touched could undermine an early modern woman’s social status.\textsuperscript{112} When exposed to touch in inappropriate ways – touched by too many people, or the wrong sorts of people – women’s bodies risked being deemed ‘common’, and compared to the ultimate ‘common’ body, that of the prostitute.\textsuperscript{113} Male surgeons touching female patients (and likewise, patients being touched) were, therefore, precariously positioned. Surgeons exercised a peculiarly acute power of touch capable of inflicting not only social but mortal physical damage. At the same time, their access to the body was, as I shall demonstrate, contingent and uncertain.

As described in the first section of this chapter, many cancer patients chose, even demanded surgery, in full knowledge of the likely pain and danger to their life. Some surgeons consented only reluctantly in view of the traumatic nature of the procedure and the attendant danger to their reputations. However, this was not always the case. Several accounts from medical casebooks and instructional texts recall situations in which surgeons tried, unsuccessfully, to persuade patients to undergo surgery. These situations related almost exclusively to women, and were frequently framed in gendered or sexualised terms. In 1698, for example, \textit{The Compleat Midwife’s Practice} recounted the story of an unnamed woman with breast cancer, which became worse over time and swelled ‘not without hard tubercles, and other symptoms to shew it would

\textsuperscript{111} Kaartinen, \textit{Breast Cancer in the Eighteenth Century}, especially pp. 67-78.
\textsuperscript{113} \textit{Ibid.}, p. 16.
end in a *Cancer*, whencesoever it should break’.\textsuperscript{114} ‘A skilful Surgeon’ recalled the authors,

refused to open it, but advised the best he could to give her ease, and promised to come to her, if after it brake she would send for him. Some Months after she sent for him, and shew’d him a great quantity of curdled matter newly burst forth; the Breast was lank, but very hard *Glands* lay within, and in the circumference of the *tumour*, there were some *tubercles* that required to be eradicated; to which purpose, he design’d to have slit open the *abscess*, and to have pull’d away the Cancerated *Glands*, but she would not permit him so much as to enlarge the orifice; upon which consideration he left her, and she died within half a year after.\textsuperscript{115}

The authors’ sympathies clearly lay with the ‘skilful’ surgeon in this bizarre tale. As well as an exhortation to readers to submit to the advice of their surgeon, however, the account reads as a gendered power struggle centred upon the surgeon’s thwarted desire to penetrate the unnamed ‘orifice’. Stressing the anatomical terms in the story – ‘*tubercles*’, ‘*Glands*’, ‘*tumour*’ and ‘*abscess*’ – the author tries to emphasise clinical details of the body in question, but his narrative, like the unnamed surgeon’s plan, is continually disrupted by a female who gives her opinions weight by denying access to her body.

In certain lights, a woman’s reluctance to have her breasts examined or treated by a male practitioner could be construed positively, as an instance of proper feminine modesty. This was, for instance, the case for the writer Mary Astell (1666 – 1731), whose reluctance to seek treatment for her cancer was

\textsuperscript{114} John Pechey, Theodore Mayern (Sir Théodore Turquet de Mayerne), Dr. Chamberlain (probably Thomas Chamberlayne), Nicholas Culpeper, *The Compleat Midwife’s Practice* (London: 1698), p. 186. See Bibliography for details of the multiple editions and authorship of this text.

\textsuperscript{115} Ibid.
represented in a posthumous biography as exemplifying her patience and fortitude. However, in late sixteenth-, seventeenth- and early eighteenth-century texts, reluctance to undergo surgery which had been recommended by a medical practitioner was more likely to be depicted, in medical textbooks at least, as an example of womanly foolishness and obstinacy. Perhaps adding to the frustration of The Compleat Midwife’s authors, or informing the opinions of its readers, was the contrast in this tale between one, too-open orifice – the speaking mouth – and another which was inaccessible. As Peter Stallybrass notes, speech could be viewed as a kind of ‘leakage’ from the feminine body, such that to speak publicly could be deemed ‘whorish’.117 Despite the power they wielded during an operation, surgeons were service providers, and were not, in principle at least, allowed to coerce or bully their customers into a procedure. Their opinions were automatically overruled by those of their customer, the reluctant patient, and this clearly sat uncomfortably with some surgeons in a society which traditionally privileged the voices and judgements of men.

The refusal of ‘permission’ by the female patient in The Compleat Midwife’s account was elsewhere formulated as a failure to ‘submit’, a term which was used in texts on cancer exclusively to describe women who were uncooperative

116 George Ballard, Memoirs of Several Ladies of Great Britain, Who have been Celebrated for their Writings or Skill in the Learned Languages, Arts, and Sciences (Oxford: 1752), pp. 445-460. When she consented to mastectomy, in 1731, Astell reportedly insisted on there being as few people as possible present at the operation.  
with their medical practitioners. The anonymous *An Account of the Causes of Some Particular Rebellious Distempers*, for example, briefly described the case of a woman with breast cancer who ‘would not submit to the Operation’ recommended to her, and consequently died. ¹¹₈ Similarly, Daniel Turner recalled in 1714 that encountering a patient with facial cancer, ‘I told her if she would submit to the hot Iron, I would serve her so far as I was able, believing that the most likely Remedy for so obstinate a Disease’. ¹¹₉ The patient was, understandably, frightened by the prospect of the ‘fiery Tryal’ and refused Turner’s intervention in favour of remedies from an ‘Empirick’; predictably, it was reported that the cancer had now spread over her face. ¹²₀ Once again, the encounter was framed in loosely sexual terms, as to ‘serve’ a woman could also mean to act as her lover or impregnate her. ¹²₁ This aspect of the surgeon-patient relationship was even more prominent in an account by Dionis of the treatment of Madam de Montreuil, a lady who sought his advice whilst he was travelling around France with some colleagues. ¹²² This lady, unlike Turner’s patient, was easily persuaded that surgery was necessary for her breast cancer.

¹²₁ The *Oxford English Dictionary* identifies the first use of ‘serve’ to describe acting as ‘the servant or lover of (a lady)’ in c.1374, and its use ‘Of a male animal: To cover (the female)’ in 1577. "serve, v.1". *OED Online* <http://www.oed.com/view/Entry/176665?rskey=8pS1Bd&result=4&isAdvanced=false>, 8 February 2013.
However, circumstances meant that Dionis was unable to operate. He recorded: ‘She would have desir'd me to have perform'd the Operation; but that she had then her Terms, and having no more than two days to stay at Marseilles, I could not satisfie her’. It was not unusual to delay an operation until after a patient’s menses. However, the language of ‘desire’ and ‘satisfaction’ here connected surgical and sexual performance, particularly as sex during menstruation was commonly believed to be unhealthy.

In scenarios like these, the access of a male surgeon to a female patient’s body was implicitly framed in sexual terms. The narratives presented by medical practitioners unsurprisingly depicted any resistance to their desires, therapeutic or otherwise, as foolish misjudgements – perhaps characteristic of ignorant and fearful women – which ended badly for the intractable patient. It should be noted that there was no suggestion in early modern texts, medical or non-medical, that surgeons actually experienced sexual gratification from operating on women’s breasts. Nonetheless, violence, sexual gratification and surgery were persistently linked in certain areas of contemporary culture. For example, when painting Saint Agatha’s tortures, numerous sixteenth and seventeenth-century artists depicted her tormentors using the surgical instruments of the period. Examining a nineteenth-century image of mastectomy, Bridget L. Goodbody makes a similar link between different forms of power over the female body. In *The Agnew Clinic* (Figure 5, below), she argues, one can trace an ‘erotics of sadism’, in which the ‘supine and helpless position’ of the patient ‘creates the sense of her willing submission to those whom she has completely

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124 Donegan and Spratt, *Cancer of the Breast*, p. 3.
entrusted her life, even to the point of willingly placing herself in a violent
circumstance from which she cannot escape. For Goodbody, the semiotics
of the situation are not diminished by the operators’ good intentions:

[T]he surgeons knew that the patient's fragile life rested very precariously
and tenuously in their hands. Taken to the extreme, this thought prompts
the question: How far could they rationally and almost ritualistically
violate her body to establish their power over her and her cancer without
killing her? Such questioning is not intended to imply that the doctors
derived pleasure from her pain.

As Goodbody’s analysis highlights, where a gathering of men takes place over
a female body, questions of ‘violation’ may arise even where it is clear that the
surgeons involved did not purposely exploit that body or gain pleasure from the
scenario. Rather, the very fact of a female patient placing her life quite literally
in the hands of a person of the opposite sex carried an erotic charge in a culture
in which – as was true of early modern English society – submission and
subordination were indexed to good ‘femaleness’. Furthermore, power and
violation were, in both eras, perhaps more strongly associated with mastectomy
operations than other invasive surgeries because the surgeon wrought such a
drastic change upon the body. Early modern texts were, as I shall discuss,
silent on the subject of the un-breasted or one-breasted woman, but it cannot
have gone unnoticed that surgeons created a new variety of woman, socially
and biologically female but lacking perhaps the most visible marker of
womanhood.

125 Bridget L. Goodbody, "The Present Opprobrium of Surgery": "The Agnew Clinic"
and Nineteenth-Century Representations of Cancerous Female Breasts’, American Art
126 Ibid.
The peculiarly intimate access to the female body and breasts afforded by cancer surgery might thus be read as connoting sexual desire or domination even though it was never suggested that operators actually viewed their work in this light. Tales of women who refused to comply with surgeons’ advice were more common than the equivalent for men both because females made up the bulk of cancer diagnoses and thus surgical cases, and because their assertion of bodily agency was particularly significant in a broadly patriarchal society. This is not to say, however, that cancer surgeries on women were experienced as unproblematic exercises of male power. Cancer was, as we have seen, a disease known for its malignancy, secrecy, and resistance to cure. In surgical encounters with the female body, these characteristics could play out in ways that highlighted issues of gender and power, and this was emphatically the case in one unusual but instructive tale, that of London surgeon Samuel Smith.

Cited at length in Chapter Four, Samuel Smith’s story, from the anonymous 1670 *An Account of the Causes of Some Particular Rebellious Distempers*, epitomises the double danger posed to male surgeons from involvement with the ‘cruel’ malignancy of cancer, and the troublingly illimitable female body. ‘[A]t the cutting off of a large Cancerated Breast’, it was recalled, Smith, a surgeon at St. Thomas Hospital in Southwark, ‘had (after the Breast was off) a Curiosity to taste the Juice, or Matter contain'd in one of the little Cystis's or Glands of the same, which he did by touching it with one of his Fingers, and then tasting it from the same with his Tongue’.¹²⁷ Tasting a patient’s bodily fluids was not unknown in early modern diagnostics, and F. David Hoeniger notes that ‘sour and sharp’ tastes in blood were thought to indicate an excess of melancholy.

¹²⁷ *An Account of the Causes of Some Particular Rebellious Distempers*, pp. 24-25.
humours therein, consistent with the outcome in this case. Nonetheless, tasting amputated tissue was unusual, and the fact that the ‘large’ breast belonged to a patient who may have been conscious under the surgeon’s hands once more highlights the uncomfortable proximity between medical and sexual touching.

The most dramatic part of this story, however, was still to come. Immediately upon tasting the breast, the surgeon complained that the matter had a permeating acrid taste, which he could not get rid of. Within ‘a few months’ the surgeon found himself in ‘a Consumption, or wasting pining Condition’, and died soon afterwards. Smith’s misfortune was taken by the anonymous author as an indication of the quasi-poisonous malignancy of cancers, as discussed in Chapter Four. The nature of his malady, however, was one specific to the feminine body in several respects. Paradigmatically a disease of the female breasts, cancer was read by An Account as most readily communicated through contact with that organ. Moreover, the cancerous matter was alarmingly permeating. It ‘immediately like a Gass, pierce[d] through the whole substance of his Tongue, and passed down his Throat’, rendering this ‘very strong Man’ as weak as the woman upon whom he had operated. The author’s emphasis on this transformation pointed to the corrupting potential of the illimitable female body. As Paster has argued at length in The Body Embarrassed, the female body was thought to be characterised by superfluity, leaking and disorder, expressed through the involuntary and incontinent shedding of bodily fluids

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129 An Account of the Causes of Some Particular Rebellious Distempers, pp. 24-25.
including tears, milk, urine and blood. Smith’s plight, which rendered him ‘wasting’ and ‘pining’, realised the possible dangers of coming into contact with female excreta, compounded by the noxious and malignant substance of the cancer.

While Smith’s subsequent illness was understood to result from his ingestion of the cancerous ‘juice’, the story also gestured to less substantial modes of contamination by the female body. In The Body Emblazoned, Sawday notes that anatomists risked emasculation as they opened up women’s bodies. ‘Once the body has been partitioned and its interior dimensions laid open to scrutiny’, he writes, ‘the very categories 'male' and 'female' become fluid, even interchangeable’. This concern accorded with broader discourses of the period which were concerned with infection and contagion, including through the air or by sight. Writing on ‘contagious sympathy’ in Shakespeare, Eric Langley notes the mingling of science and rhetoric which fostered belief in infection by sight, ‘a material thread of connection or contagion between viewer

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131 Sawday, The Body Emblazoned, p. 3.
and viewed’. Barbara M. Benedict similarly identifies curiosity – the trait which caused so much trouble for Smith – as ‘a perceptible violation of species and categories’, which might include violation of proper gender attributes. Once again, these concerns were emphasised by cancer’s well-known tendency to spread and resist medical intervention, as well as remaining ‘hidden’ prior to ulceration. Like cancers, women’s bodies might be viewed as hazardous when they remained ‘secret’, and even more dangerous when opened up to the medical practitioner’s view.

Whether she remained silent or made her voice heard, the woman under the knife could, by reasserting her individuality and autonomy, fatally disrupt the homosocial narratives of progress and professionalism with which cancer surgeons justified their craft. Incontinence, unbounded-ness, garrulousness and wilfulness were all attributes often cited as rendering women collectively or individually inferior to men. In the above cases, however, unfathomable feminine minds and bodies compounded the hidden and rebellious characteristics of cancer, so that where women became visible, they were a destabilising force, arguably constituting an even greater threat to teleological representations of cancer surgery than censorious attacks from without.

**Conclusion**

Cancer surgeries were undoubtedly difficult and dangerous operations, potentially lethal for the patient and professionally damaging for the surgeon. In

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addition, they were clearly intensely traumatic procedures, causing almost unimaginable pain of which medical practitioners were uncomfortably aware. The fact that surgeries for cancer, and in particular, mastectomies, were undertaken throughout the early modern period serves as testament to the pain and debility generated by growing tumours or ulcers. Looking at the language in which surgeons described cancer operations also reveals how far they imagined these procedures as part of a new, highly professional mode of surgery, in which collaboration and competition fostered improvement and innovation. Cancer surgeries served as a focus for these narratives for several reasons. There was a steady demand for tumour removals and mastectomies, such that a relatively standardised method could be established, a common ground for medical discussion. Cancer surgeries were, in a loose sense, elective surgeries, not undertaken on an emergency basis. This meant that surgeons could more readily go to view or participate in complex operations, and patients entrusted surgeons with their lives in an explicit and premeditated sense. Perhaps most significantly, the ‘nature’ of cancer – its status as malign, rebellious and alien to the body – encouraged an adversarial approach to the disease in which surgery offered the alluring prospect of extirpating the intruder.

These factors combined to ensure that cancer surgeries continued, and steadily increased, throughout the eighteenth century and beyond. Behind these larger narratives, however, individual patients and practitioners experienced surgery in ways that were terrifying, confusing and sometimes frustrating. One of the most curious aspects of early modern cancer surgery is the fact that not a single text I have examined mentions the change in bodily appearance effected by mastectomy. For those who survived this perilous operation, it seems that
surgeons were reluctant to confront the possible costs of their success, or to undo the detachment from their patients which allowed them to carry out, and construct as progressive, such risky procedures. Of fables of Amazonian mastectomy in the early modern period, Paster speculates that

Mastectomy ... implies the Amazon’s crucial bodily heresy at least by comparison with the many claims, material and symbolic, on womb and breast in early modern culture - the heresy visibly to control their own bodies, to regulate their own reproductivity, and to offer a model of self-government in which reproduction and nurture are only two of several forms of service and productive activity.  

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For the early modern woman, whose mastectomy was a forced choice, one-breasted existence was unlikely to represent a rejection of contemporary gender roles. Nonetheless, her altered body perhaps signalled to others the courage with which she had decided to assert control over her diseased body – even if that agency came at a high price.

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Some of the instruments are identified by Dionis as below:

- D: Needle
- E: String
- F: Razor
- G: Flat Knife
- H: Searing Irons
- L: Pledgets
- M: Larger Pledget

Fig. 5: Thomas Eakins, *The Agnew Clinic* (Pennsylvania: 1889).

Conclusion: ‘Death is only their desire’.  

This thesis began with the gruesome record made by Reverend John Ward of a mastectomy operation carried out on ‘Mrs Townsend’. In 1666, Ward added the following account:

Mrs. Townsend, of Alverston, being dead of a cancer, Mr. Eedes and I opened her breast in the outward part, and found it very cancrous; it had been broken, and a mellicerous part was yet remaining when wee saw it, which being launct, yielded two porringer full of a very yellow substance, which came out plentifully out of the cavities of the breast. The flesh that was growne againe, after part was taken out, was of a hard gristly substance, which seemed very strange. The ribbs were not putrefied as wee could discerne, nor anything within the breast of a cancrous nature, for wee runne the knife withinside the breast through the intercostal muscles. Dr. Needham hath affirmed that a cancer is as much within as without the breast, and hee hath seen a string, as I was told, going from the breast to the uterus. I suppose itt was the mammillarie veins full of knotts which were cancrous, and hung much like ropes of onions. The cancer was a strange one, as was evident; wee wanted spunges and other things convenient, or else wee had opened the cavtire of the breast.  

Despite (and sometimes because of) the best efforts of surgeons, physicians, apothecaries and empirics, most cases of cancer in the early modern period would, like this one, end in death. In many cases, therefore, people diagnosed with cancer chose to avoid the rigmarole and discomfort of special diets, medicines, and caustic salves, or the pain of operations like the one Mrs Townsend endured, and instead follow a palliative course in which they aimed

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only to delay death and make their illness and demise as painless as possible. Ward made no record of the measures which might have been taken to help Mrs Townsend achieve such a ‘good death’ after all her sufferings, but we can guess at what they may have entailed. Palliative cures were typically based upon cooling, analgesic remedies for consumption or topical application, often containing ingredients such as plantain, nightshade, scabious and rose. For the later stages of cancerous disease, many medical practitioners admitted that they prescribed increasing quantities of opiates such as laudanum, which despite their addictive properties could offer ‘very great comfort’ to patients in the last stages of disease. Théophile Bonet, for example, admitted that

Sometimes the Pain is most outrageous, which will not allow one to take any rest or sleep; wherefore we are often forced to have recourse to Narcoticks, which, in this case, by reason of the intense heat of the humours, doe less harm. For once I saw a Woman, that laboured of a Canker in her Breast, who every night for four months took four or five grains of Laudanum without any hurt, and to her great comfort.

Palliative care did not attract the same level of attention as was given to descriptions of, and ‘cures’ for, cancer. Moreover, it was not usually specific to

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cancer. Given the number of morbid diseases to which one might fall victim during the sixteenth, seventeenth and eighteenth centuries, some variety of pain relief was a basic element of medical practice, and could be found described in texts on everything from pox to gout. Nonetheless, it seems likely that outside the remit of medical writings, many patients would have eschewed the radical ‘cures’ described by surgeons and physicians in favour of a comfortable existence with the chance ‘not to dye the sooner, because of that Cancer’.

Moreover, like surgical and pharmaceutical ‘cures’, end-of-life care for cancer was not divorced from cultural and imaginative constructions of the disease. Ambroise Paré recorded that he had decided upon a palliative cure for one patient ‘fearing to irritate this Hydra, and cause it to burst in fury from its lair’. His fear clearly had much to do with the construction of cancer as a purposely malign ‘alien’ to the body. Likewise, when analogising cancer with the new craze of duelling among the aristocracy, one polemic writer drew on the notorious intractability of the disease to explain that as the case stands, the best way with it, is to treat it like a wild and invertebrate Cancer … to let it alone, and use no other means, than that of keeping it clean, and making it as easy as we can, since tampering with it can do no good, but in all likelihood only enrage it, and give it an...
occasion, by showing its Strength, and the Undertaker's Weakness, to increase its ill Effects, and spread the more and faster.  

It seems that cancer was a disease for which palliative treatment was often acknowledged as the only sensible option, given the disease's continuing ability to expose 'weakness' in the practice of even the most eminent medical practitioners. Indeed, this opinion was reiterated by numerous medical practitioners even as they supplied details of the miraculous cures they had effected using surgery and pharmaceuticals. As I noted in my Introduction, it is clear that medical texts did not always reflect everyday practice. Moreover, in common with many aspects of the construction and experience of cancerous disease, the voices of sufferers are almost entirely absent from written accounts, and they disappear from view after attempts at cure have been abandoned. Intriguingly, Gideon Harvey observed in his writings on venereal disease that in one terminal case '[the sufferer's] dearest Friends out of Commiseration perswaded him rather to chuse Death by some Poison, to determine his misery'.  

It is impossible to tell how many cancer sufferers, being prescribed increasing quantities of opiates, might have chosen to similarly 'determine' their fates.

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9 An Account of the Damnable Prizes in Old Nicks Lottery, for Men of Honour Only; Where Every Man that Ventures, is Sure to Get the Lord Knows What For Ever (London: 1712), p. 3.


11 On this subject, see Michael Stolberg, Active Euthanasia in Pre-Modern Society, 1500-1800: Learned Debates and Popular Practices', Social History of Medicine 20:2, pp. 205-221.
Mrs Townsend’s post-mortem thus provides an appropriate conclusion to this thesis. During her mastectomy operation, her status as an object of fascination coincided uncomfortably with her subjectivity, the remarkable way in which she ‘endured soe much’ under the knife and elicited the horrified, fascinated admiration of those who witnessed her pains. In this second account, Townsend’s personhood has been erased, her voice literally silenced by cancer. Her flesh is now ‘strange’, as Ward twice observes; her cancer may be a product of her own physiology, but the growth described is one of an alien substance, which has no concord with the healthy body. The aetiology of Mrs Townsend’s cancer was, as in many cases of the disease, troubling and indeterminate. Ward struggled for terms to describe a pathology at once ‘cancrous’, ‘mellicerous’ and gristly, which had, for no clear reason, regrown after excision. However unusual it may have been, however, it is clear that this cancer’s ‘strangeness’ was viewed as allied to the strangeness of the female body, and the connection between breast and womb which allowed superfluous and dangerous matter from the latter to accumulate and cause disease in the former. Ward’s account does not tell us more specifically about what he, Mrs Townsend, or the medical professionals operating on and later dissecting her body, believed might have caused her disease. Did Townsend suffer violence, grief, or post-natal breast infections, or was her cancer the result of a bad diet and melancholy complexion? Whatever the origin of the disease, it is clear that her symptoms must have been extreme to prompt consent to a mastectomy operation carried out without anaesthetic, in which even the operating surgeons agreed that gangrene and fever were life-threatening possibilities.
This thesis has analysed medical and non-medical texts in terms of the therapeutic and rhetorical landscape of early modern England, in order to place events like the ones which Ward described into somatic and imaginative context. It is evident that cancer occupied a unique position in the consciousness of not only medical professionals, but lay people and numerous dramatic, persuasive or poetic writers, whether they ever encountered cancerous disease or not. All parties knew cancer as a lethal, cruel and intractable disease. Lay people feared becoming victims of cancer and pitied those whom they saw suffering with the malady. They might have heard of the racking pains inflicted by advanced cancers, or the stinking ulcers which could result from their breaking through the skin. In the face of such gruesome symptoms, it is unsurprising that cancers were widely conceptualised as something apart from and hostile to the body, which ate up one’s substance like a ravenous worm or wolf.

Moreover, fear of cancer was not only based upon its morbid physical effects. Early modern bodies were vulnerable to mortal illness and accident in a way that is almost unimaginable to the modern historian, with medicine often largely powerless to stay the spread of infectious disease or assist in a complicated childbirth. Among a wide range of potentially fatal diseases, cancer stood out in part because the malady exceeded the natural body and was absorbed into the rhetoric of national and institutional sickness. In religious and political polemic, drama, and poetry, the malignancy of cancer came to stand for moral sicknesses concealed beneath an attractive carapace, or for elements or individuals within a group who seemed to belong, but secretly exploited their membership to wreak destruction from the inside. Unsurprisingly,
embellishments upon the theme of cancer’s evil and cruel ‘character’
constructed by imaginative writers fed back into the somatic experience of
cancerous disease, making cancer a disease of which the medical and literary
contexts were inseparable. In both cases, the power of cancer to bring about
fear and fascination depended on its status as a powerful traitor: a malady both
intimately of the self and, seemingly, ruthlessly hostile towards it.
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