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Skuse A. Constructions of Cancer in Early Modern England: Ravenous Natures [Internet]. London (UK): Palgrave Macmillan; 2015.

Conclusion: 'Death Is Only Their Desire'

This book 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 cancrus; it had been broken, and a mellicerous part was yet remaining when we saw it, which being launct, yielded two porringers full of a very yellow substance ... 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 we could discerne, nor anything within the breast of a cancrus nature, for we runne the knife with-inside the breast through the intercostal muscles. Dr. Needham hath affirmed that a cancer is as much within as without the breast, and he hath seen a string, as I was told, going from the breast to the uterus. I suppose it was the mammillarie veins full of knotts which were cancrus, and hung much like ropes of onions. The cancer was a strange one, as was evident; we wanted sponges and other things convenient, or else we had opened the cavitie of the breast.¹

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 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 remedies² for consumption or topical application, often containing ingredients such as plantain, nightshade, scabious and rose.² For the later stages of cancerous disease, many medical practitioners admitted that they prescribed increasing quantities of opiates such as laudanum,³ which despite their addictive properties could offer 'very great comfort' to patients in the last stages of disease.³ 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 cancer. Given the number of morbid diseases to which one might fall victim during the sixteenth, seventeenth and eighteenth centuries, some variety of pain relief⁴ was a basic element of medical practice, and could be found described in texts on everything from pox to gout.⁴ Nonetheless, it seems likely that outside the remit of medical writings, many patients would have eschewed the radical 'cures' described by surgeons⁵ and physicians in favour of a comfortable existence with the chance 'not to dye the sooner, because of that Cancer'.⁵

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'.⁶ His fear clearly had much to do with the construction of cancer as a purposely malign 'alien' to the body. Likewise, when comparing 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 inverterate 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, by⁷ showing its Strength, and the Undertaker's Weakness, to encrease its ill Effects, and spread the more and faster.⁷

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'.⁸ It is impossible to tell how many cancer sufferers, being prescribed increasing quantities of opiates, might have chosen to similarly 'determine' their fates.⁹

Mrs Townsend's post-mortem thus provides an appropriate conclusion to this book. 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, it is nonetheless 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 book 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.

Finally, it is worth pointing out, once again, how early modern conceptualisations of cancer may echo into the twenty-first century. The aim of this book has not been to inform modern activist or clinical discourses. Mercifully, much of what is described herein is unrecognizable from modern methods of diagnosis and treatment. Nonetheless, it seems clear that many of the features of today's 'war on cancer' – the adversarial language, the zoomorphic characterisation, the gendering of the disease and its causes – are not, as we may imagine, 'pure'¹⁰ responses to encounters with cancer, but draw on tropes which may be hundreds or even thousands of years old. – Twentieth- and twenty-first-century writings about cancer continue to negotiate the same difficult terrain as their sixteenth- and seventeenth-century counterparts. Writing on her own illness and recovery, Hephzibah Roskelly recalls 'bewildered rage at the betrayal by the body', while others identify feelings of de-feminization, or 'occupation' by a foreign entity.¹¹ While post-Enlightenment discourses may have superficially divided the scientific from the imaginative, cancer still bridges that divide. In both modern and early modern thought, the power of cancer to bring about fear and fascination depends on its status as a powerful traitor: a malady both intimately of the self and, seemingly, ruthlessly hostile toward it.

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